

**Administrative Procedure – Concussion Care Protocol --  
Return-to-Learn and Return-to-Play**

**General Information:**

This Concussion Care Protocol should be used whenever a student, a student's parent/guardian, a teacher, an administrator, a coach, an athletic trainer, a game official, a physician, or any other person deemed appropriate by the Concussion Oversight Team believes a student might have sustained a concussion, regardless of whether or not the student was participating in an interscholastic athletic activity.

**A student believed to have sustained a concussion shall be immediately removed from all physical activity including, without limitation, recess, physical education, and interscholastic athletic practice or competition.**

A student's best chance of full recovery from a concussion involves two critical components: cognitive and physical rest. ~~Continued research has shown cognitive rest to be essential in the quick resolution of concussion symptoms. Cognitive stimulation includes: driving, playing video games, computer use, text messaging, cell phone use, loud and/or bright environments, watching television, reading, and studying. These stimuli must be limited, and in most cases, completely avoided for a period of time during recovery. Physical activity such as physical education, athletics, and strength or cardiovascular conditioning must be completely avoided or regulated while recovering from a concussion. Continued research recommends limiting both physical and cognitive activities for the first few days after injury. This typically includes participation in routine activities at home that do not result in more than a mild exacerbation of symptoms related to the current concussion, such as light reading. Screen time and thinking/remembering activities should be minimized. Within a few days, as symptoms begin to resolve, experts recommend a gradual return to regular (non-strenuous) activities. Academic accommodations and activity restrictions are provided as needed for the student with a gradual weaning until baseline is reached.~~

**Return-to-Learn and Return-to-Play Protocols:**

Any student believed to have sustained a concussion or exhibiting signs or symptoms of a concussion during the school day ~~and removed from~~ may not participate in physical activity and should be referred to the school nurse ~~(if available), provided a packet of information, and recommended to be evaluated by a physician~~. If the school nurse is unavailable, the student's parents should be called and the student should be sent home. Concussion information should be provided to the student's parent/guardian, along with a recommendation to have the student evaluated by a physician, physician assistant (PA), or advanced practice registered nurse (APRN), or athletic trainer. The Concussion Form for Students Who Do Not Participate in Interscholastic Athletic Activities (Exhibit 7.305-AP2, E2), should be provided to the parent/guardian of a student who does not participate in interscholastic athletic activities. The student should not be allowed to participate in any physical activity, including recess or physical education, for the remainder of that day or any subsequent day if signs or symptoms of a concussion are observed or continue.

In addition, if the student participates in an interscholastic athletic activity, the coach or sponsor of the interscholastic athletic activity should be notified of the concussion and the student shall not be allowed to return to practice or competition until evaluated, using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention (CDC) guidelines, and cleared to do so by a physician ~~(licensed to practice medicine in all of its branches in Illinois)~~, PA, APRN, or a licensed athletic trainer working under the supervision

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of a physician and the return-to-learn and return-to-play protocols below have been completed. **An athletic team coach or assistant coach may not authorize a student's return-to-learn or return-to-play.**

For the return-to-learn and return-to-play protocols to be initiated the student must be initially evaluated by a physician, PA, APRN, or licensed athletic trainer working under the supervision of a physician and the Concussion Staging Form for Students Who Participate in Interscholastic Athletic Activities (Exhibit 7.305-AP2, E1) must be submitted to the school nurse or athletic trainer.

**Points of Emphasis:**

- It is important to note that the recovery from a concussion is a very individualized process. Caution must be taken not to compare students with concussions as they progress through the recovery process.
- An emergency room/acute care note is only temporary until seen by a physician, PA, APRN, or licensed athletic trainer working under the supervision of a physician within one week.
- The student must report daily to the school nurse or to the athletic trainer at the high schools for symptom monitoring.
- The student's missed academic work will be reviewed and granted extra time to complete in conjunction with the physician, PA, APRN, or licensed athletic trainer recommendations, and school nurse guidance (see Student Handbook for absences and work deadlines).
- As the student's recovery progresses through Stages 1-3, teachers should identify essential academic work in each subject and collaborate with department supervisors, as needed, to determine potential reduction in course workload. This will facilitate recovery and help reduce the student's anxiety regarding the perceived volume of work required once the student is medically cleared to resume a full academic load.
- The teacher has the option of assigning the student a grade of incomplete for the progress mark and final exam, as well as making the appropriate change to a semester grade when required work has been completed.
- For any student that participates in interscholastic athletic activities and enters the protocol at a stage other than Stage 5, a separate Return-to-Play Consent Form (Exhibit 7.305-AP2, E3) must be completed by the student's parent/guardian and treating physician, PA, APRN, or licensed athletic trainer working under the supervision of a physician before the student is allowed to return-to-play.
- Because concussion symptoms can be subjective, clear communication and documentation among team members are essential to identify possible symptom exaggeration. If concerns arise, the concussion management team will meet to determine next steps. In such cases, direct communication between the return-to-learn team, the treating physician, PA, APRN and/or athletic trainer, and the parent/guardian is critical.

**Common symptoms of Concussion include but are not limited to:**

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<u>PHYSICAL</u>	<u>THINKING/ REMEMBERING</u>	<u>SOCIAL OR EMOTIONAL</u>	<u>SLEEP</u>
<u>Bothered by light or noise</u>	<u>Attention or concentration problems</u>	<u>Anxiety or nervousness</u>	<u>Sleeping less than usual</u>
<u>Dizziness or balance problems</u>	<u>Feeling slowed down</u>	<u>Irritability or easily angered</u>	<u>Sleeping more than usual</u>
<u>Feeling tired, no energy</u>	<u>Foggy or groggy</u>	<u>Feeling more emotional</u>	<u>Trouble falling asleep</u>
<u>Headaches</u>	<u>Problems with short- or long-term memory</u>	<u>Sadness</u>	
<u>Nausea or vomiting (early on)</u>	<u>Trouble thinking clearly</u>		
<u>Vision problems</u>			

Stages are cumulative.

**For the Student Who Participates in Interscholastic Athletic Activities**

The remainder of this Administrative Procedure addresses the student who participates in interscholastic athletic activities in order to ensure a safe Return-to-Learn and Return-to-Play. Depending on the severity of the concussion, a student may enter at any stage, however, students who participate in interscholastic athletic activities and who have been removed from play or practice must enter at a minimum of Stage 5.

**Stages of Concussion Recovery and Academic/Athletic Participation:**

- Depending on the severity of the concussion, a student may enter at any stage.
- Students who participate in interscholastic activities and who have been removed from play or practice must enter at a minimum of Stage 5

**Five Stage Progression to Full Return to Academic and Athletic Activity**

<b>Immediate Removal</b>	<b>Stage 1 - No School</b> - Concussion Sustained, complete <del>Relative period of physical and cognitive</del> and physical rest for typically 24-28 hours.
<b>Return-to-Learn Protocol</b>	<b>Stage 2 - Modified School</b> - Symptoms Decrease with rest, Part time school attendance with accommodations <del>Gradual return to learning if symptoms do not worsen.</del>
<b>Return-to-Learn Protocol</b>	<b>Stage 3 - Full-Day School</b> - Full day school attendance with <del>modifications</del> accommodations.
<b>Return-to-Learn Protocol</b>	<b>Stage 4 - Full Return-to-Learn</b> - Full Academic Load without accommodations
<b>Return-to-Play Protocol</b>	<b>Stage 5 - Graduated Return-to-Play</b> - Full school and graduated <del>co-</del> interscholastic athletic activity <del>curricular</del> participation

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**Points of Emphasis:**

- ~~It is important to note that the recovery from a concussion is a very individualized process. Caution must be taken not to compare students with concussions as they progress through the recovery process.~~
- ~~An emergency room/acute care note is only temporary until seen by the student's primary care physician or athletic trainer within one week.~~
- ~~The student will report to the school nurse daily while this protocol is being implemented.~~
- ~~The student's missed academic work will be reviewed and granted extra time to complete (see handbook for absences and work deadlines), in conjunction with the physician or athletic trainer recommendations, and school nurse guidance.~~
- ~~As the student's recovery progresses through Stages 1-3, teachers should identify essential academic work in each subject and collaborate with department supervisors, as needed, to determine potential reduction in course workload. This will promote healing, and help reduce the student's anxiety level related to the perceived volume of work that will be required once the student is medically cleared to resume a full academic load.~~
- ~~The teacher has the option of assigning the student a grade of incomplete for the progress mark and final exam, as well as making the appropriate change to a semester grade when required work has been completed.~~
- ~~For the student that participates in interscholastic athletic activities: Upon return to school the student will report to the athletic trainer daily (and school nurse if necessary) to monitor symptoms and determine progression to the next stage within the concussion care protocol. For any student who participates in interscholastic athletic activities and enters the protocol at a stage other than Stage 5, a separate Return to Play Consent Form (Exhibit 7.305-AP2,E2) must be completed by the student's parent/guardian and treating physician/athletic trainer working under the supervision of a physician before the student is allowed to return-to-play.~~

**Five Stage Progression to Full Return to Academic and Athletic Activity**

~~Concussion symptoms can be subjective in nature, and therefore, it is difficult to know when a student is reporting symptoms accurately. Communication and documentation among team members will help identify a student who may be exaggerating symptoms. If a concern about the legitimacy of the student's complaints arises, the concussion management team must meet to discuss the student's situation and determine the appropriate course of action. In these instances, direct communication between the return-to-learn team and treating physician is imperative.~~

**Stage 1: No School - No school attendance, complete cognitive and physical rest**

- ~~**Symptoms** - Severe symptoms at rest that interfere with even basic daily tasks. Abnormal Impact results, if applicable. Symptoms may include but are not limited to:
  - ~~Headache or pressure in head, dizziness, nausea, photosensitivity, auditory sensitivity, inability to focus/concentrate, memory/lack of recall, feeling mentally foggy, unusual changes in mood, fatigue~~
  - ~~Students may complain of intense and continuous/frequent headaches~~
  - ~~Students may not be able to read for more than 10 minutes without an increase in symptoms~~~~
- ~~**Treatment** - Emphasis on cognitive and physical rest to allow the brain and body to rest as much as possible.~~
- ~~**Intervention Examples**
  - ~~Initial evaluation by primary care physician (not ER) or athletic trainer~~
  - ~~No School - no tests, quizzes, or homework~~~~

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- ~~○ No athletic or co-curricular participation (includes practices and attending events)~~
- ~~○ Avoid activities that exacerbate symptoms at home such as reading, video games, computer use, texting, television, and/or loud music, physical activity that increases the heart rate~~
- ~~○ Parent and student receive copy of Unit 5 Concussion Care Protocol (Procedure 7.305-AP2)~~
- ~~○ School nurse or athletic trainer will notify student's teachers and appropriate staff~~

**\*\*Progress to Stage 2 when all symptoms have decreased.**

- ~~• A student who remains in Stage 1 for more than a week must be RE-evaluated by a physician to continue academic modifications and documentation must be provided to the school.~~
- ~~• If the student remains in Stage 1 longer than two weeks, it is possible that the student may need further assistance. The school nurse or athletic trainers will consult with the physician.~~

**Stage 2: Modified School – Part time school attendance with accommodations**

- ~~• **Symptoms** – Symptoms still exist but are improving, especially with rest. Symptoms may be exacerbated with certain cognitive activities that are complex or of long duration.~~
- ~~• **Treatment** – Gradual re-introduction to school. Avoid tasks that trigger or worsen symptoms. In the first few days of returning to school the goal is not to immediately start catching up on missed work or learn new material. Rather the initial goal is simply to make sure the student can tolerate the school environment without worsening symptoms. The first few days often include just sitting in class and listening (no note-taking or reading). Once the student can tolerate this, (s)he can try short intervals (5-15 minutes) of cognitive work per class. In a trial and error process, if symptoms worsen, cognitive load should decrease.~~
- ~~• **Intervention examples:**~~
  - ~~○ Modified class schedule if necessary with emphasis on core subjects/material~~
  - ~~○ If no improvement in symptoms or if symptoms worsen, parent/guardian will be advised to seek additional medical attention from a neurologist.~~
  - ~~○ Required Interventions:~~
    - ~~• Report daily to the school nurse for the assessment checklist.~~
    - ~~• No PE, athletic participation, recess, or other co-curricular activities (may attend practices or PE class but no participation)~~
    - ~~• No choir, band, or cafeteria~~
    - ~~• Limit computer work, videos, movies, TV, phone use~~
  - ~~○ Possible Interventions~~
    - ~~• Rest in nurse's office to offer breaks between academic classes~~
    - ~~• Reduce weight of backpack by leaving unnecessary books and items in the student's locker~~
    - ~~• Obtain a "five minute pass" from the school nurse to avoid noisy, crowded hallways between class periods~~
    - ~~• Divide work sessions into shorter periods (15-20 minutes at a time)~~
    - ~~• Wear sunglasses as needed when having light sensitivity and possibly when viewing Smart Boards, PowerPoint presentations~~
    - ~~• Student may attempt tests, quizzes or homework but may need to complete later~~
    - ~~• Homework load based on symptoms~~
    - ~~• Provide student with copies of class notes (teacher or student generated)~~
    - ~~• Audio books are helpful for students struggling with visual processing~~
  - ~~○ For the student that participates in interscholastic athletic activities: report daily to the athletic trainer. May see school nurse during the day if necessary. Nurse will~~

utilize a head injury scale (Lurie Children's Hospital Head Injury Symptom Scale) to track symptoms

**\*\*Progress to Stage 3 when symptom free at rest.**

**Stage 3: Full Day School - Full day school attendance with modifications**

- ~~Symptoms~~ – Symptom free at rest; symptoms may still be exacerbated with certain activities.
- ~~Treatment~~ – As the student improves, gradually increase demands on the brain by increasing the amount, length of time, and difficulty of academic requirements, as long as this does not worsen symptoms.
- ~~Intervention Examples:~~
  - ~~Continue to report daily to the school nurse for assessment checklist~~
  - ~~No PE, athletic participation, recess, or other co-curricular activities (may attend practices or PE class but no participation)~~
  - ~~Continue with interventions listed in Stage 2 as needed~~
  - ~~A 504 Plan may be considered if residual symptoms continue to impact educational performance after 8-10 weeks.~~
  - ~~For the student that participates in interscholastic athletic activities: report daily to the athletic trainer. May see school nurse during the day if necessary. If the student-athlete has taken the baseline IMPACT test:
    - ~~Parent/guardian will complete the IMPACT test consent form and indicate whether or not they want their student-athlete to take the IMPACT test.~~~~

**\*\*Progress to Stage 4 when symptom free with mental and physical activity:**

- ~~Student should report any return of symptoms with cognitive or school day activity~~
- ~~For student that participates in interscholastic athletic activities: The re-taken IMPACT test is normal.~~
  - ~~If the baseline IMPACT test was not taken or if the IMPACT test is not re-taken, the student athlete will progress to Return to Learn and Return to Play, but the process will take longer to complete.~~

**Stage 4: Full Return-to-Learn, Full Academic Load without accommodations**

- ~~Symptoms~~ – Asymptomatic with academic/cognitive and physical activities
- ~~Treatment~~ – Accommodations are removed when the student can participate fully in academic work at school and at home without triggering symptoms.
- ~~Intervention Examples:~~
  - ~~Create plan for possible modification and gradual completion of required make-up work (school counselor, teacher, student, parent)~~
  - ~~Teachers have the discretion to identify essential academic work for their course.~~
  - ~~Students are not required to makeup missed PE classes due to a concussion.~~
  - ~~Report any return of symptoms with cognitive or school day activity to school nurse.~~
  - ~~For the student athlete: report daily to the athletic trainer. Student will begin the required Return-to-Play Protocol with the athletic trainer.~~

**\*\*Progress to Stage 5**

- ~~All students: athletes and non-athletes: Progress to Stage 5 when written clearance for gradual participation from primary care physician is received (Exhibit 7.305-AP2-E2 Return-to-Play Consent Form). Upon receipt of clearance, school nurse/athletic trainer will consult with PE teacher regarding appropriate return to full participation within current activity.~~

~~Stage 5: Graduated Return-to-Play – Full school and graduated entry into co-curricular participation~~

- ~~● **Symptoms** - No symptoms are present. The student is consistently tolerating full school days and their typical academic load without triggering any concussion related symptoms.~~
- ~~● **Treatment** - No accommodations are needed.~~
- ~~● **Interventions:**~~
  - ~~Return-to-Play Protocol (required)~~
    - ~~○ The Return-to-Play Protocol (*Procedure 7.305-AP2*) includes 5 phases of activity with increasing intensity. Each phase will take place 24 hours following the previous step. If symptoms return during any phase, a 24-hour period of rest is required before repeating that phase.~~
    - ~~○ For the student that participates in interscholastic athletic activities: This protocol will be performed under the supervision of the athletic trainer.~~
      - ~~▪ Day 1: Light aerobic activity (15 minutes)~~
      - ~~▪ Day 2: Increased aerobic activity (30 minutes)~~
      - ~~▪ Day 3: Non-contact activity related to specific sport/skill (45 minutes)~~
      - ~~▪ Day 4: Full practice, non-contact activity (Non-contact practice for full practice time)~~
      - ~~▪ Day 5: Return to competition (Full-contact practice for full practice time)~~

~~**Stage 1: No School** - No school attendance; relative cognitive and physical rest. The Student follows an initial period of relative physical and cognitive rest for 24-48 hours while symptoms are more severe. The student may participate in routine activities at home that do not result in more than a mild exacerbation of symptoms related to the current concussion (light reading, but screen time, and thinking or remembering activities should be minimized). Start with 5-15 minutes at a time and increase gradually to typical activities.~~

- ~~● Get a good night's sleep and take naps during the day as needed.~~
- ~~● Find relaxing activities at home.~~
- ~~● Avoid activities that risk another injury to the head or brain throughout the course of recovery.~~

~~\*Progression to Stage 2 typically happens in 24-48 hours when symptoms do not worsen during an activity.~~

~~\*\*A student who remains in Stage 1 for more than a week must be reevaluated by a physician, PA, or APRN to continue academic modifications and documentation must be provided to the school.~~

~~\*\*\* If the student remains in Stage 1 longer than two weeks, it is possible that the student may need further assistance. The school nurse or athletic trainer will consult with the physician, PA, or APRN and parent/guardian.~~

~~**Stage 2: Modified School** -Partial Academic Schedule and Accommodations.~~

~~Within a few days after the injury, students may typically return to school gradually. They may need to start with partial school days or rest breaks during the day. They should increase tolerance to cognitive activities such as homework and reading, while getting maximum nighttime sleep. If symptoms do not worsen during an activity, then this activity is ok. If symptoms worsen, cut back on that activity until it is tolerated.~~

- ~~● Short walks and outside time is encouraged.~~

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- Get maximum nighttime sleep.
- Students will continue to report daily for symptom monitoring (to the school nurse or athletic trainer if available).

\*Progress to Stage 3 when symptoms are nearly gone.

**Stage 3: Full Day School - Full Academic Schedule and Accommodations**

Return to regular school schedule with gradual reintroduction of typical schoolwork and increase in activities. Student may be allowed to participate in light activity like walking.

- Take breaks if symptoms worsen.
- Return to regular school schedule.
- Encourage outside time, such as taking a walk or short bike ride.
- Students will continue to report daily for symptom monitoring (to the school nurse or athletic trainer if available).

\*Progress to Stage 4 when school activities can be tolerated without more than mild symptom exacerbation.

\*\* Student should report any return of symptoms with cognitive or school day activity.

**Stage 4: Full Academic Schedule with NO Accommodations.**

The student gradually progresses in school activities until a full day can be tolerated without more than mild symptom exacerbation related to the current concussion. Eventual return to full academic activities and catch up on missed work.

- Recovery from a concussion is achieved when the student is able to complete all regular activities including a full academic load without accommodations, and does not experience concussion symptoms related to the current concussion.
- Students will continue to report daily for symptom monitoring (to the school nurse or athletic trainer if available).
- Most students with a concussion feel better within 2 - 4 weeks. If there are new, ongoing, or worsening symptoms, the student should be seen again by the student's physician, PA, or APRN, who may refer them to a specialist with experience in treating brain injuries.

\* Students may progress to Stage 5 when written clearance for full activity is received from the student's physician, PA, APRN, or athletic trainer. For the student-athlete, (Exhibit 7.305-AP2, E3 Return-to-Play Consent Form) must be signed prior to participation in the graduated return-to-play.

**Stage 5: Graduated Six Step Return-to-Play.** No new symptoms are present; the student is consistently tolerating full school days and full academic load without triggering any concussion-related symptoms. CDC or IHSA Return-to-Play Protocol can begin.

<ul style="list-style-type: none"> <li><u>Athletes may begin step 1 within 24 hours of injury, with progression through each subsequent step typically taking 24 hours per step.</u></li> <li><u>If more than mild exacerbation of symptoms (ie, 2 points on a 0–10 scale) occurs during steps 1–3, the athlete should stop and attempt to exercise the next day.</u></li> </ul>	
Step 1	<ul style="list-style-type: none"> <li><u>Symptom-limited activity</u> <ul style="list-style-type: none"> <li>Daily activities that do not exacerbate symptoms (e.g. walking)</li> <li>Gradual reintroduction of work or school.</li> </ul> </li> </ul>
Step 2	<ul style="list-style-type: none"> <li><u>Aerobic exercise</u> Light (»55% of max HR), then Moderate (»70% max HR) <ul style="list-style-type: none"> <li>Stationary cycling or walking at a slow to medium pace.</li> <li>May start light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms.</li> <li>Increased heart rate.</li> </ul> </li> </ul>
Step 3	<ul style="list-style-type: none"> <li><u>Individual sport-specific exercise</u> Note: If sport-specific training involves any risk of inadvertent head impact, medical clearance should occur before step 3. <ul style="list-style-type: none"> <li>Sport-specific training away from the team environment (eg, running, change of direction and/or individual training drills away from the team environment).</li> <li>Add movement, change of direction</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li><u>Steps 4–6 should begin after the resolution of any symptoms, abnormalities in cognitive function, and any other clinical findings related to the current concussion, including with and after physical exertion.</u></li> <li><u>Athletes experiencing concussion-related symptoms during steps 4–6 should return to step 3 to establish full symptom resolution with exertion before engaging in at-risk activities.</u></li> <li><u>Written determination of readiness to return to sport will be provided by a health care provider or licensed athletic trainer before unrestricted clearance by signing the additional Return-to-Play Consent Form (Exhibit 7.305-AP2, E3.)</u></li> </ul>	
Step 4	<ul style="list-style-type: none"> <li><u>Noncontact training drills</u> <ul style="list-style-type: none"> <li>Exercise to high intensity, including more challenging training drills (e.g. passing drills, multiplayer training) that can integrate into a team environment.</li> <li>Resume usual intensity of exercise, coordination, and increased thinking</li> </ul> </li> </ul>
Step 5	<ul style="list-style-type: none"> <li><u>Full-contact practice</u> <ul style="list-style-type: none"> <li>Participate in normal training activities</li> <li>Restore confidence and assess functional skills by coaching staff</li> </ul> </li> </ul>

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Step 6	<ul style="list-style-type: none"><li>Return to Play<ul style="list-style-type: none"><li>Normal game play</li></ul></li></ul>
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**Follow Up**

- The student is encouraged to meet with school counselor regularly to discuss progress, grades, and status of make-up work.
- The student is encouraged to meet with the athletic trainer or school nurse to assess any recurring symptoms.
- ~~For the student that participates in interscholastic athletic activities: The athletic trainer will conduct a daily follow up with the student for one week after he/she returns to full academic and athletic activity.~~

~~For additional questions please contact the student's school counselor, the school nurse, or the athletic trainer.~~

**Resources:**

- ~~Centers for Disease Control and Prevention~~
- ~~Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport—Amsterdam, October 2022~~
- ~~Return to Learn after a Concussion: A Guide for Teachers and School Professionals, Lurie Children's Hospital~~
- Illinois High School Association
- National Athletic Trainers' Association Bridge Statement: Management of Sport-Related Concussion
- ~~Head Smart: A Healthy Transition after Concussion — South Shore Hospital, Weymouth, MA~~
- ~~Consensus statement on concussion in sport — The 3rd International Conference on concussion in sport — Zurich, November 2008~~
- ~~Glenbrook South High School Concussion Care Guidelines — 2012, Glenview, IL~~
- ~~Return to Learn After a Concussion: Return to Learn: After a Concussion: A Guide for Teachers and School Professionals, Lurie Children's Hospital~~

**Building-Level Concussion Oversight Team:** To be determined by each school. Suggested members are listed below:

- School nurse
- Athletic trainers
- Athletic Director
- ~~School nurse~~
- PE Department Representative teacher
- School psychologist
- 1 or 2 guidance School counselors
- 1 other member of s School administration
- 1 or 2 teacher e Coaches
- Physician Teacher

LEGAL REF.: 105 ILCS 5/22-80 ~~added by P.A. 99-245.~~  
~~105 ILCS 5/22-80.~~  
105 ILCS 25/1.15.

CROSS REF.: 4.170 ([Safety](#)), 7.300 ([Extracurricular Athletics](#)), 7.305 ([Student Concussions and Head Injuries](#))

ADMIN. PROC.: 2.150-AP1 ([Superintendent Committees](#)), 7.300-E1 ([Agreement to Participate](#)), 7.305-AP1 ([Program for Managing Student Concussions and Head Injuries](#)), 7.305-AP1, E1 ([Concussion Information](#)), 7.305-AP2, E1 ([Concussion Staging Form for Students Who Participate in Interscholastic Athletic Activities](#)), 7.305-AP2, E2 ([Concussion Form for Students Who Do Not Participate in Interscholastic Athletic Activities](#)), 7.305-AP2, E3 ([Return-to-Play Consent Form](#)), 7.305-AP2, E4 ([Concussion Care Graphic – Return-to-Learn and Return-to-Play](#))

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