

Healthcare Provider Communication: Returning to School Post Concussion

Missoula County Public Schools

Student Name: _____ DOB: _____

Healthcare provider: The school has identified a possible concussion or received information that the student recently had a concussion. The parents have been encouraged to seek medical advisement. The school is aware that specific symptoms, intensity, duration and triggers may vary between students. Educational staff are encouraged to allow for classroom adjustments for reported symptoms for up to 3-4 weeks as most children recover within this period. We gave the parent a copy of those possible adjustments. Your assessment and comments will be helpful. The school may contact you for assistance if the student continues to have symptoms for longer than 4 weeks.

Health Care Provider Section

YES NO: I have diagnosed the student with a concussion.

Current Symptoms List: (student is experiencing these today)

- Headache
- Visual Problems
- Sensitivity to noise
- Memory Issues
- Nausea
- Balance Problems
- Feeling Foggy
- Fatigue
- Dizziness
- Irritability
- Sensitivity to Light
- Difficulty concentrating
- Other

Student is reporting difficulty in the following:

- All subjects
- Music
- Foreign Language
- History
- Focusing
- Using Computers
- Math
- Listening
- Science
- Reading/Language Arts
- Other:

Additional recommendations or comments:

Physical Activity: (Check one)

- Middle School/Seeley Swan High School* student athlete may return to FULL PLAY school athletics. I have evaluated this student and determined there are no further signs, symptoms or behaviors consistent with concussion and that in my professional opinion; the athlete is able to safely return to organized activities. ([Montana Annotated Code. \(2017\). MCA 20-7-1304](#))
- Student may return to unrestricted PE & recess*

Student may follow progression of physical activity (including school athletics, PE & recess) as per district Return To Learn Guidelines. See reverse side. (Return to Play Protocol is incorporated in this for Sentinel, Big Sky and Hellgate athletes.)

Other:

Health Care Provider Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Parent/Guardian Section:

I give my permission for school staff and the noted Health Care Provider above or their designee to have 2 way communication (written or verbal) for symptom reporting, consulting and/ or time extension past 3-4 weeks of any above recommendations or comments.

PARENT/GUARDIAN SIGNATURE: _____

Date Signed _____

Expire Date for consent (1 year unless noted otherwise): _____

Note: The school will share this information with school staff that have the educational need to know.

Please return completed form to school nurse/school office.

Form Creation 05_01_2018

Return to Learn Guidelines:

Instructions for how to apply that parents are given include: Keep brain and physical activity below the level that causes symptoms to get worse. Stop activity and rest if symptoms get worse with increased activity. Re-try activity as tolerated. Share this protocol with the health care provider. Go back to health care provider if: Symptoms are bad enough that your child is unable to return to school for partial days within 7 days of concussion, any symptoms continue past 4 weeks, symptoms are generally worsening rather than improving or as directed by the health care provider.

Stage	Home Activity	Academic Activity	Physical Activity
#1 Brain Rest	<ul style="list-style-type: none"> Rest quietly, nap and sleep as much as needed Avoid bright light and noise if bothersome Drink plenty of fluids and eat healthy foods every 3-4 hours Avoid "screen" time (text, computer, cell phone, TV, video games) 	<ul style="list-style-type: none"> No school No homework or take home tests Avoid reading and studying 	<ul style="list-style-type: none"> Walking short distances to get around is Okay No strenuous exercise. sport play or practice No driving

Progress to the next stage when your child starts to improve, but may still have some symptoms

Stage	Home Activity	Academic Activity	Physical Activity
#2 Restful Home Activity	<ul style="list-style-type: none"> Set a regular bedtime/wake up schedule Allow at least 8-10 hours of sleep and short naps if needed (less than one hour) Drink plenty of fluids and eat healthy foods every 3-4 hours Limit "screen" time to less than 30 minutes a day; use large font 	<ul style="list-style-type: none"> No school May begin easy tasks at home (drawing, cooking) Soft music or books on tape Okay Once your child can complete 60-90 minutes of light mental activity without a worsening of symptoms they may go to next step. 	<ul style="list-style-type: none"> Progress physical activity, like untimed walking No strenuous exercise, sport play or practice No driving

Progress to the next stage when your child starts to improve and has fewer symptoms

Stage	Home Activity	Academic Activity	Physical Activity
#3 Return to school- PARTIAL DAYS	<ul style="list-style-type: none"> Allow 8-10 hours of sleep per night Limit napping to allow for full sleep at night Drink plenty of fluids and eat healthy foods every 3-4 hours "Screen time" less than 1 hour a day Limit social time outside of school 	<ul style="list-style-type: none"> Gradually return to school by starting with a few hours or a half day Take breaks in a quiet area every 2 hours or as needed See "Symptom Wheel" for classroom adjustments. Stop work if symptoms increase 	<ul style="list-style-type: none"> No strenuous exercise, contact sport play or practice. Progress physical activity with light aerobic activity such as walking or stationary bike (step 4 of Return to Play Protocol). Return to PE and recess with light aerobic activity only. No contact games, no running at recess, generally only activities with both feet on ground and/or minimal risk of falling and out of reach of airborne objects. Instruction by health care provider may provide alternative advisement. No driving

Progress to next stage when your child can complete the above activities without symptoms

Stage	Home Activity	Academic Activity	Physical Activity
#4 Return to school- FULL DAYS	<ul style="list-style-type: none"> Allow 8-10 hours of sleep per night Avoid napping Drink plenty of fluids and eat healthy foods every 3-4 hours "Screen time" and social activities outside of school as symptoms tolerate 	<ul style="list-style-type: none"> Progress to attending school full day; consider adding core classes first then electives or "specials" See "Symptom Wheel" for classroom adjustments. Taper off adjustments as able. Stop work if symptoms increase PE and recess with progressing aerobic activity but no contact activities, no running at recess and out of reach of airborne objects. 	<ul style="list-style-type: none"> No strenuous exercise, contact sport play or practice. Progress physical activity (step 5 of Return to Play) or as instructed by health care provider. Return to PE* and recess with light aerobic activity only. No contact games, no running at recess, generally only activities with both feet on ground and/or minimal risk of falling and out of reach of airborne objects. *Note: Athletic Trainer, where available, must first authorize PE return and allowed activity level for applicable student athletes. Okay to drive unless otherwise directed by healthcare provider

Progress to the next stage when your child has returned to full school day & is able to complete all assignments/tests without symptoms

Stage	Home Activity	Academic Activity	Physical Activity
#5 Full Recovery	<ul style="list-style-type: none"> Return to normal home and social activities. 	<ul style="list-style-type: none"> Return to normal school schedule and course load. 	<ul style="list-style-type: none"> Advance Return to Play Protocol to Step 6 and progress through for student athletes. Allow full PE/recess without restrictions