SAMPLE RETURN TO ACTIVITY DOCUMENTATION

Student:		**Coach:**	
Parent/Guardian:		**Sport:**	
Phone Number:		**Date of Injury:**	____/____/____
School Counselor:		**Cause of Injury:**	

At the time of a suspected concussion:

- ❑ The athlete is removed from participation (athletics, PE class, weight training, etc).
- ❑ Coach/Athletic Director contacted the parent/guardian.
- ❑ Parent/Guardian received concussion information & medical clearance form for return to participation.

Following Concussion:

- ❑ Coach/Athletic Director contacted the Concussion Management Team.
- ❑ A member from the Concussion Management Team followed-up with parent to: check on athlete's status, review next steps to return-to-participation, and answer any questions.
- ❑ A member from the Concussion Management Team administered symptom checklist to the student athlete—record below
  date ___/___/___ score _____

IF Student is experiencing symptoms:

- ❑ Concussion Management Team monitored return-to-academics graduated steps and accommodation as needed
  - ❑ Counselor contacted
  - ❑ Email sent to teachers
  - ❑ Accommodations sent to teachers
- ❑ Continue to monitor symptom checklist—record below

  date ___/___/___ score _____

  date ___/___/___ score _____

  date ___/___/___ score _____

NOTE: If symptoms are present for more than 45 days please contact your Regional TBI Liaison.

WHEN Student is symptom free:

- ❑ Parent/Guardian obtained signature for release from licensed health care provider (physician (MD), physician's assistant (PA), doctor of osteopathic medicine (DO), or nurse practitioner).
  Date received ___/___/___
- ❑ The athlete may proceed to Stages 3–5 of Return-to-Play Protocol providing he/she remains symptom free.

3–Light aerobic activity	4–Sport-specific exercise	5–Non-contact training drills
date ___/___/___	date ___/___/___	date ___/___/___

WHEN medical clearance form is received AND symptom checklist has returned to baseline

- ❑ Concussion Team approved progression to Stages 6 and 7 of Return-to-Play Protocol providing he/she remains symptom free.

6–Full-contact practice	7–Return to Play
date ___/___/___	date ___/___/___