

Return To Learn Clearance Form RTCC

Student Name _____

1. Return to Learn (academic work)

Date of exam: _____

Return to Learn at step _____ OR detailed recommendations

2. Return to Learn (RTCC Program physical work)

Recommendations or cleared for full participation

I give permission for the school nurse and my provider to discuss my child's treatment plan. _____

Return to Learn Protocol:

[http://www.biavt.org/concussion-kit-documents/Section%207%20-%20RTL%20Protocol-pub%20final 5-9-13.pdf](http://www.biavt.org/concussion-kit-documents/Section%207%20-%20RTL%20Protocol-pub%20final%205-9-13.pdf)