



Documentation for a Diagnosed Concussion – Return to Learn and Return to Physical Activity

F 6-08D

<ul style="list-style-type: none"> • The Return to Learn/ Return to Physical Activity Plan is a collaborative effort between home and school to support the student's progress • This form is used by parents/guardians and the school contact, to communicate the student's progress through the plan 	
STEP 1: RETURN TO LEARN/ RETURN TO PHYSICAL ACTIVITY	
<input type="checkbox"/> 1a – My child/ward has completed Step 1 of the Return to Learn/ Return to Physical Activity Plan (cognitive and physical rest at home) and his/her symptoms have show improvement. My child/ ward is ready to proceed to Step 2(a) Return to Learn	
<input type="checkbox"/> 1b - My child/ward has completed Step 1 of the Return to Learn/ Return to Physical Activity Plan (cognitive and physical rest at home) and is symptom free. My child/ ward is ready to proceed to Step 2(b) Return to Learn AND Step 2 Physical Activity	
Parent/Guardian Signature:	Date:
Comments:	
Principal/ School Contact Signature:	Date:
IF SYMPTOM FREE , student may go directly to Return to Learn Step 2(b) and Return to Physical Activity Step 2	
Step 2(a) Return to Learn	
<input type="checkbox"/> 2a – My child/ward has been receiving individualized classroom strategies and/or approaches and is symptom free. My child/ ward is ready to proceed directly to Step 2 (b) Return to Learn and Step 2 Physical Activity	
Parent/Guardian Signature:	Date:
Comments:	
Principal/ School Contact Signature:	Date:
Return to Learn Step 2(b) and Return to Physical Activity Step 2 occur CONCURRENTLY	
<ul style="list-style-type: none"> • Even when students are symptom free, they should continue to be closely monitored to see if symptoms/ signs return and/or there is a deterioration of work habits or performance (see Return to Symptoms if this occurs) 	
Step 2(b) – Return to Learn	Step 2 – Return to Physical Activity
<input type="checkbox"/> My child/ward is symptom free after participating in light aerobic physical activity. My child/ward is ready to proceed to Step 3 – Return to Physical Activity	
Parent/Guardian Signature:	Date:
Comments:	
Step 3 Return to Physical Activity	
<input type="checkbox"/> My child/ward is symptom free after participating in individual sport specific physical activity. My child/ward is ready to proceed to Step 4 – Return to Physical Activity	

Parent/Guardian Signature:	Date:
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Comments:

Step 4 Return to Physical Activity

- My child/ward has successfully completed Step 3 and 4 and is symptom free
- This form has been returned by the school contact to the parent/ guardian to obtain medical doctor diagnosis and signature

Parent/Guardian Signature:	Date:
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Comments:

Principal/ School Contact Signature:	Date:
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MEDICAL EXAMINATION

I, (medical doctor name) _____ have examined (student name) _____ and confirm she/he continues to be symptom free and is able to return to regular physical education class/ intramural activities/ interschool activities in non-contact sports and full training/ practices for contact sports.

Medical Doctor Signature:	Date:
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Comments:

Step 5 Return to Physical Activity

- My child/ward is symptom free after participating in activities, in practice, where there is body contact and has my permission to participate fully, including participation in competition.

Parent/Guardian Signature:	Date:
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Comments:

Step 6 Return to Physical Activity

- The student resumes full participation in contact sports with no restrictions

RETURN OF SYMPTOMS

- My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor who has advised a return to:

Return to Learn/ Return to Physical Activity Step _____ of the plan

Parent/Guardian Signature:	Date:
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Comments: