Northeastern Catholic District School Board

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.

Name of Student:	
Date:	
• The Return to Learn/Return to Play Plan is a combined approach. • Step 2a: Return to Learn must be completed prior to the student returning to physical activity. • Each step must take a minimum of 24 hours (NOTE: Step 2b: Return to Learn and Step 2: Return to Play occur concurrently. • For the care of the student, all steps must be followed. • Please remember that each step takes a minimum of 24 hours to complete.	

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.

383 Birch Street North, Timmins ON P4N 6E8
[T] 705-268-7443 [F] 705-267-3590 [W] www.ncdsb.on.ca

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.

Name of Student:	

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.

Parent/Guardian Signature:	
Date:	
Comments:	

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.

Parent/Guardian Signature:	
Date:	
Principal Signature:	

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Name of Student:	

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.

Name of Medical Doctor or Nurse Practitioner	
Date:	
Signature:	

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

Principal Signature:	
Date:	

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Name of Student:	

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.

Parent/Guardian Signature:	
Date:	
Comments:	

Principal Signature:	
Date:	

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

Name of Student:	

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

Parent/Guardian Signature:	
Date:	
Comments:	

Principal Signature:	
Date:	

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