

West Central School District 49-7

RETURN TO ACTIVITY/COMPETITION, PRACTICE OR TRAINING

This form is to be used after a student/athlete is removed from and not returned to activity/competition after exhibiting concussion symptoms. The student/athlete should not be returned to activity until written authorization is obtained from an appropriate health care professional (medical doctor and/or certified athletic trainer) and the parent/guardian. This form should be kept on file at the school.

Student/Athlete: _____ School: _____ Grade: _____

Activity/Sport: _____ Date of Injury: _____

Reason for Student/Athlete's Incapacity

Guidelines for Returning to an Activity after a Concussion

Note: Each step should be completed with no concussion symptoms before proceeding to the next step.

1. No activity, complete rest with no symptoms.
2. Light exercises: walking or stationary cycling with no symptoms.
3. Sport specific activity without body contact and no symptoms.
4. Practice without body contact and no symptoms. Resume resistance training.
5. Practice with body contact and no symptoms.
6. Return to game play with no symptoms.

Note:

1. If symptoms return at any time during the rehabilitation process, wait until asymptomatic for 1 full day, then re-start at the previous step.
2. Never return to competition with symptoms.
3. Do not use "smelling salts".
4. **When in doubt, sit them out.**

Health Care Professional's Action

I have examined the named student/athlete following this episode and determined the following:

____ **Permission is granted** for the student/athlete to return to activity/competition

____ **Permission is not granted** for the student/athlete to return to activity/competition

COMMENTS _____

Health Care Professional

Date

Parent/Guardian

Date

School Administrator

Date

Policy:

Adopted 7/11/11