

REQUEST TO RESUME  
PHYSICAL EDUCATION AND/OR SPORT FOLLOWING A  
CONCUSSION RELATED INJURY



If a student is suspected of having a concussion, this form must be given to the parents and a physician must sign this form before the student is allowed to return to activity.

**STUDENT NAME:** \_\_\_\_\_

*The student must complete a minimum 2 visits with a physician and have the physician complete the designated areas of this form before the student can return to school based physical activity.*

**PHYSICIAN – INITIAL ASSESSMENT:**

- No concussion** – student may return to:
- regular physical education class activities
  - intramural activities/clubs
  - interschool sport activities

**Physician signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Suspected concussion** – no activity until symptoms & signs have gone.

**Physician signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**RETURN TO PLAY PROCESS:**

**Note:** *The student/parent/guardian must show this form to the administrator who will inform all relevant personnel (teacher of Health and Physical Education, coach of interschool team, intramural supervisor, etc.) and provide each with a copy of this form.*

When a concussion is suspected by a physician, the student and parent(s)/guardian(s) monitor symptoms and signs of a concussion. As a part of this monitoring, the parent/guardian should communicate regularly with the teacher throughout Steps 1-4. It is very important that a student not do any physical activity if he/she has any signs or symptoms. The 'return to play' process is gradual and must follow the steps as outlined here:

- Each step must take a minimum of one day.
- If symptoms or signs of the concussion return (e.g. headache, feeling nauseated) either with activity or later that day, the student needs to rest for 24 hours, and return to the previous step.
- A student should never return to play if symptoms persist.
- The student may not participate in any school based physical activities until Step 1 and Step 2 have been completed.
- Prior to beginning Step 3, the parent/guardian signature is required.

**STEP 1:** No activity, complete rest. Once the student is asymptomatic (concussion symptoms and signs have stopped) proceed to Step 2.

**STEP 2:** Light aerobic exercise, such as walking or stationary cycling, for 10-15 minutes, no resistance training.

In signing below, I give permission for my son/daughter to proceed to Step 3 and participate in limited physical activity at school.

**Parent/Guardian Signature:** \_\_\_\_\_

**STEP 3:** Sport-specific, **non-contact** exercises (eg. fitness circuits, ball drills, shooting drills) for 20-30 minutes. No resistance/weight training.

The time needed to progress through Steps 3 and 4 will vary with the severity of concussion and the individual student.

**STEP 4:** Return to physical education, intramural and/or club activities where there is **no opportunity for physical contact** with opposing players. Resistance training may begin and progress slowly to heavier weights.

The parent/guardian should speak to their child and their child's teacher(s) to decide when to schedule the second physician visit to determine permission for return to unrestricted participation.

**PHYSICIAN VISIT FOR RETURN TO UNRESTRICTED PARTICIPATION:**

**Concussion symptoms & signs have gone**

With the approval of the physician, the student may return to full participation in all physical activities.

**Physician signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STEP 5:** With the approval of the physician, the student may return to full participation in all physical activities. This form must be returned to the Health & Physical Education teacher, the school administrator who will inform relevant personnel (eg. the coach, intramural supervisor etc.). The form should then be kept in an appropriate place at the school (eg. student OSR).

**WHEN IN DOUBT, SIT THEM OUT!!**