



CONCUSSION/SIGNIFICANT HEAD INJURY

Any medically diagnosed “concussion”, significant head injury, or suspicion of a significant head injury based on medical disclosure of such or observed or reported symptoms.

Any student categorized as above:

- will be immediately removed from activity such as Physical Education (PE), recess, interscholastic and intramural athletics.
- may not resume physical activities until at least 24 hours have passed without symptoms **and** the student has been assessed and cleared **in writing** by a medical provider. The school nurse will send the written clearance by the private medical provider to the District Physician for final approval.

In order to return to Interscholastic athletics, the student must:

- receive written concussion clearance from a medical provider.
- complete a Return-to-Play program with the high school athletic trainer. After completing the program, the trainer will send documentation to the District Physician for final approval.

Please find a concussion overview and legislative background on the health office website from NYSED. Call us with any concerns or questions.

Thank you,

School Nurse
RCK Health Office
Phone: 845-298-5100 x31023
Fax: 845-298-5055



CONCUSSION/SIGNIFICANT HEAD INJURY CLEARANCE

FOR PROVIDER USE ONLY

Patient Name _____ DOB _____ Diagnosis: _____

Assessment

- Absent from signs/symptoms of concussion
>24hours
- Signs/Symptoms of concussion *present*:
- Other: _____

Physical Education/Sports

- Able to fully participate in physical education/sports without restriction
- No physical education/sports until reassessed
- Other: _____

Notes: _____

Provider Name _____	Provider Role: <input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> NP
Signature _____	Date _____
Office Phone _____	Office Fax _____
Stamp:	