



**Cornerstone Christian Academy
Concussion Staging Form
Return-to-Learn/Return-to-Play**

Submit completed form to school office to initiate recommendations/accommodations.

Student Information

To be completed by the student's parent/guardian.

Student's name _____

Date of birth _____ Grade _____ Date of injury _____

Student and Parent/Guardian Consent

Signatures required for Return-to-Learn and Return-to-Play.

We, the student and parent/guardian of the student named above, certify that:

1. We have been informed concerning and consent my student's participation in returning to play in accordance with the return-to-learn and return-to-play protocols established by Illinois State law, and
2. We understand the risks associated with my student returning to play and returning to learn and will comply with any ongoing requirements in the return-to-learn and return-to-play protocols established by Illinois State law, and
3. We consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), this Concussion Staging Form and, if any, the return-to-learn and return-to-play recommendations of the treating physician, athletic trainer, advanced practice nurse (APN), or physician assistant (PA), as the case may be.

For students participating in interscholastic athletic activities and students entering the Return-to-Learn and Return-to-Play protocols at Stage 5:

4. The student has successfully completed each requirement of the return-to-learn and return-to-play protocols (Procedure 7.305-AP2), and
5. We consent to the student returning to graduated play in interscholastic athletic activities in accordance with the return-to-play protocol.

Student's signature _____ Date _____

Parent/Guardian signature _____ Date _____

Physician's Return-to-Learn/Return-to-Play Release Form

(One box must be checked.)

- Stage 1 – Student may not attend school at this time.** Student may not attend school to allow the brain and body to rest. Student should avoid activities that worsen symptoms. These activities include but are not limited to homework assignments, reading projects and physical activity. Continue to limit at-home activities such as computer use, television, texting, and loud music in an effort to promote healing.
- Stage 2 – Partial academic schedule and accommodations.** Student may attend school with an adjusted class schedule. Focus should be on core subjects and/or those which do not worsen symptoms. Homework, computer use, television, texting, and reading should be limited during this time. No physical activity including recess, P.E., and participation in athletics.
- Stage 3 - Full academic schedule and accommodations.** Student may resume normal class schedule. Depending on current symptoms, some academic accommodations may be needed. Prioritize tests and homework assignments. Student may participate in music classes. Student should report any activities that worsen symptoms. Continue to avoid physical activity including recess, P.E., and participation in athletics.
- Stage 4 – Normal classroom.** Student may resume normal class schedule and participate in classroom activities. Continue to avoid physical activity including recess, P.E. and participation in athletics. Academic support and/or classroom teachers will initiate an academic plan for student to complete missed assignments and tests.

For student athletes participating in interscholastic activities: Once normal classroom participation has resumed and all concussion symptoms have resolved, the student's physician should initiate the Graduated Return-to-Play protocol (Stage 5) by signing the Return-to-Play Consent Form (Exhibit 7.305-AP2.E2).
- Stage 5 – Graduated return to play.** Student is able to tolerate a full class schedule along with academic assignments with no concussion-related symptoms present. Return-to-Play protocol can be initiated.

Physician's Consent

1. I am the student's treating physician, and
2. I have evaluated the student using established medical protocols based on the peer-reviewed scientific evidence consistent with the Centers for Disease Control and Prevention guidelines, and
3. In my professional judgment, it is safe for the student to return-to-learn and return-to-play as indicated above.

Physician's signature _____ Date _____

Scheduled date of follow-up appointment _____

