

BVSD Health Services

BVSD Return to School/Play after Concussion Form

Section 2 is to be completed for **ALL** students; **Section 3 is required for a student athlete's Graduated Return to Play process to begin.**

Please ensure a copy of this form is turned into your schools' health room.

Student Name: _____ DOB: _____

School: _____ Grade: _____

Date of Injury: _____ Date of PCP/HCP Visit: _____

SECTION 1: INJURY

DESCRIPTION OF INJURY: (How & when did injury occur? Initial symptoms)?

Printed Name: _____ Date: _____

SECTION 2: INITIAL EVALUATION (To be completed by PCP/HCP)

____ (Initial). Student has been diagnosed with a concussion. Academic adjustments should be determined by school staff and provided until symptoms have resolved. *Suggested date* to return to school: _____.

____ (Initial). Student should be re-evaluated on (Date) _____.

Note: All physical activity (P.E., recess, after school sports etc.,) will be restricted until the student is cleared.

SECTION 3: RETURN TO PLAY PERMISSION (To be completed by PCP/HCP)

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

____ (Initial). In my professional judgment, it is safe for the student to return to play in interscholastic sports or intramural athletics and permission is granted for the student to begin the Graduated Return to Play process.

NOTE: *The Return to Play protocol* will not progress until the student has completed the *Return to Learn Protocol*.

____ (Initial). Permission is **NOT** granted for the student to begin the Graduated Return to Play process until they have been re-evaluated. **RE-EVALUATION DATE:** _____.

Signature of Health Care Provider: _____

Printed Name of Health Care Provider: _____ Date: _____

Office Phone: _____ Email Address: _____

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PARENTAL/GUARDIANSHIP CONSENT

____ (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/Guardian: _____

Date: _____

Printed Name of Parent/Guardian: _____

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Instructions for completing the Boulder Valley School District [Return to School/Play after Concussion Form](#)

SECTION 1:

This section should be completed by the person who witnessed the injury occur.

SECTION 2:

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 3:

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 (next page) based on the 5th International Conference on Concussion Sport held in Berlin, October 2016, which includes 6 steps and requires a minimum of five days (24 hours symptoms free after each stage) before returning to normal game play.

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GRADUATED RETURN TO PLAY STRATEGY

Stage	Aim	Activity	Goal of each step
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate
3	Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement
4	Non-contact training drills	Harder training drills, e.g., passing drills. May start progressive resistance training	Exercise, coordination and increased thinking
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play	

***NOTE: An initial period of 24-48 hours of both relative physical rest and cognitive rest is recommended before beginning the RTP progression.**

***There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, the athlete should go back to the previous step. Resistance training should be added only in the later stages (stage 3 or 4 at the earliest). If symptoms are persistent (e.g., more than 10-14 days in adults in 1 month) the student should be re-evaluated by a healthcare professional.**