



Student name: _____

Appendix E – Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan

This form is to be used by parents/guardians and school contact to communicate the child’s/ward’s progress through the plan.

The Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan is a combined approach, with a collaborative effort between home and school.

Return to Learn Step 2a must be completed prior to the student returning to physical activity.

Each step must take a minimum of 24 hours (Note: Return to Learn Step 2b and Return to Physical Activity Step 2 occur concurrently).

All steps must be followed.

Return to Learn

Step 1 – Rest

- Completed at home.
- Cognitive Rest – includes limiting activities that require concentration and attention (e.g., 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 Physical Activity Plan (cognitive and physical rest at home) and his/her **symptoms have shown improvement**. My child/ward will proceed to Step 2a – Return to Learn.

My child has completed Step 1 of the Return to Learn/Return to Physical Activity 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 Physical Activity.

Parent/Guardian signature: _____ Date: _____

Comments: _____

Principal Signature: _____

Original filed in OSR once completed.

Under the direction of the Ontario Ministry of Education and under the legal authority of the Education Act, Grand Erie District School Board collects this information in order to fulfil its commitment to promote the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the Municipal Freedom of Information and Protection of Privacy Act this information will be used solely to assess the student’s Return to Learn and Return to Physical Activity. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form, please contact the school principal.



Student name: _____

If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section on page 6 of this form.

Step 2a – Return to Learn

- Student makes gradual return to instructional day.
- Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity.
- Physical rest– includes restricting recreational/leisure and competitive physical activities.

If symptoms persist or worsen return to Step 1 and consult a physician (see page 6 of this form)

- My child/ward has made a gradual return to his/her instructional day and has been receiving individualized classroom strategies and/or approaches and is **symptom free**. My child/ward will proceed to Step 2b – Return to Learn and Step 2 – Return to Physical Activity.

Parent/Guardian signature: _____ *Date:* _____

Comments: _____

Step 2b – Return to Learn

- Student returns to regular learning activities at school. No accommodations are required.



Student name: _____

If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section on page 6 of this form.

Return to Physical Activity

Step 1 – Rest

- When both ‘**Step 1- Rest**’ is completed and student is participating in regular learning activities (**R2L 2b – symptom free**) the student may Return to Physical Activity - Step 2.

Step 2 – Return to Physical Activity

- Student can participate in individual light aerobic physical activity only. (**At Home**)
- Student continues with regular learning activities.

Note: Step 2 of Return to Physical Activity is done concurrently with Step 2b of Return to Learn

- My child/ward is symptom free after participating in light aerobic physical activity. My child/ward is ready to proceed to Step 3 – Return to Physical Activity.
- Appendix E will be returned to school contact to record progress through steps 3 and 4**

Parent/Guardian signature: _____ *Date:* _____

Comments: _____



Student name: _____

If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section on page 6 of this form.

Step 3 – Return to Physical Activity

- Student may begin individual sport-specific physical activity only.

Step 4 – Return to Physical Activity

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

Student has completed Steps 3 and 4 and is symptom free.

Appendix E will be returned to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature.

School Contact Name: _____ *Date:* _____

Medical Examination:

I, _____ (medical doctor/nurse practitioner name) have examined _____ and confirm he/she 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.

Medical Doctor/Nurse Practitioner Signature: _____ *Date:* _____

Comments: _____

This form (Appendix E), with medical doctor/nurse practitioner signature, is to be returned to the School Contact before the student may proceed to Step 5.



Student name: _____

If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section on page 6 of this form.

Step 5 – Return to Physical Activity

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

Body Contact Sport: _____ (name activity)

- Student has participated in full body contact practice and is symptom free.

School Contact Name: _____ **Date:** _____

This form (Appendix E) is to be returned to parent/guardian for final signature:

Parents are requested to observe child for any signs and symptoms and if none appear, complete the following and return to appropriate school personnel.

- My child/ward is symptom free after participating in activities, in practice, where there is body contact and has my permission to participate fully, including participation in competition.

Parent/Guardian signature: _____ Date: _____

Comments: _____

Step 6 – Return to Physical Activity

- Student may resume full participation in contact sports with no restrictions.



Student name: _____

Return of Symptoms

- My child/ward 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 _____ of the Return to Learn/Return to Physical Activity Plan

Parent/Guardian signature: _____ **Date:** _____

Physician/Nurse Practitioner signature: _____ **Date:** _____

Comments: _____

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