RETURN TO PLAY PROTOCOL

Student Name: _____ **Grade/Class:** _____ **Date Medically Cleared by HCP:** _____

PE Teacher: _____ **PEDays/Time:**_____ **Recess Monitor:** _____

STEP / DATE	REQUIRED PHYSICAL ACTIVITY	SYMPTOM FREE?	MONITORED BY	SCHOOL RN REVIEW / RECESS CHECK-INS
DAY 1- RTP **Date:** _____ **School Day** _____	WALK FOR 10 MINUTES At school or home: Light walking on a flat surface.	☐ YES ☐ NO	☐ School RN Office ☐ PE Teacher ☐ Parent/Guardian	RN Initials: _____
DAY 2- RTP **Date:** _____ **School Day** _____	JOG / WALK INTERVALS At school or home: Alternate 2 min. jogging / 2 min. walking. Total: 20 minutes.	☐ YES ☐ NO	☐ School RN Office ☐ PE Teacher ☐ Parent/Guardian	RN Initials: _____
DAY 3 -RTP **Date:** _____ **School Day** _____	LIGHT SPORT PRACTICE In school: Class warm-up + first 10 min. of PE class. At home: 5 min. stretching + 10 min light, non-contact exercise.	☐ YES ☐ NO	☐ PE Teacher ☐ Parent/Guardian	RN Initials: _____
DAY 4 -RTP **Date:** _____ **School Day** _____	MODERATE SPORT PRACTICE In school: Class warm-up + first 20 min. of PE class. At home: 5 min. stretching + 20 min light, non-contact exercise.	☐ YES ☐ NO	☐ PE Teacher ☐ Parent/Guardian	RN Initials: _____ Date: _____
DAY 5 -RTP **Date:** _____ **School Day** _____	FULL GYM CLASS & MONITORED RECESS In school: Full PE class period. At home: Non-contact exercise for 30–45 min. Recess allowed with RN check-ins.	☐ YES ☐ NO	☐ PE Teacher ☐ Parent/Guardian	RECESS CHECK-IN ☐ Pre-Recess Cleared ☐ Post-Recess Symptom-Free RN Initials: _____
DAY 6- RTP **Date:** _____ **School Day** _____	FINAL UNRESTRICTED CLEARANCE Full return to sports and gym classes. Recess allowed with RN check-ins.	☐ YES ☐ NO	☐ School RN Final Clearance Only	RECESS CHECK-IN ☐ Pre-Recess Cleared ☐ Post-Recess Symptom-Free RN Final Signature:

Progression: The student should remain symptom-free before progressing to the next step. If symptoms return, stop activity and follow the district Return to Play protocol.