

Appendix:

RETURN TO SCHOOL FORM / ACCOMMODATIONS

- To: Athletic Trainer/ Coach
 Classroom teacher
 Administrator

Patient Name: _____
 Date of Evaluation: _____
 Sport: _____

Concussions can cause cognitive, physical and behavioral impairments. Symptoms may last for a short term or longer depending on the severity of the injury. Concussions can negatively affect academic skills and cause students to have attention, memory, language, and personality changes. Please excuse the patient named above from school today due to a medical appointment. The student named above has suffered a concussion and is currently under the care of this clinic. He/she is not permitted to participate in contact sport activity until formally cleared by this clinic.

Additional recommendations:

- No PE class.
 No Play or Practice: _____

Attendance Restrictions:

- No Attendance
 Modified Attendance _____

Academic accommodations as specified:

- Frequent breaks when requested (quiet room/nurses office) _____
- No tests/quizzes
- Additional time on tests
- Pre-printed or assistance with class notes
- Reduced work load when possible
- Extra time to complete assignments/homework
- Limit use of computer, television and text messaging
- Other: _____

- Additional recommendations:

Signature: _____