

CONCUSSION CARE PLAN: SCHOOL AND PLAY

Name: _____ DOB: _____
 School: _____ Date: _____
 District: _____
 School Nurse: _____ Fax: _____
 Guidance Counselor/Academic contact: _____

This student has been diagnosed with a concussion and is currently under our care. Please excuse student from school today due to a medical appointment. S/he may return to school on _____. Please note the following request for adjustments which will need to be renewed by _____.

We encourage students to be in school and in class as much as possible while recovering from a concussion. **The following are universal guidelines that should be applied to all students recovering from a concussion:**

- ✓ No after school activities until able to tolerate a full academic school day
- ✓ Allow 10 -20 minute breaks for increased symptoms in nurse’s office to rehydrate and rest as needed
- ✓ Allow student to go home if symptoms impair ability to function in school
- ✓ Provide tutoring as needed
- ✓ PE class should be “protected” – no risk of getting hit in the head with an object or contact activity
- ✓ Please contact us and the student’s primary care provider for concerns about dropping grades
- ✓ Safe and appropriate field trips determined on an individual basis
- ✓ Allow student to carry a water bottle

In addition to the universal guidelines above, the following requests for medically necessary adjustments are intended to promote recovery while optimizing school attendance and participation.

ATTENDANCE

	No school
	No bus/student driving
	Partial day x _____ days
	Full day starting: _____

AUDIBLE ADJUSTMENTS *(as tolerated or needed)*

	Lunch in a quiet place (with friends to socialize)
	No loud auditorium gatherings
	No music/chorus/band class or practice
	Do not sit in noisy gym class or sports events
	Early passage in halls (minimize crowds)
	Soft ear plugs as needed

VISUAL ADJUSTMENTS *(as tolerated or needed)*

	Provide audible learning opportunities
	Self-limit or dim electronic screens and smartboards
	Enlarged font when possible
	Pre-printed notes or assigned note-taker
	Sunglasses/brim cap in school as needed
	Dim lights /turn off half of overhead lights

PRE-EXISTING ACCOMODATIONS

	Continue with 504 Plan or IEP
--	-------------------------------

WORKLOAD

	No homework
	Reduced homework/reading assignments
	Extra time to complete homework as needed
	Prioritize make-up work
	Create a schedule for required make-up work
	Full workload/no limitations

TESTING

	No testing
	Testing in a distraction-free space
	Extra time to complete tests (consider dividing tests)
	Consider open-book or take-home tests
	No more than _____ tests per day
	Full testing/No limitations

PHYSICAL EXERTION [ATTN: ATC, PE TEACHER]

	No competitive sports/games
	Modified PE / Non-contact aerobics <i>(see attached)</i>
	Starting Return to Play protocol <i>(see RTP form, must complete prior to final clearance for competitive sports/games)</i>
	No stairs – use elevator

Office Stamp:

 Medical Provider’s Signature