Dear Parent/Guardian:

During school today, your child received a possible head injury during practice or play. This letter is to alert you to the possibility that such an injury occurred, of symptoms/signs observed by staff, and of the signs and symptoms (see 2nd page for details) that may present later in which will require further evaluation and/or treatment. Often, the signs and symptoms of such a head injury may not appear immediately after the injury, but may arise up to 48 to 72 hours after the incident.

It is recommended that your child continue to rest and avoid screen time for a period of 48 hours after the injury, which includes watching television, use of computers/tablets, video games, and texting . Avoid NSAIDs for the first 24 hours after injury. If you are unclear or have questions about any of the symptoms described herein, please contact a medical doctor for a medical opinion.

Illinois law and Winnetka Public School Board policy require a student athlete who has suffered a concussion or a suspected concussion to be evaluated and to submit a written statement from the treating physician indicating it is safe for the student to return to learn and play. School protocol will cover all student athletes returning to school after suffering a concussion regardless if the accident occurred outside of school or while participating in a school activity. Best practice is to consider the same standard for any student who may have suffered a head injury.

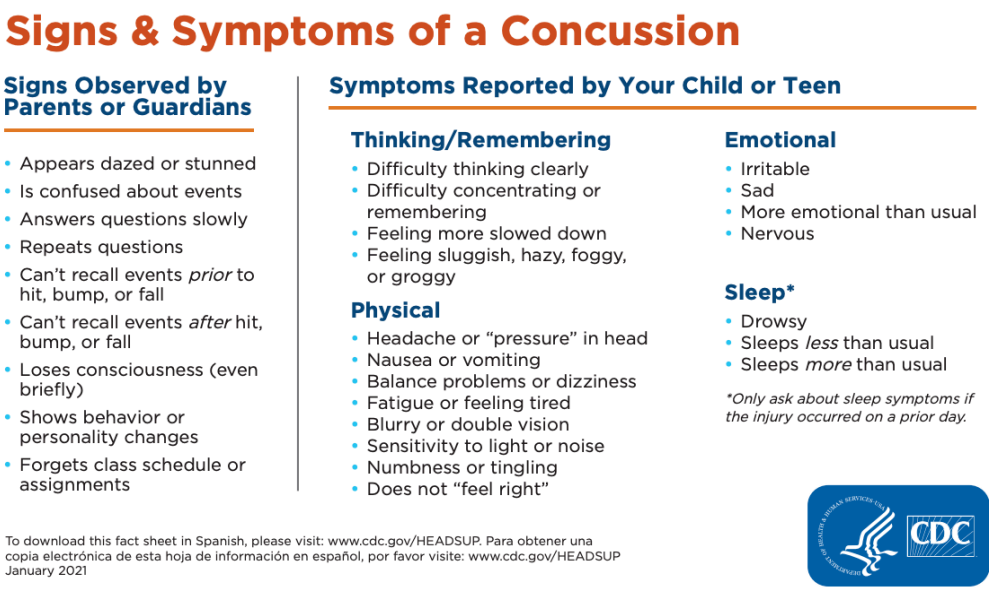
If signs or symptoms are not present, the student may return to class but should not return to sports, recreational activities, gym class, or recess on the day of the injury. The reason for this is because there can be delayed symptoms from the injury.

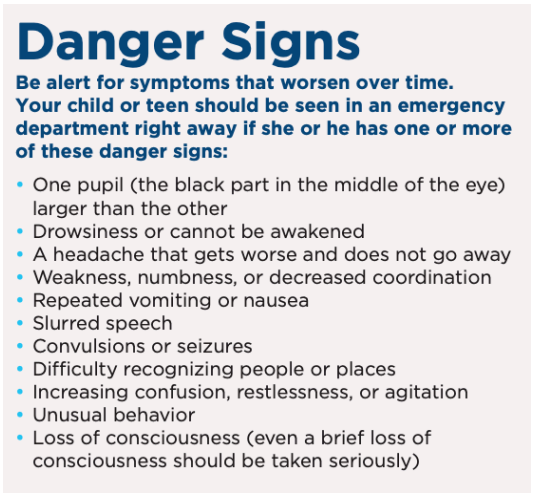
No student athlete with a suspected concussion may return to physical activity without medical clearance by their physician, whether or not the concussion took place while the student was participating in an interscholastic activity. Concussions that happen outside of the school environment should be reported to the school nurse and/or administrator as symptoms may present while in school. Medical clearance and any further instructions from the physician should be submitted to the school nurse. Return-to-learn and return-to play guidelines will be in effect per District protocol.

Return to learn and return to play following a concussion involves a stepwise progression once the student is tolerating increases in physical and cognitive activity without significant symptoms. We will defer to your child's physician for further instructions on clearance and treatment. Please do not hesitate to call with any questions or concerns.

Thank you.

Updated 2026





Images above taken from the CDC Parent Fact Sheet that is attached below

Attachments:

- ❏ Centers for Disease Control (CDC) - Parent Fact Sheet
- ❏ Physician Concussion Diagnosis Form (only needed if there are symptoms or a concussion diagnosis)

For more information on concussions:
https://www.cdc.gov/headsup/
http://www.ihsa.org/resources/sportsmedicine/concussionmanagement.aspx

Updated 2026

Physician Concussion Diagnosis Form

To be completed by Physician

Patient: _____ Date of Birth: _____ Date of Injury: _____ Date of Exam: _____

Illinois law and School Board policy (7:305) require a student athlete who has suffered a concussion or a suspected concussion to be evaluated, using established medical protocols based on peer-reviewed scientific evidence consistent with the Centers for Disease Control and Prevention guidelines (see checklist provided by District), by a treating physician who is licensed to practice medicine in all its branches (chosen by student or parent/guardian or other person with legal authority to make medical decisions for the student) or a certified athletic trainer working under the supervision of a physician licensed to practice medicine in all its branches and to submit a written statement from the treating physician or athletic trainer indicating that, in their professional judgement, it is safe for the student to return to play and learn. The student identified above is seeking evaluation and clearance from you via completion of this form.

Name of Physician: _____
Physician Address: _____
Physician Phone: _____

Physician Signature: _____ Date: _____

I evaluated the student and have determined that:

- ☐ No evidence of concussion exists and is released to return to play and learn without accommodations/modifications.
- ☐ Evidence of concussion exists and is released to return to learn and play with the following modifications.

Current Modifications:

KW (gym class) ▢ No KW ▢ Full participation ▢ May do Modified KW (Bike/Walk) ▢ May perform warm-ups/stretching	**Testing** ▢ Extra time to complete tests ▢ Testing in a quiet environment ▢ Reduce length of tests ▢ Postpone test for symptoms to reduce	**Note taking** ▢ Allow student to obtain class notes or outlines ahead of time to aid organization and reduce multi-tasking demands
Workload ▢ Reduce overall amount of make-up work, class work, and homework ▢ Shorten tests and projects	**Breaks** ▢ Take breaks as needed to control symptom levels	**Extra Time** ▢ Allow student to turn in assignments late
Leave Early ▢ Allow the student to leave class early to avoid a loud and busy hallway between classes	**Cafeteria:** ▢ Please allow the student to eat in a quiet or separate area from regular lunch areas	**Attendance:** ▢ Full days as tolerated ▢ Half–days as tolerated ▢ No school until _____ then attempt half / full days as tolerated

Follow-up evaluation and revision of recommendations will occur on _____ (DATE REQUIRED)

- ☐ Cleared to Return to Play

Return-to-exercise (for modified physical activity in gym):

- ☐ Recovery Stage 1: No Activity. Complete Physical Rest until physician indicates stage release to initiate return to play
- ☐ Recovery Stage 2: Light aerobic exercise (to be determined by care team)
- ☐ Recovery Stage 3:Moderate exercise (to be determined by care team)
- ☐ Full return to physical activities.

Provide any other information to be considered necessary for the student: _____

_____

****Return this form to your school nurse and coach**