



**Appendix E**  
**DOCUMENTATION FOR A DIAGNOSED CONCUSSION**  
**RETURN TO LEARN / RETURN TO PLAY PLAN**

**This form to be used by parents/guardians  
to communicate their child’s progress through the plan.**

<b>Name of Student:</b>	
<b>Date:</b>	
<ul style="list-style-type: none"> <li>• The Return to Learn/Return to Play Plan is a combined approach.</li> <li>• Step 2a: Return to Learn must be completed prior to the student returning to physical activity.</li> <li>• Each step must take a minimum of 24 hours (NOTE: Step 2b: Return to Learn and Step 2: Return to Play occur concurrently).</li> <li>• For the care of the student, all steps must be followed.</li> <li>• Please remember that each step takes a minimum of 24 hours to complete.</li> </ul>	

**Step 1: Return to Learn/Return to Play**

- Completed at home.
  - Cognitive Rest – includes limiting activities that require concentration and attention (reading, texting, television, computer, video/electronic games).
  - Physical Rest – includes restricting recreational/leisure and competitive physical activities.
- My child has completed Step 1 of the Return to Learn/Return to Play Plan (cognitive and physical rest at home) and his/her symptoms have shown improvement. My child will proceed to Step 2a: Return to Learn (Use Template 1: *Return to Learn Strategies and Approaches*).
- My child has completed Step 1 of the Return to Learn/Return to Play Plan (cognitive and physical rest at home) and is **symptom free**. My child will proceed directly to Step 2B: Return to Learn and Step 2: Return to Play.

Parent/Guardian Signature:	
Date:	
Principal Signature:	

**Place a copy of this page in student OSR upon receipt/completion.**

If at any time during the following steps, symptoms return, please refer to the Return of Symptoms section of this Documentation for a Diagnosed Concussion: Return to Learn/Return to Play Plan document.

<b>Name of Student:</b>	
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**Step 2a: Return to Learn**

- Student returns to school.
  - Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity.
  - Physical Rest – includes restricting recreational/leisure and competitive physical activities.
- My child has been receiving individualized classroom strategies and/or approaches and is symptom free. My child will proceed to Step 2b: Return to Learn and Step 2: Return to Play.

<b>Parent/Guardian Signature:</b>	
<b>Date:</b>	
<b>Comments:</b>	

**Step 2b: Return to Learn**

- Student returns to regular learning activities at school.

**Step 2: Return to Play**

- Student can participate in individual light aerobic physical activity only (AT HOME).
- Student continues with regular learning activities.

- My child is symptom free after participating in light aerobic physical activity. My child will proceed to Step 3: Return to Play (AT SCHOOL).
- Parent/Guardian will correspond with principal/teacher/coach/supervisor for Steps 3 and 4a.

<b>Parent/Guardian Signature:</b>	
<b>Date:</b>	
<b>Principal Signature:</b>	

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<b>Name of Student:</b>	
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**Step 3: Return to Play**

- Student may begin individual sport-specific activities only.

**Step 4a: Return to Play**

- Student may begin activities where there is no body contact (dance, badminton); light resistance, weight training; non-contact practice; and non-contact sport-specific drills.

- My child has successfully completed Steps 3 and 4a and is symptom free.
- Parent/Guardian to obtain medical doctor/nurse practitioner diagnosis and signature (4b) before proceeding to Step 5.

**Step 4b: Medical Examination**

I confirm that the above-named student continues to be symptom free and is able to return to regular physical education class/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

<b>Name of Medical Doctor or Nurse Practitioner</b>	
<b>Date:</b>	
<b>Signature:</b>	

This information must be given back to the principal/teacher/coach/supervisor before Step 5 can take place.

<b>Principal Signature:</b>	
<b>Date:</b>	

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<b>Name of Student:</b>	
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**Step 5: Return to Play**

- Student may resume regular physical education/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

**Step 6: Return to Play**

- Student may resume full participation in contact sports with no restrictions including games with parent/guardian permission.

**Parent/Guardian Consent**

- My child is symptom free after participating in activities in practices where there is body contact and has my permission to participate fully, including games.

<b>Parent/Guardian Signature:</b>	
<b>Date:</b>	
<b>Comments:</b>	

<b>Principal Signature:</b>	
<b>Date:</b>	

**Place a complete copy of the Documentation for a Diagnosed Concussion: Return to Learn/Return to Play Plan in student OSR upon receipt/completion.**

<b>Name of Student:</b>	
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**Return of Symptoms**

- My child has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:
  - Step 1: Return to Learn / Return to Play
  - Step 2a: Return to Learn
  - Step 2b: Return to Learn
  - Step 2: Return to Play
  - Step 3: Return to Play
  - Step 4a: Return to Play

<b>Parent/Guardian Signature:</b>	
<b>Date:</b>	
<b>Comments:</b>	

<b>Principal Signature:</b>	
<b>Date:</b>	

**Place a copy of this page in student OSR upon receipt/completion.**