
Exhibit – Concussion Staging Form for Students Who Participate in Interscholastic Athletic Activities

Purpose:

The purpose of this form is to appropriately stage a student's return-to-learn or return-to-play after sustaining a concussion. This form must be completed before a student removed from an interscholastic athletics practice or competition due to a force or impact believed to have caused a concussion is allowed to practice or compete again. This form also must be completed if the parent/guardian, physician, physician assistant (PA), or advanced practice registered nurse (APRN), or athletic trainer of a student believes the student sustained a concussion and is requesting academic accommodations as a result of the concussion. Schools will identify a team leader to work with each student who sustained a concussion to facilitate a safe return-to-learn and return-to-play. This identified team leader will check in with the student regularly and communicate with the physician, PA, APRN, athletic trainer, school administrators, teachers, coaches, school nurse, school counselor, parent/guardian and any other members of the school concussion oversight team as the student progresses through the stages of recovery.

Team Leader: _____

Instructions:

- **Part A** of this form must be completed by the student's parent/guardian and the certification signed by the student (junior high or high school students) and parent/guardian.
- **Part B** of this form must be completed by the student's treating physician, PA, or APRN (chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student) or an athletic trainer working under the supervision of a physician.
- Completed forms should be submitted to the school nurse or athletic trainer to initiate the return-to-learn and return-to-play protocol.
- For any student who participates in interscholastic athletic activities and enters the protocols at any stage other than Stage 5, a separate Return-to-Play Consent Form (*Exhibit 7.305-AP2, E3*) must be completed by the student, the student's parent/guardian, and the student's physician, PA, APRN, or athletic trainer before the student is allowed to return-to-play.

PART A

Student Information

Student's Name: _____
First Middle Last

Date of Birth: _____ Grade: _____

Student and Parent/Guardian Consent

(Must be signed for return-to-learn and return-to-play protocols to begin)

We, the Student and Parent/Guardian of the Student listed above, certify that:

Adopted: March 8, 2017
Reviewed: March 2026
Amended: April 15, 2026

- (1) We have been informed concerning and consent to the Student participating in the return-to-learn and return-to-play protocols;
- (2) We understand the risks associated with the Student returning to learn and returning to play and will comply with any ongoing requirements in the return-to-learn and return-to-play protocols;
- (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), of this Concussion Staging Form and, if any, the return-to-learn and return-to-play recommendations of the treating physician, PA, APRN, or athletic trainer, as the case may be; and

(If the student participates in interscholastic athletic activities and students entering the return-to-learn and return-to-play protocols at Stage 5 below)

- (4) The Student has successfully completed each requirement of the return-to-learn and return-to-play protocols necessary for the student to return-to-learn and graduated return-to-play (Administrative Procedure 7.305-AP2, *Concussion Care Protocol – Return-to-Learn and Return-to-Play*); and
- (5) We consent to the Student returning to graduated play in interscholastic athletic activities in accordance with the return-to-play protocol.

Student Signature: _____
(Junior High or High School Student)

Date: _____

Parent/Guardian Signature: _____

Date: _____

PART B

(ONE BOX MUST BE CHECKED)

- Stage 1 - No School.** The student follows an initial period of relative physical and cognitive rest for 24-48 hours when symptoms are more severe. 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 minimize screen time and thinking/remembering activities). Start with 5-15 minutes at a time and increase gradually to typical activities.
- Stage 2 - Partial Academic Schedule and Accommodations.** Within a few days after the injury, most students return to school gradually. 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 worsen, cut back on that activity until it is tolerated (see checklist on page 3 to indicate specific academic accommodations requested).
- Stage 3 - 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 (see checklist on page 3 to indicate specific academic accommodations requested).
- 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. Eventual return to full academic activities and catch up on missed work.

Once participation in the classroom returns to baseline and all new concussion symptoms have resolved or returned to baseline, the physician, PA, APRN, or athletic trainer should initiate the Full Graduated Return-to-Play protocol (Stage 5) **by signing the Return-to-Play Consent Form (Exhibit 7.305-AP2, E3). 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 their physician, PA, or APRN, who may refer them to a brain injury specialist.**

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

Medical Professional Certification

By signing below, I certify that:

- (1) I am the Student's treating physician/athletic trainer working under the supervision of a physician;
- (2) I have evaluated the Student using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines; and
- (3) In my professional judgment it is safe for the Student to return-to-learn/graduated return-to-play as indicated above.

Physician, PA, APRN, or Athletic Trainer Name (please print): _____

Signature: _____ Date: _____

Contact information: _____

Scheduled Date for Follow-Up Appointment: _____

PART C Accommodations and follow up

Follow-up/Re-evaluation
<p>School Monitoring:</p> <ul style="list-style-type: none"> • The student will check-in daily with the school nurse or athletic trainer (high school athletes only) to monitor concussion-related symptoms. • If an activity results in worsening symptoms, time spent engaging in that activity should be reduced. • Worsening symptoms will be promptly reported to the parent/guardian. <p>NOTE: A separate Return to Play Consent Form (Exhibit 7.305-AP2, E3) signed by either the physician, PA, APRN, or athletic trainer AND parent/guardian and athlete is required once stages 1 - 4 are complete, and BEFORE the student is cleared to begin the graduated Return to Play protocol.</p> <p>Follow up with physician, PA, or APRN is recommended in:</p> <p> <input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> Date of follow/up appointment: _____ </p>

Recommended Academic Accommodations		
Provided for the student as needed with a gradual weaning until baseline is reached		
<u>ATTENDANCE & BREAKS</u>	<u>HOMEWORK & TESTING</u>	<u>VISUAL/AUDIO</u>
<input type="checkbox"/> No school until: _____, then start: <input type="checkbox"/> Minimal hours (1-3 hours) <input type="checkbox"/> Reduced hours (4-6 hours) <input type="checkbox"/> Full hours (7+ hours) <input type="checkbox"/> Rest breaks as needed <input type="checkbox"/> Scheduled rest breaks every ___ hours for ___ minutes <input type="checkbox"/> No breaks needed	<input type="checkbox"/> No homework <input type="checkbox"/> Reduced homework <input type="checkbox"/> Extended deadlines for homework <input type="checkbox"/> Full homework <input type="checkbox"/> No classroom tests <input type="checkbox"/> Condensed tests <input type="checkbox"/> Extra time for tests <input type="checkbox"/> Tests in quiet area <input type="checkbox"/> Extended deadlines for tests <input type="checkbox"/> No standardized tests <input type="checkbox"/> Regular testing <input type="checkbox"/> Reduced make-up work	<input type="checkbox"/> No screens/computers <input type="checkbox"/> Reduced screen time <input type="checkbox"/> No visual restrictions <input type="checkbox"/> Reduced reading <input type="checkbox"/> Provide audio-books (if available) <input type="checkbox"/> Provide printed notes (if available) <input type="checkbox"/> Allow tinted glasses <input type="checkbox"/> Allow earplugs <input type="checkbox"/> Eat in quiet space <input type="checkbox"/> Access to treatment medication for headache (MUST include Unit 5 Medication Form)
Other Accommodations Requested: _____ _____ _____		