



Durham-Freeport-Pownal
Physician Form: Head Injury- Return to School Plan

Student Name: _____ DOB: _____ Date: _____

- Diagnosis: Student ***has been*** diagnosed with a concussion on _____ (Date).
 Student ***has not been*** diagnosed with a concussion.

This student will need the following accommodations:

A. Attendance:

- _____ Excuse from school until _____ (Date).
 _____ Full of partial days as tolerated by the student.

B. Physical Activity:

- _____ No Physical Activity/Athletics/Gym Class/Recess until _____ (Date).
 _____ Light Aerobic Activity/ Non-Contact/Non-Collision /Recess/Playground.
 _____ Begin Return-To play Activity Progression supervised by Athletic Trainer or School Nurse.
 _____ No Restrictions as of: _____ (Date).

C. School Work Accommodations:

- _____ Excuse test, homework, or papers until further notice.
 _____ Preprinted class notes by either the teacher or copy those of a fellow student.
 _____ Allow to participate in class only by listening with no active note taking.
 _____ Allow to go to the nurses office if headaches increase.
 _____ Allow to go home if headaches do not subside after resting for 15 minutes.

D. Auditory/Visual Accommodations:

- _____ Reduce/Limit screen time and reading, only include if tolerated
 _____ Allow student to wear sunglasses/hat and ear plugs as needed.
 _____ Lunch in a quiet place with a friend.
 _____ Avoid Music/Band/Shop class.

E. Placement on Post-Concussion Recovery Protocol (please see back of this form)

This student is at: **Stage I** _____ **II** _____ **III** _____ **IV** _____

This student has been scheduled for another medical appointment on _____ (Date)

By completing this form, I am certifying that I am a Physician or Healthcare Provider approved to interpret neuropsychological testing results and trained in concussion management:

Provider signature: _____ **Phone:** _____ **Date:** _____

I give permission for the School Nurse/Athletic Trainer to communicate with my provider during the recovery process.

Parent Signature: _____ **Phone:** _____ **Date:** _____