

This form is to be used by parents/guardians and school contact, to communicate the child's/ward's progress through the plan.

The Return to Learn/Return to Physical Activity Plan is a combined approach, with collaborative effort between home and school.

Return to Learn Step 2a must be completed prior to the student returning to physical activity.

Each step must take a minimum of 24 hours (Note: Return to Learn Step 2b and Return to Physical Activity Step 2 occur concurrently).

All steps must be followed.

### Return to Learn/Return to Physical Activity - Step 1

(Must be completed prior to moving to Step 2a)

- Completed at home.
- Cognitive Rest – includes limiting activities that require concentration and attention (e.g., reading, texting, television, computer, video/electronic games).
- Physical Rest – includes restricting recreational/leisure and competitive physical activities.

My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and his/her **symptoms have shown improvement**. My child/ward is ready to proceed to Return to Learn - Step 2a.

My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and is **symptom free**. My child/ward is ready to proceed directly to Return to Learn - Step 2b and Return to Physical Activity - Step 2.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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

Principal/School Contact Signature: \_\_\_\_\_

*Copied to OSR once completed*

**Return of Symptoms**

- My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:

**Return to Learn/Return to Physical Activity - Step \_\_\_\_\_ of the Plan**

Parent/Guardian signature: \_\_\_\_\_

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

Comments:

\_\_\_\_\_

\_\_\_\_\_

If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section on page 2 of this form.

**Return to Learn - Step 2a**

- Student returns to school.
  - Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity.
  - Physical rest- includes restricting recreational/leisure and competitive physical activities.
- My child/ward has been receiving individualized classroom strategies and/or approaches and is **symptom free**. My child/ward is ready to proceed to Return to Learn - Step 2b and Return to Physical Activity - Step 2.

Parent/Guardian signature: \_\_\_\_\_

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

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

**Return to Learn - Step 2b**

- Student returns to regular learning activities at school.

**Return to Physical Activity - Step 2**

- Student can participate in individual light aerobic physical activity only.
- Student continues with regular learning activities.
- My child/ward is symptom free after participating in light aerobic physical activity. My child/ward is ready to proceed to Return to Physical Activity - Step 3.
- Form C-4 will be returned to the school contact to record progress through Steps 3 and 4.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section on page 2 of this form.

**Return to Physical Activity - Step 3**

- *Student may begin individual sport-specific physical activity only.*

**Return to Physical Activity - Step 4**

- Student may begin activities where there is no body contact (e.g., dance, badminton); light resistance/weight training; non-contact practice; and non-contact sport-specific drills.
- Student has successfully completed Steps 3 and 4 and is symptom free.
- Form C-4 will be returned to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature, by the school contact.

School Contact Name: \_\_\_\_\_

**Medical Examination**

- I, \_\_\_\_\_ (medical doctor/nurse practitioner name) have examined \_\_\_\_\_ (student name) and confirm he/she continues to be symptom free and is able to return to regular physical education class/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner Signature: \_\_\_\_\_

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

Comments:

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This form C-4, with medical doctor/nurse practitioner signature, is to be returned to the School Contact before the student may proceed to Step 5.

If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section on page 2 of this form.

### **Return to Physical Activity - Step 5**

- Student may resume regular physical education/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

This C-4 form is to be returned to parent/guardian for final signature:

- My child/ward is symptom free after participating in activities, in practice, where there is body contact and has my permission to participate fully, including participation in competition.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### **Return to Physical Activity - Step 6**

- Student may resume full participation in contact sports with no restrictions.