

School District Head Trauma (HT)/Concussion Protocol

Name:	DOB:	Date of HT:	Mechanism of HT:
School:	Grade:	School Nurse:	ATC:
Psych/Counselor:		Teacher:	Licensed Practitioner:
Parent(s)	Phone:	Address:	LP Phone:
Concussion Protocol Manager:		Phone:	

Data Collection:

Week #1

Week #2

Week #3

Family Team

Input from parents/guardians
Assessment of Emotional and
Maintenance Symptoms
Include/monitor symptom scores

School Team: Physical

Assessment of Physical
Symptoms
Assessment of Postural/
Stability Evaluation(s)
Include/monitor symptom scores

School Team: Academic

Assessment of Cognitive and
Emotional Symptoms
Input from Teachers
Include/monitor symptom scores
Cognitive Evaluation
(if available)

Medical Team:

Participate in management
Input on symptoms

Other _____

Return-To-Play/Return-To-Learning Decision Rules:

1. Student-Athlete must be symptom-free before starting the Graded RTP/RTL
2. Student-athlete must successfully complete the Graded RTP/RTL

3. Every member of the Multidisciplinary Team must have input on the final RTP/RTL decision. Consensus must be reached on the final RTP/RTL decision
4. If student-athlete is eventually cleared to RTP, **written medical clearance must be attached to this form.**

Management Team recommends RTP/RTL: YES NO Date: Insert date

If NO, pursue more in-depth Intervention Plan with additional School/District and/or Community Resources.