

LETHBRIDGE SCHOOL DISTRICT NO. 51

Created: January, 2017

Form 504.1.9 – Concussion Care Plan (to be completed by Physician)

Concussion is... a brain injury that cannot be seen on routine x-rays, CT Scans, or MRIs. It affects the way a person may think and remember things, and can cause a variety of symptoms. It can be caused by a blow to the head, face or neck or a blow to the body which causes a sudden jarring of the head.

School:				
Date of Birth:	Grade	: Homeroom T	eacher	
Contact Informati	on			
Parents/Guardians	Home Phone	Work Phone	Cell Phone	Address
Students Doctor	Home Phone	Work Phone	Cell Phone	Address
Other Contacts	Home Phone	Work Phone	Cell Phone	Address
Medical recommen	dations for return	to academics/act	ivities: (Physicia	n to Complete)
Medical recommend	dations for return	to academics/act	ivities: (Physicia	n to Complete)
Medical recommend	dations for return	to academics/act	ivities: (Physicial	n to Complete)
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Policy 504.1



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Gradual Return to Play Plan (Checklist for Physician)

1.	No physical activity.		
 2.	Low levels of physical activity (i.e.). This include weightlifting (lower weight, higher reps, no bence	es walking, light jogging, light stationary biking, light h, no squat).	
 3.		ead movement. This includes moderate jogging, brief oderate-intensity weightlifting (reduced time and/or	
 4.	Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).		
 5.	Full contact in controlled practice.		
 6.	Full contact in game play		
	Signatures		
		Acknowledged By:	
	Physician: Please provide contact info below	Parent/Guardian	
	Physician: Please provide contact info below Full name of Physician:	Parent/Guardian	
	Physician: Please provide contact info below Full name of Physician: Mailing Address:	Parent/Guardian Please Print	
	Physician: Please provide contact info below Full name of Physician:	Parent/Guardian Please Print	
	Physician: Please provide contact info below Full name of Physician: Mailing Address:	Parent/Guardian Please Print	
	Physician: Please provide contact info below Full name of Physician: Mailing Address: Mailing Address:	Parent/Guardian Please Print	

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