



# Northeastern Catholic District School Board

## RETURN TO LEARN/PHYSICAL ACTIVITY – CONCUSSION TRACKING

### STUDENT INFORMATION

Student Name:	School:
Date of Injury:	School Year:
Name of Parent/Guardian completing this form:	

### REOCCURANCE OF SYMPTOMS

If symptoms return at any time, the student must stop activity and return to the previous step. Progression may only resume once the student is symptom-free for 24 hours and with appropriate medical guidance.

### PHYSICAL ACTIVITY – MEDICAL CLEARANCE

Written medical clearance from a physician or nurse practitioner is required before the student returns to physical activity.

### STEP 1 – REST AND RECOVER

- Rest at home until physical and cognitive symptoms improve.
- Limit screen time, reading, and physical activity.
- Parent/guardian notifies school once the student can resume light mental activity.
- Student must remain symptom-free for at least 24 hours before progressing to the next stage.

#### Parent/Guardian Confirmation

My child has completed Step 1 (Rest and Recover) and is ready to proceed to the next step.

Parent/Guardian Signature:	Date:
Principal Signature:	Date:

### STEP 2 – RETURN TO LEARN

- Student returns to school with supports and accommodations (reduced workload, breaks, modified schedule).
- Staff will monitor symptoms and adjust as needed.
- Resume full when the student can tolerate a normal school day without symptoms.
- Student must remain symptom-free for at least 24 hours before progressing to the next stage.

#### Parent/Guardian Confirmation

My child has completed Step 2 (Return to Learn) and is ready to proceed to the next step.

Parent/Guardian Signature:	Date:
Principal Signature:	Date:

### STEP 3 – RETURN TO PHYSICAL ACTIVITY

- Gradual progression from light activity to full participation guided by medical advice.
  - Must remain symptom-free for at least 24 hours at each stage.
  - Written medical clearance from a physician or nurse practitioner is required before full return to physical activity/play.
- Medical Note has been received and is attached

#### Parent/Guardian Confirmation

My child has completed Step 3 (Return to Physical Activity) and is ready to return to physical activity.

Parent/Guardian Signature:

Date:

Principal Signature:

Date:

#### Acknowledgment

I have read and understand my child's Health Care Plan. I agree with what is outlined and understand that school staff will follow these steps to help keep my child safe and cared for during the school day.

Parent's Signature:

Date:

Principal's Signature:

Date:

**A copy of this medical information will be kept in the student's Ontario Student Record (OSR) along with any other relevant Student Concussion documentation.**