

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 and parents is essential to ensure that information is shared and provided to all involved in the management of a student's return to academics and/or athletics.

Information for schools:

This note serves as a notification that _____ has been
(NAME OF STUDENT)
evaluated and diagnosed with a concussion. Please notify the Concussion Management Team or school Principal so the student's instructors can be notified of the injury and appropriate accommodations provided.

Additionally, it is recommended that this student may need:

- Complete Rest at Home for ____ Day(s) Shortened School Day Frequent/Scheduled Breaks

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

Sincerely:

_____ MD PA-C DO AT Other (please specify) _____

Name of Clinic, Hospital or Facility: _____

Phone: _____ Fax: _____

Information for Parents/Guardians:

Please sign the consent for the release of information so that if questions arise concerning this injury and the academic and/or physical progress of this student, there can be an open line of communication between the school district, the physician, hospital or medical facility.

CONSENT FOR RELEASE OF INFORMATION

I hereby give consent for Release of Information between _____
(school district) and _____ (physician or
medical facility) concerning the concussion sustained by my child.

_____ Date _____

Parent/Guardian Signature(s)