

Medical Assessment for Return to Learn/Play Readiness

To be given to the parent/guardian of the student named in this document for completion by a medical doctor or a nurse practitioner before the student is permitted to return to physical activity.

Name of Student	Grade:
School:	Date of Injury:

As a result of my child's head injury (signs/symptoms of concussion observed and reported by school personnel), I have consulted with a medical doctor/nurse practitioner to assess the head injury to determine the readiness of my child to return to learning and play activities.

Name of Medical Doctor/Nurse Practitioner:	
Address of Treatment Centre:	Date of Appointment:
Phone Number of Treatment Centre:	
Results of the medical appointment: <input type="checkbox"/> I have examined my patient named above and confirm he/she is concussion symptom free and he/she is able to return to regular physical education class/intramural activities and non-contact sports teams and for training/practices for contact competitive sports at this time. <input type="checkbox"/> Some symptoms are still present and the student may return to light aerobic activities (Step 3)	
Medical Recommendations for Return to Physical Activity	
<i>Note: A signed doctor's note will be required before the child can return to activities that involve physical contact. This would involve STEPS 5 & 6. Please attach additional information if the student is able to return to full contact competitive sports immediately.</i>	

I have observed and monitored my child and have determined that there are no concussion-like signs or symptoms. **I have chosen not to consult with a medical doctor or a nurse practitioner and am permitting my child to return to light physical activity (Step 3).**

I have observed and monitored my child and have determined that there are no concussion-like symptoms. **I have chosen not to consult with a medical doctor or a nurse practitioner. I am permitting my child to return to full learning and play activities (Step 4).**

*****NOTE – without a medical note – student participation in full contact activities/competitive sports will not be possible.**

(Parent/Guardian name printed)

(Parent/Guardian signature)

(Date)