

Return to School Clearance After Concussion

Snohomish School District No. 201, Snohomish, WA 98290

Stude	nt Name:			DOB:		
School:		Grade:				
Date of Concussion:						
Childre vomitin	ussion is an injury to the brain that temporarily changes how n/students often bump or hit their head without getting conc g, confusion, acting dazed, forgetting what happened befor consciousness to have had a concussion. Other words or t	ussions. Signs ar re or after the inju	id symptoms ry & being "ki	of a concussion inclu nocked out." A person	de dizziness, headache, nausea/ does NOT need to be knocked out	
Stude	nt may return to school on:					
		ate)				
	al Activity:	55				
	, ,,					
	Partial restriction (can participate in the following activities):					
	Full restriction (no participation in any physical activities) until:					
Academic (Cognitive) Activity:						
☐ Student may return to full participation without limitations.						
П	The following cognitive accommodations are recommended for this student:					
☐ Gradual re-integration to school (e.g., student returns part-time before resuming a full schedule)						
☐ Student not asked to do all missed work						
	☐ Rest time or breaks as needed during the day					
	☐ Overall homework and class work load reduced					
	☐ No use of computer or other video equipment until after(Date)					
☐ No testing until after(Date)						
☐ Other:						
Student has been counseled on how to self-manage this concussion: ☐ Yes ☐ No						
Student may resume full participation in all activities after (Date)						
Stu	dent is to be re-evaluated on(D	Date) And may	not resun	ne full participatio	on until cleared.	
Health care provider comments:						
Health Care Provider's Signature Telephone/Fax Date				Date		
Hea	Health Care Provider's Printed Name or Stamp Parent Nurse				Nurse/School	
Routing:						
	rent Nurse Counselor Teacher PE	Principal	Coach	Playgr/recess		