

STUDENT NAME: _____ GRADE: _____ CAMPUS: _____

Date of Concussion: _____ Return To Play Date: _____

Parent Contact #

Student Contact #



Georgetown ISD Return to Play Concussion Protocol

NOTES:

Released to Begin Protocol: _____

Return to Play Protocol →

Once it is determined that the student-athlete may resume activity, the following return to play protocol will be followed. At a minimum, each step represents two days or a 48 hour period. This form must be completed prior to the parent signing the UIL Return to Play Form.

	Activity Level	Student Initials	Athletic Trainer / Coach Initials
STEP 1: Dates: ____/____/____	No activity, complete rest. Once asymptomatic AND return to normal baseline range, proceed to next level.	-----	-----

Date: _____ Parents Complete UIL Return to Play Form

STEP 2: Dates: ____/____/____	Light aerobic exercise such as walking or stationary bike, no resistance training.	/	/
STEP 3: Dates: ____/____/____	Sport specific exercise (ex., running in soccer, catching passes in football), progressive addition of resistance training at steps 3 or 4.	/	/
STEP 4: Dates: ____/____/____	Non-contact training drills.	/	/
STEP 5: Dates: ____/____/____	Full contact training after medical clearance from physician.	/	/
STEP 6:	Game play. Full Release. After THIS form has been faxed or emailed to High School Trainers. *You must wait until the day after Step 5 has been completed to be released for games.*		

With this stepwise progression, the athlete should continue to proceed to the next level if asymptomatic at the current level. If any post concussion symptoms occur, the student-athlete will start again at Step 1 and may require further medical evaluation by their treating physician.