



Parent/Guardian Approval
Return to School Day Activities Following A Concussion



Date: _____ School: Addenbrooke Classical Academy

School Site Concussion Coordinator: Trisha Caldwell

Student: _____

Dear Parent/Guardian,

Your child was placed on concussion protocol on _____. Your child is no longer exhibiting any signs/symptoms of a concussion and no longer is in need of academic adjustments. We encourage you to have your child evaluated by a medical provider to confirm the resolution of the injury. In order to remove your child from the concussion protocol and return to all school day physical activities we will need the following;

A release from a medical provider OR Sign this form acknowledging you agree and have completed the process below.

I acknowledge the following:

- I am aware of the seriousness of a concussion.
- I acknowledge that it is best practice to have my child evaluated by a medical provider for medical clearance following a concussion.
- I Recognize that allowing my student to prematurely participate in physical activity post-concussion/head injury could result in a secondary head injury (second impact syndrome).
- My student is no longer displaying any concussion symptoms at home.
- I approve my child to return to all school day activities including PE, recess, and/or all other organized/unorganized physical school activities.
- My student has completed a gradual return to activity at home, as outlined in the table below:

The **Graduated Return to Play Guidelines** are as follows: (McCrory et al., 2013):

Stage	Activity	Functional Exercise	Objective of Stage
1	No Activity	Symptom limited physical and cognitive rest	Recovery
2	Light aerobic activity	Walking, Swimming or stationary cycling keeping intensity <70% maximum permitted heart rate. No resistance training.	Increase heart rate
3	Sport-Specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities.	Add movement
4	Non-contact training drills	Progression to more complex training drills, (eg, passing drills in football and ice hockey). May start progressive resistance training.	Exercise, coordination and cognitive load
5	Full-contact practice	Following medical clearance, participate in normal training activities; full exertion	Restore confidence and assess functional skills by coaching staff
6	Return to play	Return to normal activity	

Please contact your district RN with any questions or concerns.

Parent/Guardian Print Name

Parent/Guardian signature

Date