OXNARD UNION HIGH SCHOOL DISTRICT

Return to School After Concussion or Head Injury

(non-CIF athletics injury)

Student Name	ID # / DOB	School

To whom it may Concern:

Injury Status (check all that apply)

- ❑ This student was evaluated and did not have a concussion injury. There are no limitations on school and physical activity. _____ (date of evaluation)
- ❑ This student has been diagnosed by a health care professional who has been trained in the management of concussions, with a concussion and is under our care. _____ (date of exam)
- ❑ Medical follow-up is scheduled for:_____(date).

Academic Activity Status (check all that apply)

- ❑ This student is no longer experiencing any signs or symptoms of concussion and may be released to full academic participation.
- ❑ This student is not to return to school.
- ❑ This student may begin a return to school based on a **Return to Learn** protocol. (see attached)

Physical Activity Status (check all that apply)

- ❑ This student is cleared for full, unrestricted athletic participation.
- ❑ This student is not to participate in physical activity of any kind.
- ❑ This student is not to participate in physical education class, athletics, or other physical activities except for untimed, voluntary walking. _____ (date) to _____ (date).
- ❑ This student may begin a monitored, graduated **Return to Play** protocol. (see attached)

Stamp physician name/address below

Signature of Physician	Date
Name of Physician (please print)	License Number / Office telephone

Parent or Legal Guardian Acknowledgement

I hereby give consent for a school nurse (or designee) to communicate with my child's Health Care Provider and to counsel school personnel as needed with regard to my child's health. I agree to, and do hereby hold the District and its employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of or arising out of acts or omissions with respect to concussion signs and symptoms. I agree to comply with district rules related to concussion return to play and return to learn.

Signature of Parent or Legal Guardian	Date	Home/Mobile Telephone	Work Telephone

Name of Parent or Legal Guardian (please print)

Return to Learn

Healthcare Provider Recommended School Accommodations Following Concussion

Date to start protocol: _____ to _____.

Area	Requested Accommodations	Comments
Attendance	☐ No School ☐ Partial School day as tolerated by student – emphasis on core subject work *Encouraged Classes:* _____ *Discouraged Classes:* _____ ☐ Full School day as tolerated by student ☐ Allow water bottle in class and a snack every 3-4 hours	
Breaks	☐ If symptoms appear or worsen during class, allow student to go to quiet area or nurse's office; if no improvement after 30-60 minutes allow dismissal to home ☐ *Mandatory Breaks*: _____ ☐ Allow breaks during day as deemed necessary by student or teachers/school personnel	
Visual Stimulus	☐ Enlarged print (18 font) copies of textbook material / assignments / pre-printed notes ☐ Notetaker for in-class material ☐ Limited computer, TV screen, bright screen use (reduce brightness on monitors/screens) ☐ Allow handwritten assignments (as opposed to typed on a computer) ☐ Allow student to wear brimmed hat in school; seat student away from windows and bright lights ☐ Change classroom seating to front of room as necessary	
Auditory Stimulus	☐ Avoid loud classroom activities and loud classes/places (i.e. music class, shop class, gym, cafeteria) ☐ Lunch in a quiet place with a friend ☐ Allow student to wear earplugs or unplugged earbuds as needed ☐ Allow class transitions before the bell	
School Work	☐ Simplify tasks (i.e. 3 step instructions) ☐ Short breaks (5 minutes) between tasks ☐ Reduce overall amount of in-class work ☐ Prorate workload (only core or important tasks) /eliminate non-essential work ☐ No homework ☐ Reduce amount of nightly homework _____ *minutes per class;* _____*minutes maximum per night; take a break every* _____*minutes* ☐ Will attempt homework, but will stop if symptoms occur ☐ Extra tutoring/assistance requested ☐ May begin make-up of essential work	
Testing	☐ No Testing ☐ Additional time for testing/ untimed testing ☐ Alternative Testing methods: oral delivery of questions, oral response or scribe ☐ No more than one test a day ☐ No Standardized Testing	
Educational Plan	☐ Student is in need of a formal site-based academic support plan ☐ Consider evaluation of a 504 plan if prolonged symptoms (usually > months) are interfering with academic performance	
Physical Activity	☐ No physical exertion/athletics/gym/recess ☐ Untimed walking in PE class/recess only ☐ May begin graduated return to play protocol; see Return to Play (RTP) protocol on page 3	

Return to PE/Play

Complete all that apply:

PE Specific

Start Date	End Date	Activity	Exercise Example
		Limited physical activity for at least 2 symptom-free days. • Modified PE program	• Untimed walking okay • No activities requiring exertion (weight lifting, jogging, P.E. classes) • Other recommendations:
		Light aerobic activity • Modified PE program	• 10-15 minutes *(min)* of brisk walking or stationary biking • Modified PE program per PE teacher • Other recommended activities:
		Moderate aerobic activity *(Light resistance training)* • Modified PE program	• 20-30 min jogging or stationary biking • Body weight exercises (squats, planks, push- ups), max 1 set of 10, no more than 10 min total • Modified PE program per PE teacher • Other recommended activities:
		Strenuous aerobic activity *(Moderate resistance training)* • Regular PE program	• 30-45 min running or stationary biking • Weight lifting ≤ 50% of max weight

Sport Specific activity (club, intramural)

Start Date	End Date	Activity	Activity Example
		Non-contact training with sport-specific drills (no restrictions for weightlifting)	• Non-contact drills; sport-specific activities (cutting, jumping, sprinting)
		Limited contact practice	• Controlled contact drills allowed (no scrimmaging)
		Full contact practice Full unrestricted practice	• Return to normal training, with contact • Return to normal unrestricted training
		Return to play/competition	• Normal game play (competitive event)

Any additional information: