

Chelsea Academy

Concussion Protocol

Thank you for providing the following information such that our faculty and staff can help in our student-athlete's recovery.

_____ was seen for a concussion on _____
Student Name Date

in _____ office or clinic.
Healthcare Provider's Name

Returning to School

The following supports are recommended (check any that apply):

___ Return to school as normal

___ No return to school until (date) _____

___ Shortened day. Recommend _____ hours per day until (date) _____

___ Student may be in school, but quizzes, tests, and projects are deferred until
(date) _____

___ Maximum length of nightly homework: _____ minutes until (date) _____

___ Other: _____

Health Care Provider's Signature

Returning to Sports

Until an athlete returns to school as normal they may not participate in practices nor games. Physical activity during lunch, House activities, etc will also be restricted.