

BVSD Return to School/Play after Concussion Form

Section 1 is to be completed for ALL students; Section 2 is required for a student athlete's Graduated Return to Play process to begin.

Student Name: _____ DOB: _____
School: _____ Grade: _____ Fax #: _____
Date of Injury: _____ Student may return to school on (Date): _____

SECTION 1: RETURN TO SCHOOL (To be completed by HCP)

(initial) Student has been diagnosed with a concussion and academic adjustments should be provided until symptoms have resolved. *Academic adjustments will be determined by school staff.*

(initial) Student is to be re-evaluated on (Date) _____.

Note: All physical activity (PE, recess, etc.) will be restricted until the student is cleared.

SECTION 2: RETURN TO ATHLETIC PARTICIPATION

This portion is to be used after a student athlete is removed from practice or competition due to concussion symptoms.

REASON FOR REMOVAL FROM PLAY/COMPETITION: (Completed by athletic trainer/coach – describe injury)

Printed Name Trainer/Coach: _____ Date: _____

HCP - Return to Play Permission

I have examined the above-named student athlete following his/her injury and have determined the following:

(initial) Permission is granted for the student to begin the Graduated Return to Play process when the student is no longer exhibiting concussion related symptoms and all academic adjustments have been resolved.

(initial) Permission is **NOT** granted for the student to begin the Graduated Return to Play process until they have been reevaluated.

REEVALUATION DATE: _____

Signature of Health Care Provider: _____	
Printed Name of Health Care Provider: _____	Date: _____
Office Phone: _____	Email Address: _____

(initial) I understand the implications of concussion in youth and have been educated on the management of my child's concussion. I give my permission for my child to begin the Graduated Return to Play process when they are free of concussion symptoms and are no longer receiving academic adjustments.

Signature of Parent: _____ **Date:** _____

Printed Name of Parent: _____

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Instructions for completing the Boulder Valley School District Return to School/Play after Concussion Form

SECTION 1:

This section is to be completed by a Health Care Provider for **ANY** student exhibiting concussion symptoms, suspected of having a concussion, or suffering a head injury requiring follow up.

Note to Provider: BVSD's protocol for any student with a concussion is to implement academic and physical activity adjustments until the concussion symptoms have resolved. Adjustments will be determined by school staff based on input from the health care provider, student and parent/guardian.

SECTION 2:

This section is required for any student athlete that has been removed from play or competition due to concussion symptoms.

Written authorization from **BOTH** a Health Care Provider and a parent/guardian must be obtained before the student athlete may begin the Graduated Return to Play (RTP) process.

- Health Care Providers legally permissible to clear a student athlete to begin a graduated RTP process include: Doctor of Medicine, Doctor of Osteopathic Medicine, Licensed Nurse Practitioner, Licensed Physician Assistant, or Licensed Doctor of Psychology with training in neuropsychology or concussion evaluation and management.

BVSD follows the Graduated Return to Play protocol based on the 4th International Conference on Concussion in Sport held in Zurich, November 2012, which includes 6 steps and requires a minimum of five days (24 hours symptom free after each stage) before returning to normal game play.

Graduated Return to Play Protocol

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Complete physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum predicted heart rate No resistance training	Increase heart rate
3. Sport-specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add movement
4. Non-contact training drills	Progression to more complex training drills, eg passing drills in football and ice hockey May start progressive resistance training)	Exercise, coordination, and cognitive load
5. Full contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal game play	