**Mount Pleasant Central School District Elementary School Health Offices**

# Guide for Parents & Guardians: Understanding the Concussion Return to Play (RTP) Protocol

Your child's health and safety are our top priorities. Following a concussion, **New York State law** requires a graduated, step-by-step approach for returning to physical activity. This guide answers common questions to help you successfully navigate this protocol alongside your School Registered Nurse (RN).

## Frequently Asked Questions (FAQ)

**1. What is the purpose of this worksheet?**

This worksheet tracks your child's physical recovery. To move safely from light movement back to full gym class and sports, your child must complete each step successfully. **The School RN, Physical Education (PE) Teacher, and you (the parent) will share tracking duties** depending on whether your child is at school or home.

**2. What is my role as a parent on weekends or days off?**

If a protocol step lands on a weekend, school holiday, or a day without gym class, **you must directly monitor your child's physical activity.**

- **Step 1:** Observe them during a steady **10-minute walk**.
- **Step 2:** Watch them during **20 minutes** of alternate jogging and walking (e.g., jog 2 minutes, walk 2 minutes).
- **Steps 3 & 4:** Monitor your child doing light, non-contact home exercises (like stretching, solo soccer/basketball dribbling, or stationary bicycling). **Day 3**: At home: 5 min. stretching + 10 min. exercise. **Day 4:** At home: 5 min. stretching + 20 min. continuous exercise.)
- **Step 5:** Watch them do a full, non-contact exercise at home for **30 to 45 minutes**.

**3. What exactly counts as a "home exercise" for Days 3, 4, and 5?**

It means any continuous, active physical movement that raises their heart rate without risking a head injury or a fall. **Good examples:** Jogging around the neighborhood, kicking a soccer ball against a wall, dribbling a basketball down the driveway, or riding a stationary bike. **Strictly avoid:** Any activity that risks contact.

**4. What does the "24-Hour Rule" mean?**

Each step of the protocol requires at **least 24 hours**. This means your child can only complete **one step per calendar day**. For example, your child cannot do Day 3's activity in the morning and Day 4's activity in the afternoon.

**5. What should I do if my child's symptoms return during an activity?**

**STOP THE ACTIVITY IMMEDIATELY.** Have your child sit down and rest.

- Do **not** let them try again later that day.
- Note "Yes" in the "Symptom Free?" column.
- Once they have rested and are completely symptom-free for a full 24 hours, they must repeat the **previous** successful step.
- Notify your healthcare provider immediately.
- Notify the School RN as soon as possible.

**6. How do the Recess Check-Ins work on Days 5 and 6?**

On Days 5 and 6, your child may go to recess at school, but **they must visit the Health Office immediately before going outside and immediately upon returning.** The School RN will check them for symptoms to ensure they are responding well to increased activity.

**7. How do I communicate with the School RN to inform her which Days were completed at home?**

Please either email, fax, or send a hard copy of the Parent Authorization Worksheet back to your School RN with your child the next morning. Please see the contact information listed at the bottom of this document. The School RN will conduct the final check-ins for Day 6 to grant unrestricted medical clearance. Unfortunately, if you do not return this worksheet to your School RN, your child will not be allowed to progress to the next Step.

**IMPORTANT:** If your child reports any symptoms during any of the stages, **end the activity immediately AND INFORM YOUR HEALTHCARE PROVIDER IMMEDIATELY.** Also be sure to notify your School RN as soon as possible.

**Mount Pleasant Central School District Elementary Health Offices**

# Parent Authorization Worksheet (For Home-Monitored Days Only)

## Quick Checklist for Filling Out the Form

- Write the Day of the Return to Play, for example, Day 1, Day 3, etc
- Sign your name on the Parent Signature line
- Write the date when the activity is performed.

*Complete this section only if any step from Day 1 to Day 5 was completed at home over a weekend, holiday, or non-school day.*

By signing below, I certify that I directly watched my child for the full duration of the activity on their day off. I confirm that they remained completely symptom-free during and after the exercise.

- **Parent Signature for Day ___: _____ Date: _____**
- **Parent Signature for Day ___: _____ Date: _____**
- **Parent Signature for Day ___: _____ Date: _____**
- **Parent Signature for Day ___: _____ Date: _____**
- **Parent Signature for Day ___: _____ Date: _____**
- **Parent Signature for Day ___: _____ Date: _____**

**Please either email, fax, or send a hard copy of this Parent Authorization Worksheet back to your School RN with your child the next morning. Please see the contact information listed below for email and fax options. Unfortunately, if you do not return this worksheet to your School RN, your child will not be allowed to progress to the next Step.**

HES School RN Phone: 914-769-8535
HES School RN Email: Lciliberti@mtplcsd.org
HES School RN Fax: 914-769-1719

CES School RN Phone: 914-769-8537
CES School RN Email: Cwoods@mtplcsd.org
CES School RN Fax : 914-627-0566