

# Return to Learn Concussion Protocol

## Transitioning Back to Full Classroom Experience

Completion of this form is the final step in the *Return to Learn Concussion Protocol* at Oak Park and River Forest High School. Completing the *Return to Learn Concussion Protocol* insures that the student is transitioning back to a full classroom experience and is ready to return to the playing field.

**Please see responsibilities and steps below:**

**OPRF Athletic Trainer:** Provide this form to any student who has sustained a concussion. The *Return to Play Concussion Protocol* will begin when the completed form has been returned to you by the student.

**OPRF Student:** Take this form to each of your teachers (including a Study Hall teacher) and have them sign below. After all teachers have signed the form, take it to your counselor for a signature, and when complete, return the form to one of the OPRF Athletic Trainers. **Important to note: You will not be cleared to participate in practices or competitions until this completed form is returned to an OPRF Athletic Trainer AND you have completed the Return to Play Protocol. No exceptions!**

**OPRF Teachers:** By signing this form below, you are indicating that the below named student:

- Is not showing any active signs of a concussion (*Refer to the back of this form for common signs of a concussion*)
- Is up to date with all classroom assignments, tests, and quizzes **OR** has a plan in place to take care of outstanding classroom obligations.

**OPRF Counselor:** When the student brings this completed form to you with all necessary teacher signatures (Including a Study Hall teacher if applicable), sign off on the form below, make yourself a copy, and return the form to the student so that he or she can turn it in to the OPRF Athletic Trainer.

**Name of Student:** \_\_\_\_\_

**ID#:** \_\_\_\_\_ **Date Form Given to Student:** \_\_\_\_\_

<b>Name of Class:</b>	<b>Signature of Teacher:</b>

\_\_\_\_\_  
*Signature of Counselor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Trainer*

\_\_\_\_\_  
*Date*

**You will NOT be cleared to participate in practices or competitions until this completed form is returned to an OPRF Athletic Trainer AND you have also completed the Return to Play Protocol! NO EXCEPTIONS!**