

Kearney Public Schools

Return to Learn: Bridging the Gap from Concussion to Classroom

Note to Hospital, Physician and Parents/Guardians:

Following a concussion, communication among physicians, the school district & parents is essential to ensure that information is shared and provided to all involved in the management of a student's return to academics & school activities including physical education activities. Both sections should be completed prior to bringing form to school.

MEDICAL PROVIDER TO COMPLETE THIS SECTION:

This note serves as a notification that _____ has been evaluated and diagnosed with a concussion on _____ (date). Please notify the school Concussion Management Team or school Principal so the student's teachers can be notified of the injury and appropriate accommodations needed per the Steps of "Return to Learn" and "Return to Play".

Additionally, it is recommended that this student may need:

Complete rest at home until symptom free **OR** Other: _____

And/or Activity Restrictions for (please specify):

PE and/or weight lifting: _____

Recess: _____

Band/Chorus/Orchestra: _____

Provider recheck: scheduled for: _____ **OR** Return to full activity after all Steps of RTL & RTP are completed.

In addition to identified above, I also request the following: _____

Signed,

X _____ (MD; PA-C; DO; AT; Other (specify) _____)

Provider Signature Here

Circle Credentials Above

Name of Clinic/Hospital/Facility: _____

Phone: _____ Fax: _____

PARENT/GUARDIAN TO COMPLETE THIS SECTION:

Please sign the consent below for the release of information so if questions arise concerning this injury & the academic and/or physical progress of this student, there can be an open line of communication between the school district, the medical provider, & clinic/hospital/facility. **After signing, notify the school office and bring this form to the school office so that an Individualized Concussion Return to Learn Plan can be developed as soon as possible.**

Note: (If injury was related to school athletic event, notify KPS athletic trainer).

CONSENT FOR RELEASE OF INFORMATION

I, the parent/guardian hereby give consent for Release of Information between Kearney Public Schools and _____ (medical provider or medical facility) concerning the concussion sustained by my child.

Parent/Guardian: **X** _____ Phone: _____ Date: _____

Form updated last on 4/15/15