

Estes Park Schools Concussion Medical Evaluation and Release form:

Student Name: _____ Grade: _____ Date of Injury: _____

If at anytime a student is removed from play due to a suspected concussion the student is not allowed to return to play or participate in any supervised team activities involving physical exertion, including games, competitions or practices until he or she is evaluated by a health care provider and receives written clearance to return to play from the health care provider. The student shall also be removed from any all types of physical activity during the recovery including but not limited to removal from PE classes, dance classes, recess and school organized sports. This includes non-sports related head injuries.

STEP ONE: No physical activity as long as there are symptoms Complete rest
******* Must be symptom-free for 24 hours before starting Step 2*******

STEP TWO:

LIGHT AEROBIC ACTIVITY: Walking, swimming, stationary cycling. Keeping intensity below 70 MPMR, no resistance training.

DATE: _____ SIGNATURE: _____

STEP THREE:

SPORT SPECIFIC EXERCISE: Skating/running drills, 20-30 minutes – no weightlifting, no head contact.

DATE: _____ SIGNATURE: _____

STEP FOUR:

NON CONTACT TRAINING DRILLS: Progression to more complex training drills; may start progressive resistance training.

DATE: _____ SIGNATURE: _____

STEP FIVE:

FULL CONTACT PRACTICE: Following medical clearance, participate in normal training activities; full exertion

DATE: _____ SIGNATURE: _____

STEP SIX:

RETURN TO PLAY: Return to normal activity

DATE: _____ SIGNATURE: _____

ACADEMIC

ACOMMADATIONS: _____

IMPACT TEST:

BASELINE TEST DATE: _____

POST INJURY #1 _____ FAXED TO HCP: _____

POST INJURY#2 _____ FAXED TO HCP: _____

HCP to have Impact testing data in order to make return to play release.

Health Care Provider must be: a Doctor of Medicine, Doctor of Osteopathic Medicine, Licensed Nurse Practitioner, Licensed Physician Assistant.

