

## Concussion Passport (505-2)



\_\_\_\_\_ (student name) was involved in an incident on \_\_\_\_\_ (date)  
that could result in a concussion. School: \_\_\_\_\_ Passport #: \_\_\_\_\_

It is recommended that this student be seen by a **medical doctor or nurse practitioner**.

This form is to be completed and returned to school **as soon as possible**, or when the student returns to school.

### Results of Medical Examination *(please select one option below)*

- Student has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- Student has been examined and a concussion has been diagnosed and will need to begin a Return to Learn/Return to Activity Plan (see next page). The plan is an individualized, gradual, approach to assist a student to return to both learning and physical activity. Each stage must take a minimum of 24 hours.

Note for student athletes: Medical clearance by a doctor or nurse practitioner is required before a student can return to play on an interschool sports team. A medical note may be required.

- I have been informed of the school's concern and decline to have my student assessed by a medical professional.

Parent/Guardian name: \_\_\_\_\_ (please print)

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information is collected under the legal authority of the *Education Act* and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. This information is collected as part of the board's commitment to student safety and compliance with *Rowan's Law*. This form will be securely stored and retained in accordance with the board's records retention schedule. Questions about this collection should be directed to the principal.

# NOTES PAGE

**Student Name:** \_\_\_\_\_ **Start Date** \_\_\_\_\_

*Each stage must take a minimum of 24 hours and a student must be symptom free to proceed to the next stage.*

**If at any time signs and/or symptoms of a concussion return, an examination of the student by a medical doctor/nurse practitioner is recommended. The student will resume the plan at an appropriate stage as needed.**

Stage	StageDescription	Date Completed	Parent Initials	Student Initials
<b>Stage 1:</b> Short phase of physical and cognitive rest (24-48 hours)	<b>Goal:</b> NO SCHOOL for at least 24 hrs. Home/leisure activities as tolerated, with no increase in number or severity of symptoms.  <b>NO</b> physical activities of any intensity for longer than 5 minutes, as long as these activities do not increase symptoms.  <b>Rest/light activity:</b> Regular daily activities that do not provoke symptoms, such as self-care and easy tasks (e.g., making bed, quiet socialization with a friend, talk on phone). LIMIT screen time (e.g., TV, video games, texting) and reading.  <b>When to move to stage 2?</b> When symptoms are not made worse by regular daily activities or have disappeared. If symptoms persist past 1 week, then progress to stage 2 cautiously.			
		<b>Notes:</b>		
<b>Stage 2:</b> Getting ready to go back to school	<b>Goal:</b> Begin simple cognitive activity at home for a maximum of 30 minutes, without worsening symptoms. If symptoms worsen, reduce activity.  <b>Activities:</b> Walking, 15 minutes of screen time/school work twice daily; socialize with 1-2 friends for no longer than 30 minutes.  <b>When to move to stage 3?</b> When symptoms have disappeared, decreased, or if symptoms persist past 2 weeks then move to stage 3 with support from school and medical professionals.			
		<b>Notes:</b>		
<b>Stage 3:</b> Back to school with accommodations	<b>Goal:</b> Build up back-to-school routines by increasing cognitive activity in a school environment with accommodations. This stage may last days or months depending on the rate of recovery.  <b>Accommodations:</b> Accommodations are decided on an individual basis and guided by symptoms. They can include: academic (e.g., extra time, reduced workload, modified testing), attendance (e.g., modified days), environmental (e.g., seating, noise/crowds, headphones, sunglasses)  <b>When to move to stage 4?</b> When activities are tolerated without increasing symptoms.			
		<b>Notes:</b>		
<b>Stage 4:</b> Normal routines with some restrictions	<b>Goal:</b> Back to full days of school, but can do less than 5 days a week if needed due to fatigue or other continued symptoms.  <b>Activities:</b> Complete homework as tolerated without causing or worsening symptoms. Consider number of tests per day/week, extra time, necessity of catching up on missed work, etc.  <b>When to move to stage 5?</b> When symptom free.			
		<b>Notes:</b>		
<b>Stage 5:</b> Fully back to school	<b>Goal:</b> Gradual return to normal routines including regular attendance, homework, tests, and extracurricular activities.			
		<b>Notes:</b>		

## Return to Activity Plan



Student Name: \_\_\_\_\_ Start Date \_\_\_\_\_

Stage	StageDescription	Date Completed	Parent Initials	Student Initials
<b>Stage 1:</b> Short phase of physical and cognitive rest with symptom guided activity (24-48 hours)	<b>Goal:</b> complete home and leisure activities as tolerated, without an increase in the number or severity of symptoms.  NO physical activities of any intensity for longer than 5 minutes, as long as these activities do not increase symptoms.			
		<b>Notes:</b>		
<b>Stage 2:</b> Light exercise (no contact)	<b>Goal:</b> In addition to activities accomplished in stage 1, complete 15-30 minutes of light physical activity twice daily without worsening symptoms for a total of ~ 1 hour per day. <b>Light activity:</b> Walking, stationary cycling, swimming, stretching. NO resistance training or weight lifting.			
		<b>Notes:</b>		
<b>Stage 3:</b> Individual sport specific activity (no contact)	<b>Goal:</b> Able to complete stage 2, with two additional 30-minute sessions of moderate physical activity daily without worsening symptoms for a total of ~ 2 hours per day. <b>Moderate activity:</b> Skating, light jogging, throwing <b>RESTRICTED activity:</b> full participation in physical education or DPA, intramurals, sports team practices/competitions			
		<b>Notes:</b>		
<b>Stage 4:</b> Sport specific practice with team (no contact)	<b>Goal:</b> Able to complete stage 3, with two additional 30-minute sessions of moderate/vigorous physical activity for no more than 3 hours per day. By the end of the stage, progress to full team practice with NO CONTACT. Increase skill level and difficulty as tolerated without worsening symptoms. <b>Permitted activity:</b> physical activity with no body contact (e.g., dance, badminton); sports team practices with no contact; DPA and recess – physical activity running/games with no body contact; resistance training and general sport-specific conditioning skills with one other teammate. <b>RESTRICTED activity:</b> full participation in physical education, intramurals			
		<b>Notes:</b>		
<b>Stage 5:</b> Sport specific practice with team (with contact)	<b>Goal:</b> participate in physical education class, intramurals; full practice and training activities as tolerated without worsening or causing symptoms; NO COMPETITION  <b>Vigorous activity:</b> Running, cycling, jumping jacks			
		<b>Notes:</b>		
Medical clearance for <b>Stage 6:</b> Return to full activity, sport or game play (contact)	Student returns to full participation in all sports including contact sports and all competitions. If symptom free, student is ready to return to competition upon receiving medical clearance. <i>A signed medical note may be required.</i> I confirm medical clearance has been provided by a physician or nurse practitioner. <b>Parent/Guardian Name:</b> _____ (please print) <b>Parent/Guardian Signature:</b> _____ <b>Date:</b> _____			
		<b>Notes:</b>		