



POINT ISABEL ISD

RETURN TO LEARN AND RETURN TO PLAY CONCUSSION PROTOCOL

CONCUSSION INFORMATION FOR PARENTS

IT HAS BEEN DETERMINED BY OUR MEDICAL STAFF THAT YOUR CHILD MAY HAVE SUSTAINED A CONCUSSION; FURTHER EXAMINATION AND CARE INSTRUCTIONS ARE REQUIRED BY A PHYSICIAN.

BY STATE LAW, YOUR CHILD MUST BE SEEN BY A LICENSED PHYSICIAN/DOCTOR. PHYSICIAN ASSISTANTS (PA'S), NURSES, NURSE PRACTITIONERS, CHIROPRACTORS, ETC ARE NOT ACCEPTABLE HEALTH PROFESSIONALS FOR INITIAL/PRIMARY EXAMS.

ONCE CLEARED BY A PHYSICIAN TO DO SO, YOUR CHILD MUST COMPLETE A RETURN-TO-LEARN AND/OR A RETURN-TO-PLAY PROTOCOL THROUGH YOUR CAMPUS SCHOOL NURSE AND/OR OUR STAFF ATHLETIC TRAINER. FOLLOWING CLEARANCE, YOUR CHILD MAY RETURN TO FULL PARTICIPATION.

PLEASE CALL YOUR CAMPUS NURSE AND/OR ATHLETIC TRAINER IF YOU HAVE ANY QUESTIONS.

STUDENT NAME _____

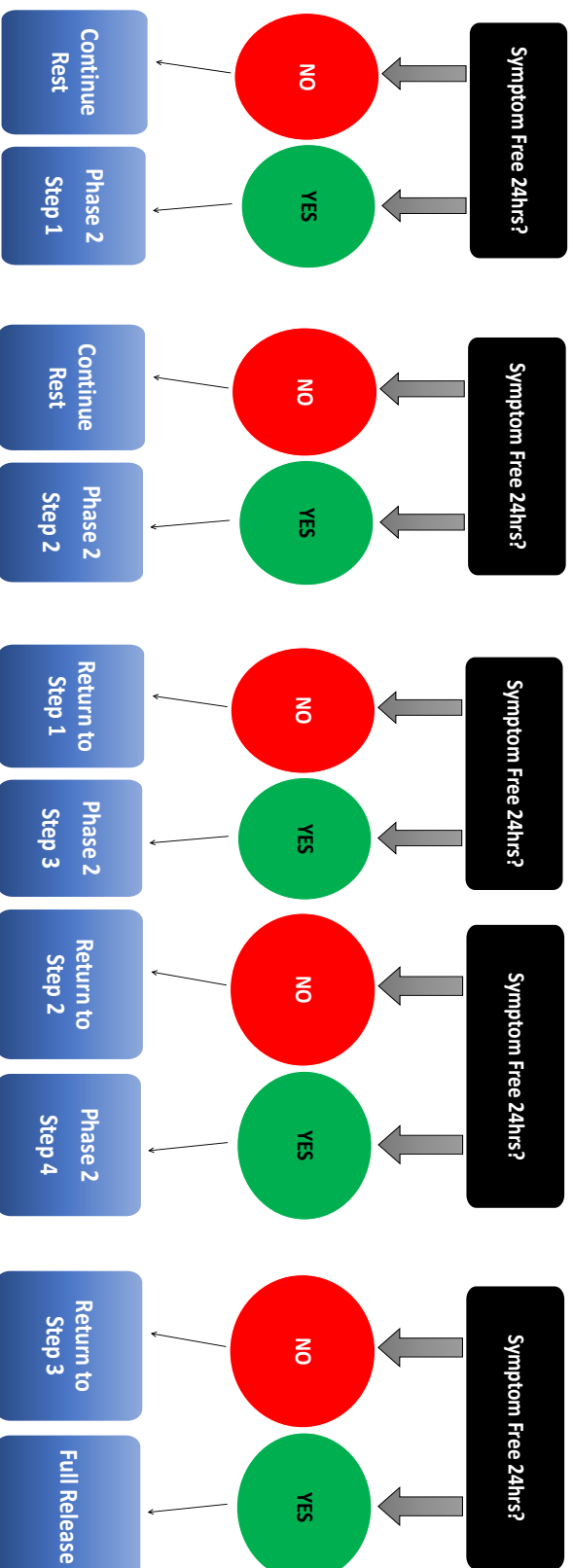
DATE _____

PI-ISD Concussion Protocol

Phase One	Phase Two			
	Step 1	Step 2	Step 3	Step 4
<ul style="list-style-type: none"> • Clearance from MD required to start RTL • Rest • No/Limited Screenshotime 	<ul style="list-style-type: none"> • Limited use of technology • No tests, band, choir, PE, or Athletics • No heavy backpacks • Continue monitoring symptoms 	<ul style="list-style-type: none"> • Continue increased workload • Testing, Homework • Continue monitoring symptoms 	<ul style="list-style-type: none"> • Continue increased workload • Normal screentime allowed • Continue monitoring symptoms 	<ul style="list-style-type: none"> • No limits on activity, testing, etc. • Continue monitoring symptoms
<ul style="list-style-type: none"> • Clearance from MD required to start RTP • Rest • Limited Physical Activity 	<ul style="list-style-type: none"> • Light aerobic exercise • No weightlifting, resistance, etc. • Additional neuro-cognitive testing 	<ul style="list-style-type: none"> • Moderate aerobic exercise, without equipment • Additional neuro-cognitive testing 	<ul style="list-style-type: none"> • Continue increased activity w/allowance of non-contact drills • Can begin weight & resistance training 	<ul style="list-style-type: none"> • Can begin full contact practice and training

RETURN TO LEARN

RETURN TO PLAY



RELEASE FULL

RELEASE FULL

Point Isabel Independent School District

Student Name: _____

Date: _____

**Return – To – Learn
Teacher Symptom Checklist
(please check all that apply)**

abnormal drowsiness

abnormal emotionality

abnormal inattentiveness

abnormal visual problems

headache

sensitivity to light

Other (please specify): _____

Teacher/Instructor:

Period/Class:

Please return this form to the school nurse's office by end of school day. Thank you!