Bronxville School District

Concussion Flow Sheet

Date: _____ Student Name: _____

Date of Birth: _____ Gender: M F

Grade: 7 8 9 10 11 12

Date of Incident: _____ Loss of Consciousness: [ ] Yes [ ] No

Where did Incident Occur? (Circle One)

Practice Game Recess Physical Education Outside School

(if applicable): Sport: _____ Season: _____

		Initials
☐ Parent's Contacted (given parent concussion packet)	Date: _____	_____
☐ Guidance Counselor Contacted	Date: _____	_____
☐ Athletic Trainer Contacted (if applicable)	Date: _____	_____

Students (13 and older):

		Initials
☐ Symptom-Free for 24 hours (Phase 1)	Date: _____	_____
☐ Private MD clearance (attach to this sheet)	Date: _____	_____
☐ School MD clearance to start protocol	Date: _____	_____
☐ Phase 2 Complete	Date: _____	_____
☐ Phase 3 Complete	Date: _____	_____
☐ Phase 4 Complete	Date: _____	_____
☐ Phase 5 Complete	Date: _____	_____

☐ **Full Clearance** **Date: _____**
attach: school MD clearance form

Students (under 13):

		Initials
☐ Symptom free without medication, 7 days	Date: _____	_____
☐ Private MD clearance (attach to this sheet)	Date: _____	_____
☐ School MD clearance (attach to this sheet)	Date: _____	_____

☐ **Full Clearance** **Date: _____**