



TRI-VALLEY CUSD #3

410 E WASHINGTON ST | DOWNS, IL 61736 | 309.378.2351

-Consents and Concussion Staging

The purpose of this form is to appropriately stage a student's return-to-learn or return-to-play after sustaining a concussion. A student's best chance of full recovery from a concussion involves two critical components: cognitive and physical rest. 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 must be completed if the parent/guardian or physician of a student believes the student sustained a concussion and is requesting academic accommodations as a result of the concussion.

Student Information

Student's Full Name: _____
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:

- (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 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.
- (5) We consent to the Student returning to graduated play in interscholastic athletic activities in accordance with the return-to-play protocol.

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

Parent/Guardian Signature: _____ Date: _____

Tri-Valley Elementary School
Phone: 309-378-2031
Fax: 309-378-4578

Tri-Valley Middle School
Phone: 309-378-3414
Fax: 309-378-3214

Tri-Valley High School
Phone: 309-378-2911
Fax: 309-378-3202



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- ☐ **Stage 1 ~ Student May Not Attend School At This Time.** Student may not attend class and should not work on homework assignments, reading projects, etc. This includes not participating in recess, physical education, co-curricular activities, such as all athletic activities, weightlifting, band, music, debate, etc. Continue to limit at-home activities that can worsen symptoms, such as loud music, television, computer screen time, texting, etc.
- ☐ **Stage 2 ~ Partial Academic Schedule and Accommodations.** Student may attend school with a partial class schedule. Work with the student to help determine the most appropriate schedule. Classes should be prioritized and not worsen symptoms. Special accommodations may be required to limit symptoms. Homework should be limited during this time. Participation in all athletic activity, recess, weightlifting, PE class, and co-curricular activities is still fully restricted. Team medical leader will monitor student concussion symptoms daily to determine progression to next stage of recovery. Team medical leader will contact the medical professional when stage 4 is reached.
- ☐ **Stage 3 ~ Full Academic Schedule and Accommodations.** Student may participate in a normal classroom schedule, but will still require some accommodations, depending on current symptoms. Continue to work with the student to identify any specific classroom activities that could be worsening symptoms. Student may be able to participate in band and music class if this does not worsen concussion symptoms. All athletic activity, recess, weightlifting and PE class is still not allowed, but the student can start to participate in non-athletic co-curricular activities as tolerated. Gradually increase school participation and independence as tolerated by the student.
- ☐ **Stage 4 ~ Normal Classroom.** The student may participate in normal classroom activities. The student is NOT allowed to participate in any physical activity, such as recess, physical education, weights, jogging, drills, practice or games. The athlete is NOT cleared to start "Warm Up Play". Work with the student to ensure a classroom "catch-up" plan is in place, if necessary.

Once participation in the classroom is normal and all concussion symptoms have resolved, the physician for a student who participates in an interscholastic activity should initiate the Graduated Return-to-Play protocol (Stage 5) by signing the Return-to-Play Consent Form (*Exhibit 7.305-AP2,E2*).

- ☐ **Stage 5 ~ Graduated Return-to-Play.** No symptoms are present; the student is consistently tolerating full school days and their typical academic load without triggering any concussion related symptoms. 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 the 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/Athletic Trainer Name (please print):

Signature:

Date:

Contact information:

Scheduled Date for Follow-Up Appointment:

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