

Darien Public Schools #61 Return to Play Form

Student Name: _____ Date of Birth: _____ Injury date: _____

To be completed by Concussion Oversight Team AND Parent/guardian:

Any student that suffers an injury requiring accommodations to access their normal academic programming shall not be returned to athletics until the learning accommodations are no longer required:

I, _____ am the parent/guardian of the above-name student/athlete who has a suspected concussion or head injury. By signing this Concussion or Head Injury Return to Play Form, I certify the following:

1. If applicable to my student, I have reviewed the medically recommended learning modifications with the D61 Concussion Oversight Team.
2. If learning modifications were needed, a written clearance statement from the physician is needed to discontinue such modifications.
3. I understand and acknowledge that my child cannot return to play until no classroom modifications are needed.
4. Our health care provider has explained to us the nature and risk of concussions and head injuries including the risks to my child of continuing to play and practice after sustaining a concussion or head injury.
5. I understand, acknowledge, and accept the risks of my child returning to play.
6. My child was evaluated by our health care provider and has received written medical clearance to return to play and practice (please attach written clearance note from medical provider or have medical provider complete this form).
7. I understand and acknowledge that my child cannot return to play without my written permission.
8. I give my written consent and permission for my child to return to play per the Darien School District 61 Post Concussion Return to Play protocol.

Date: _____
(Parent/guardian signature)

Date: _____
(Concussion Oversight Team member signature)

RETURN TO PLAY PROTOCOL

REHABILITATION STAGE	FUNCTIONAL EXERCISE AT EACH STAGE OF REHABILITATION	OBJECTIVE OF EACH STAGE
STAGE 1: No physical activity	Symptom limited physical and cognitive rest	Recovery
STAGE 2: Light aerobic exercise	Walking, Swimming or stationary cycling. Keep heart rate (HR) at less than 70% of maximum permitted HR, No resistance training.	Increase Heart Rate
STAGE 3: Sport specific exercise	IE-Running drills in soccer, basketball, skating drills in hockey. No head impact activities.	Add movement
STAGE 4: Non-contact training drills	Progression to more complex training drills (ie-passing drills in football or hockey). May start progressive resistance training	Exercise, coordination and cognitive load
STAGE 5: Full contact practice	Following medical clearance , participate in normal training activities	Restore confidence and assess functional skills by coach
STAGE 6: Return to Play	Normal Game Play	

The student should continue to proceed to the next level is asymptomatic at the current level. Generally, each step should take a minimum of 24 hours, so that an athlete would take approximately 1 week to complete the protocol when symptoms do not recur. If any symptoms re-occur during the protocol, the student returns to the previous step after an additional 24 hours of rest and progresses accordingly. (Information on RTP protocol follows and comes from the Consensus statement for Concussions from the Zurich Conference [November 2012]).

**Darien Public Schools #61
Return to Play Form, cont.**

Student Name: _____ *Date of Birth:* _____ *Injury date:* _____

To be completed by Physician:

Any student that suffers an injury requiring accommodations to access their normal academic programming shall not be returned to athletics until the learning accommodations are no longer required.

In my professional judgment, _____ (*Name of student*), is released from all post-concussion Return To Learn accommodations, and said student is safe to Return to Play interscholastic sports at Stage _____ of the Return To Play protocol (see other side of page for more information).

Physician name

Physician signature

Date

FOR SCHOOL USE ONLY

Written statement is included on this form or attached to this form, with consent from the treating physician that indicates, in the individual's professional judgment, it is safe for the student to Return To Learn and Return To Play.

Date Cleared for RTL _____ Date Cleared for RTP _____