



# Concussion Management Plan

Park City High School  
1750 Kearns Blvd, Park City, Ut 84060  
435-645-5650/ Fax: 435-645-5659

Treasure Mountain Junior High  
2530 Kearns Blvd, Park City, UT 84060  
435-645-5640/ Fax: 435-645-5649

## **PART A – ALL students must complete this section:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Incident Date: \_\_\_\_\_

Health care provider name: \_\_\_\_\_ Date seen by health care provider: \_\_\_\_\_

PCHS team sport?  Yes  No

If YES, Case Manager is Carleigh Packard, Athletic Trainer [carleigh.packard@imail.org](mailto:carleigh.packard@imail.org)

If NO, Park City High School Case Manager is Kristen Jennings, RN [kjennings@pcschoools.us](mailto:kjennings@pcschoools.us)

If NO, Treasure Mountain Case Manager is Julie Jackson, RN [jjackson@pcschoools.us](mailto:jjackson@pcschoools.us)

Original CMP  Revision 1  Revision 2  Revision 3  Other \_\_\_\_\_

## **PART B – For PCHS student-athletes ONLY:**

The expectation for all PCHS student-athletes that have experienced a concussion is to first manage their health. Secondly, student-athletes will return to their academics before returning to play. Just as concussed athletes follow a stepwise progression for “Return to Play,” a progression back to the learning environment must also occur. The “Return to Learn” process to assist student-athletes with their academics emphasizes a collaborative team approach between the student-athlete, parents/guardians, athletic staff (including the school’s athletic trainer), teachers, counselors, the school nurse, and the school administration. In most cases, a concussion will not significantly limit a student-athlete’s participation in school and usually involve temporary, informal instructional modifications and academic accommodations. The “Return to Learn” process encompasses the “Return to Play” progression during the entire time a student-athlete remains symptomatic. Completion of the “Return to Learn” process **precedes** the start of the “Return to Play” progression protocol.

Student-athlete acknowledgement \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian acknowledgement \_\_\_\_\_ Date \_\_\_\_\_

## **PART C – Completed for ALL students by Health Care Provider or Case Manager:**

### Academic Accommodations

Based on (a) health care provider(s) evaluation, this student was diagnosed with a concussion. The following academic accommodations may help reduce the cognitive (thinking) load, thereby minimizing post-concussion symptoms and allowing the student to better participate in the academic process during the recovery period. These academic accommodations are recommended as part of the concussion management. **The student and parent are encouraged to discuss and establish accommodations with the school on a class-by-class basis.** The school and parent may wish to formalize accommodations through a 504 plan if symptoms persist **following** treatment and less formalized accommodations.

Current Symptoms: Symptoms can wax and wane throughout the day and include, and are not limited to:

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Headache  | <input type="checkbox"/> Sleep difficulties   | <input type="checkbox"/> Cognitive difficulties    |
| <input type="checkbox"/> Nausea    | <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Visual dysfunction        |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Sensitivity to noise | <input type="checkbox"/> Environmental sensitivity |
| <input type="checkbox"/> Fatigue   | <input type="checkbox"/> Foggy                |  |

Prognosis: Based on health care provider evaluation, this student is at risk for a prolonged recovery:  Yes  No



Cleared by health care provider (attach supporting documentation): Date:

Clearance notification emailed to teachers, counselors, attendance: Date: