

**Return to Play Protocol**

<b><u>During School</u></b>	<b><u>Person(s) Responsible</u></b>
1. Student demonstrates symptoms of a concussion and is removed from class.	Teacher
2. Parent is notified of situation; advised physician evaluation is required to resume physical activity.	School Nurse
3. Third party physician evaluation provided to school Health Office.	Student and/or Parent/Guardian
4. If <b>no concussion</b> per written note, student may resume physical activity.	Third Party Physician
5. If concussion <b>is</b> diagnosis, no physical activity (sports, PE, etc) until cleared by physician via written documentation presented to the school Health Office	Third Party Physician
6. If concussion <b>is</b> diagnosis, parent/guardian acknowledgement form regarding MD note sent home for parent signature.	School Nurse and Parent/Guardian
7. Prior to return to unrestricted activity, the student must pass a progressive activity protocol, at discretion of school	Parent/Guardian
8. If student continues to exhibit symptoms on or after clearance date, student must follow up with third part physician for re-evaluation	Parent/Guardian
<b><u>After School Activity</u></b>	<b><u>Person(s) Responsible</u></b>
1. Incident is reported to coach.	Parent, Student, Witness
2. Student demonstrates symptoms of a concussion during a sport and is removed form the activity.	Coach
3. Parent is notified of situation; advised physician evaluation is required to resume physical activity.	Coach
4. School nurse is notified of incident the following school day.	Coach
5. Third party physician evaluation provided to school Health Office.	Student and/or Parent/Guardian
6. If <b>no concussion</b> per written note, student may resume physical activity.	Third Party Physician
7. If concussion <b>is</b> diagnosis, no physical activity (sports, PE, etc) until cleared by physician via written documentation presented to the school Health Office	Third Party Physician
8. If concussion <b>is</b> diagnosis, parent/guardian acknowledgement form regarding MD note sent home for parent signature.	School Nurse and Parent/Guardian
9. Prior to return to unrestricted activity, the student must pass a progressive activity protocol, at discretion of school.	Coach
10. If student continues to exhibit symptoms on or after clearance date, student must follow up with third party physician for re-evaluation.	Parent/Guardian

**Return to Learn Protocol**

1. Student diagnosed with concussion.	Third Party Physician
2. Documentation of concussion provided to school Health Office.	Student and/or Parent/Guardian
3. Grade level team notified.	School Nurse
4. Team meeting to discuss accommodations and modifications for student.	Grade Level Team, School Nurse, and Dean of Students
5. Daily check-in with student to discuss symptoms, modifications, and accommodations.	School Nurse