

Return to Learn/Return to Physical Activity Plan Tracking Sheet

Student Name: _____

Date of Injury: _____

Principal/Vice Principal Signature: _____

There must be a minimum of 24 hours symptom free between each step. If at any point symptoms return, student must return to Step 1 and complete process again: Appendix C

Return to Learn/Return to Physical Activity Steps	Parent/Guardian Action	Date Completed
<p>Step 1- Complete Cognitive and physical rest at home</p> <ul style="list-style-type: none"> • NO screen time or physical activity 	<p><i>Parent/Guardian returned the Appendix C to the school-completion of Step 1</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p>Step 2A - Return to Learn-Improved Symptoms</p> <ul style="list-style-type: none"> • Student returns to learn with individualized learning plan including quiet location as needed. 	<p><i>Parent/Guardian returned the Appendix C to the school-completion of Step 2A</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p>Step 2B - Return to Learn-No Symptoms</p> <ul style="list-style-type: none"> • Student returns to regular learning activities and light aerobic activity only. 	<p><i>Parent/Guardian returned the Appendix C to the school-completion of Step 2B</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p>Step 3 - Return to light physical activity</p> <ul style="list-style-type: none"> • e.g. skating, exercise programs, non-contact drills, play structures. Sport Specific. 	<p><i>Parent/Guardian returned the Appendix C to the school-completion of Step 3</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	

Return to Learn/Return to Physical Activity Steps	Parent/Guardian Action	Date Completed
<p>Step 4-Return to moderate physical activity</p> <ul style="list-style-type: none"> e.g. non-contact sports (badminton, dance) 	<p><i>Parent/Guardian returned the Appendix C to the school-completion of form</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
Medical Examination required before returning to physical activities with contact		
<p>Step 5 Return to full contact physical activities (non-competitive)</p> <ul style="list-style-type: none"> e.g. sport team practices, track and field, fitness games, Frisbee 	<p><i>Parent/Guardian returned the Appendix C to the school-completion of Step 5</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p>Step 6 -Return to full contact activities (competitive sports)</p> <ul style="list-style-type: none"> e.g. soccer, rugby, hockey, basketball, dodgeball 	<p><i>Parent/Guardian returned the Appendix C to the school-completion of Step 6</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	

Information Collection Authorization: The personal information contained on this form has been collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and Policy and Program Memorandum 158, titled School Board Policies on Concussion.

USER: PRINCIPAL, TEACHERS, SPECIAL EDUCATION RESOURCE TEACHER, COACHES

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