**Concussion Communication Tool Template**

**Customizing the Template**  
This form can be customized to include your association logo and your sport-specific return-to-sport strategy. Enter the details for the person you would like the form to be returned to. This form can also be used as part of the process of monitoring how many concussions occur within your organization.

This form is designed to help with communication related to safe return to sport and school (if appropriate) following a suspected concussion. Please date and sign as you complete each step and return to [fill in blank] once completed.

Insert Organization Logo

|  |  |
| --- | --- |
| Player name: | Date of incident (MMDDYYYY): |

|  |  |  |  |
| --- | --- | --- | --- |
| **Initial Rest Period** | | | |
| If a concussion is suspected and/or diagnosed, cognitive and physical/sports activities should be limited for 24 to 48 hours or until symptoms gradually decrease. | | | |
| **Medical Assessment Letter completed by medical doctor or nurse practitioner** | | | |
| After an initial rest period, players may progress through the return-to-sport and, if relevant, return-to-school strategy. Players must spend a minimum of 24 hours at each stage. Some players spend longer. Progression through the return-to-sport and return-to-school strategy can occur at the same time but players in school must return to school full-time before returning to full contact practice and normal game play. | | | |
| **Return-to-Sport Stages** | | **Return-to-School Stages** | |
| **Stage 1: Symptom-limited activity** | | **Stage 1: Daily activities at home** | |
| Daily activities that do not provoke symptoms.  Date completed (MMDDYYYY): | | Typical activities as long as they do not increase symptoms (e.g., reading, texting, screen time). Start with 5–15 mins. at a time and gradually build up.   Check when complete. | |
| Player signature | Parent/Guardian signature | **Stage 2: School activities** | |
| **Stage 2: Light aerobic exercise** | | Homework, reading or other cognitive activities outside of the classroom.   Check when complete. | |
| Walking or stationary cycling at slow to medium pace.  No resistance training  [\*\*\* Insert sport-specific examples]  Date completed (MMDDYYYY): | |
| **Stage 3: Return to school part-time** | |
| Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.   Check when complete. | |
| Player signature | Parent/Guardian signature |
| **Stage 3: Sport-specific exercise** | |
| Running drills.  No activities at risk for head impact  [\*\*\* Insert sport-specific examples]  Date completed (MMDDYYYY): | |
| **Stage 4: Return to school full-time** | |
| Gradually progress school activities until the student can tolerate their normally scheduled school day and workload. Please sign once complete.  Date completed (MMDDYYYY): | |
| Player signature | Parent/Guardian signature |
| **Stage 4: Non-contact training drills** | | Player signature | Parent/Guardian signature |
| Harder training drills. No activities at risk for head impact.  May start progressive resistance training  [\*\*\* Insert sport-specific examples]  Date completed (MMDDYYYY): | |
| Player signature | Parent/Guardian signature |

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Clearance Letter completed by medical doctor or nurse practitioner** | | | |
| Any activities at risk of contact or collision/fall should have medical clearance prior to initiating Stage 5.  **Medical clearance date** (MMDDYYYY): | | | |
| **Stage 5: Full contact practice no restrictions** | | | |
| Player should feel confident returning. Coaching staff should assess functional skills and confirm readiness prior to stage 6.  Date completed (MMDDYYYY): | | | |
| Player signature |  | Parent/Guardian signature | Coach signature |
| **Stage 6: Normal game play** | | | |
| First game back (MMDDYYYY): | | | |

|  |
| --- |
| **Notes:** |