

BVSD Return to School/Play after Concussion Form

Student Name: _____ DOB: _____
School: _____ Grade: _____ Fax #: _____
Date of Injury: _____ Student may return to school on (Date): _____

SECTION 1: RETURN TO SCHOOL (To be completed by HCP)

____ Student has been diagnosed with a concussion and academic adjustments should be provided until symptoms _____ (initial) have resolved. *Academic adjustments will be determined by school staff.*

____ Student is to be re-evaluated on (Date) _____.
(initial)

Note: All physical activity (PE, recess, etc.) will be restricted until the student is cleared.

SECTION 2: RETURN TO ATHLETIC PARTICIPATION

This portion is to be used after a student athlete is removed from practice or competition due to concussion symptoms.

REASON FOR REMOVAL FROM PLAY/COMPETITION: (Completed by athletic trainer/coach – describe injury)

Printed Name Trainer/Coach: _____ Date: _____

HCP - Return to Play Permission

I have examined the above-named student athlete following his/her injury and have determined the following:

____ Permission is granted for the student to begin the Graduated Return to Play process when the student is no _____ (initial) longer exhibiting concussion related symptoms and all academic adjustments have been resolved.

____ Permission is NOT granted for the student to begin the Graduated Return to Play process until they have been _____ (initial) reevaluated.

REEVALUATION DATE: _____

Signature of Health Care Provider: _____
Printed Name of Health Care Provider: _____ **Date:** _____
Office Phone: _____ **Email Address:** _____

____ I understand the implications of concussion in youth and have been educated on the management of my child's _____ (initial) concussion. I give my permission for my child to begin the Graduated Return to Play process when they are free of _____
concussion symptoms and are no longer receiving academic adjustments.

Signature of Parent: _____ **Date:** _____

Printed Name of Parent: _____

BVSD Classroom Concussion Response Tool

Student name: _____

Date: _____

Medical Information: This student suffered a concussion on _____.

Initially Reported Symptoms: _____

A concussion is an injury to the brain that temporarily changes how the brain normally works. The most important and immediate action to be done following a concussion is to reduce physical and mental activity. **NOTE:** All physical activity (recess, PE, etc.) will be restricted until the student is cleared from academic adjustments unless noted.

Please determine, with the student, which classroom adjustments are necessary and begin implementation of them as soon as possible. Note that during recovery, symptoms may change. If you need assistance or have questions contact the Concussion Team Leader. If the student continues to have symptoms or require academic adjustments 3 weeks after the initial injury, contact your building 504 coordinator, counselor, School Nurse Consultant or Concussion Team.

	Symptoms	Recommended Classroom Adjustments
Physical Symptoms	<ul style="list-style-type: none"> ● Headache/Nausea ● Dizziness/Balance problems ● Light or noise sensitivity ● Visual disturbances ● Neck pain ● Mental fatigue 	<ul style="list-style-type: none"> ● Quiet recess - no strenuous physical activity ● Strategic rest using scheduled breaks ● More frequent breaks in classroom ● Sunglasses or baseball cap ● Quiet room/environment
Cognitive Symptoms	<ul style="list-style-type: none"> ● Mentally foggy ● Slowed processing of information ● Difficulty concentrating ● Poor memory recall ● Easily confused ● Slowed speech 	<ul style="list-style-type: none"> ● Workload reduction in the classroom or homework ● Adjust due dates as needed ● Exempt or postpone large tests/projects ● Allow for extra time to complete work ● Allow for "buddy notes" ● Allow student to audit classwork ● No penalty for work not completed during recovery
Emotional Symptoms	<ul style="list-style-type: none"> ● Personality changes ● Inappropriate emotions ● Overly emotional, irritable, angry, sad or nervous ● Lack of motivation 	<ul style="list-style-type: none"> ● Allow student and teacher to have a signal to indicate when a break is needed ● Allow student to remove him/herself to de escalate
Possible Sleep and Energy Symptoms	<ul style="list-style-type: none"> ● Mentally fatigued ● Drowsy ● Sleeping too much ● Sleeping too little 	<ul style="list-style-type: none"> ● Minimize use of computers and electronics ● Consider preferential seating in front of classroom to decrease distractions

This material is adapted from the Center for Concussion, Rocky Mountain Hospital for Children, REAP Manual

Teacher Name: _____ Class: _____

Adjustments implemented on: _____ Revision Date(s): _____

BVSD Teacher Feedback Form - Concussion

Student Name: _____ Date: _____

Date of Concussion: _____ Concussion Team Leader: _____

Teachers: To ensure appropriate brain rest and opportunity for recovery, we are asking for feedback on any adjustments or symptoms continuing in your classroom(s). Information should be returned to the Concussion Team Leader.

Your Name and Class Taught	Is the student still receiving any academic adjustments in your class? If so, what?	Have you noticed, or has the student reported, any continuing, new or worsening symptoms lately? (e.g. complaints of headaches, dizziness, difficulty concentrating/ remembering, irritability, fatigue)	Do you believe this student is performing at their pre-concussion learning level?
Name: _____ Class: _____	Yes, adjustments include: No	Yes No	Yes No Don't know Date: _____ Signature: _____
Name: _____ Class: _____	Yes, adjustments include: No	Yes No	Yes No Don't know Date: _____ Signature: _____
Name: _____ Class: _____	Yes, adjustments include: No	Yes No	Yes No Don't know Date: _____ Signature: _____
Name: _____ Class: _____	Yes, adjustments include: No	Yes No	Yes No Don't know Date: _____ Signature: _____

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This form is to be completed initially 3 weeks post-concussion and will be used to assess the need for a formal 504 if symptoms are still present at that time.

BVSD Return to School/Play after Concussion Form

Instructions for completing the Boulder Valley School District Return to School/Play after Concussion Form

SECTION 1:

This section is to be completed by a Health Care Provider for **ANY** student exhibiting concussion symptoms, suspected of having a concussion, or suffering a head injury requiring follow up.

Note to Provider: BVSD's protocol for any student with a concussion is to implement academic and physical activity adjustments until the concussion symptoms have resolved. Adjustments will be determined by school staff based on input from the health care provider, student and parent/guardian.

SECTION 2:

This section is required for any student athlete that has been removed from play or competition due to concussion symptoms.

Written authorization from **BOTH** a Health Care Provider and a parent/guardian must be obtained before the student athlete may begin the Graduated Return to Play (RTP) process.

- Health Care Providers legally permissible to clear a student athlete to begin a graduated RTP process include: Doctor of Medicine, Doctor of Osteopathic Medicine, Licensed Nurse Practitioner, Licensed Physician Assistant, or Licensed Doctor of Psychology with training in neuropsychology or concussion evaluation and management.

BVSD follows the Graduated Return to Play protocol based on the 4th International Conference on Concussion in Sport held in Zurich, November 2012, which includes 6 steps and requires a minimum of five days (24 hours symptom free after each stage) before returning to normal game play.

Graduated Return to Play Protocol

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Complete physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum predicted 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	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal game play	