TRENTON PUBLIC SCHOOLS

Concussion Care Plan

1 | Parent / student information and symptom monitoring

Student: _____ **DOB:** _____

School / grade: _____ **Injury date:** _____

For a suspected or diagnosed concussion. Arrange a prompt medical evaluation and follow the treating provider's instructions. This school plan does not replace medical assessment.

EMERGENCY DANGER SIGNS - CALL 911

Seek emergency care immediately for worsening headache that does not go away; repeated vomiting; seizure; increasing confusion, agitation or unusual behavior; inability to recognize people or places; slurred speech; weakness, numbness or poor coordination; one pupil larger than the other or double vision; or increasing drowsiness, inability to wake, or loss of consciousness.

SYMPTOMS TO MONITOR

Physical	Headache; nausea; dizziness; balance or vision changes; sensitivity to light or noise; fatigue.
Thinking	Feeling foggy or slowed down; difficulty concentrating, remembering or learning.
Emotional	Irritability, sadness, nervousness or feeling more emotional.
Sleep	More or less sleep than usual; drowsiness; trouble falling asleep.

RECOVERY AT HOME

• During the first 1-2 days, reduce demanding physical and mental activity. Avoid prolonged strict rest or keeping the student in a dark room all day.

• After this brief rest, gradually resume light daily activity as tolerated and as directed. Reduce the activity if symptoms increase; avoid any risk of another head injury.

• Keep a regular sleep schedule, drink fluids and eat regular meals. Limit screens and demanding work when they worsen symptoms. Ask the provider about medicines.

• Contact the provider for worsening symptoms, difficulty returning to school, or symptoms persisting beyond 2-4 weeks.

School contact: Katie Szczepaniak, RN - District Nurse
szczepaniakk@trentonschools.com | Share provider instructions with the school health para/main office.

Concussion Care Plan

2 | Return to learning and physical activity

Student: _____ **DOB:** _____

School / grade: _____ **Injury date:** _____

RETURN TO SCHOOL

Most students can return within 1-2 days, even with some symptoms, with temporary adjustments. The provider and school team should individualize the schedule. Do not wait for all symptoms to disappear before discussing a supported school return.

Notify the district nurse, health para, teachers, counselor, athletic trainer and administrator. Monitor concentration, memory, task completion, mood, fatigue and headaches. Reduce supports as the student improves. Contact the treating provider if difficulties persist.

PE, RECESS AND SPORTS

Remove a student with a suspected concussion from athletic activity immediately. No same-day return. Michigan requires evaluation and written clearance from an appropriate health professional before return to physical participation. Send clearance to the school before resuming PE or sports. Follow provider limits for recess and other activities.

GRADUATED RETURN TO SPORTS

Begin only with healthcare-provider approval and supervision. Each step usually takes at least 24 hours. Progress only without new or returning symptoms. If symptoms occur, stop, contact the provider and resume at the previous tolerated step after recovery as directed.

1. **Regular activities**
   Resume usual non-sports activities, including school; obtain provider approval.
2. **Light aerobic activity**
   Gentle walking or stationary cycling; no weight training.
3. **Moderate activity**
   Increase effort and movement with provider-approved exercise.
4. **Heavy non-contact activity**
   Higher-intensity exercise and non-contact sport drills.
5. **Practice / contact**
   Controlled practice; contact only when medically cleared.
6. **Competition**
   Return to games or competition when the progression is complete.

Full return to regular non-sports activities should occur before finishing the sports progression. School attendance alone is not clearance for PE or athletics.

TRENTON PUBLIC SCHOOLS

Concussion Care Plan

3 | Medical provider orders and parent / guardian permission

Student: _____ **DOB:** _____

School / grade: _____ **Injury date:** _____

RETURN-TO-LEARN ORDERS - PROVIDER TO COMPLETE

☐ No school until: _____ Return date: _____

☐ Return with supports below. Start: _____ Review date: _____

☐ Rest breaks as needed; reduced screen use; light/noise adjustments.

☐ Monitor symptoms; allow health-office visits and extra transition time.

PHYSICAL ACTIVITY ORDERS - PROVIDER TO COMPLETE

☐ No PE, sports or activities with risk of head injury until further written clearance.

☐ Modified PE / recess allowed with these limits: _____

☐ May start supervised graduated return-to-sport progression on: _____

☐ Cleared for unrestricted PE / sports after completed progression. Date: _____

Additional instructions / follow-up or referral:

_____

_____

Provider name / credentials: _____

Provider signature: _____ Date: _____

Phone: _____ Fax: _____

PARENT / GUARDIAN ACKNOWLEDGMENT

I have reviewed this plan and will share updates and medical instructions with the school. I authorize school health staff to contact the treating provider to discuss the care and school supports in this plan.

Parent/guardian signature: _____ Date: _____

Return to Katie Szczepaniak, RN - District Nurse at szczepaniakk@trentonschools.com or to the health para/main office of your student's school.