

## Form C-4 Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan

This form is to be used by parents/guardians to communicate their child's progress through the plan and is to be used with ["Appendix C-1 - Concussion Management Procedures: Return to Learn and Return to Physical Activity"](#).

The Return to Learn/Return to Physical Activity Plan is a combined approach. Step 2a - Return to Learn must be completed prior to the student returning to physical activity. Each step must take a minimum of 24 hours (Note: Step 2b - Return to Learn and Step 2 - Return to Physical Activity occur concurrently).

### Step 1 - Return to Learn/Return to Physical Activity

- *Completed at home.*
- *Cognitive Rest - includes limiting activities that require concentration and attention (e.g., reading, texting, television, computer, video/electronic games).*
- *Physical Rest - includes restricting recreational/leisure and competitive physical activities.*

- My child has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and his/her **symptoms have shown improvement**. My child will proceed to Step 2a - Return to Learn.
- My child has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and is **symptom free**. My child will proceed directly to Step 2b - Return to Learn and Step 2 - Return to Physical Activity.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section on page 4 of this form.

**Step 2a - Return to Learn**

- *Student returns to school.*
- *Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity.*
- *Physical rest- includes restricting recreational/ leisure and competitive physical activities.*

My child has been receiving individualized classroom strategies and/or approaches and is **symptom free**. My child will proceed to Step 2b - Return to Learn and Step 2 - Return to Physical Activity.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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**Step 2b - Return to Learn**

- *Student returns to regular learning activities at school.*

**Step 2 - Return to Physical Activity (Refer to Appendix C-1)**

- *Student can participate in individual light aerobic physical activity only.*
- *Student continues with regular learning activities.*

My child is symptom free after participating in light aerobic physical activity. My child will proceed to Step 3 - Return to Physical Activity.

Appendix C-4 will be returned to the teacher to record progress through Steps 3 and 4.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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**Step 3 - Return to Physical Activity (Refer to Appendix C-1)**

- *Student may begin individual sport-specific physical activity only.*

**Step 4 - Return to Physical Activity (Refer to Appendix C-1)**

- *Student may begin activities where there is no body contact (e.g., dance, badminton); light resistance/weight training; non-contact practice; and non-contact sport-specific drills.*
- Student has successfully completed Steps 3 and 4 and is symptom free.
- Form C-4 will be returned to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature.

Teacher/Coach/Intramural Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Examination**

- I, \_\_\_\_\_ (medical doctor/nurse practitioner name) have examined \_\_\_\_\_ (student name) and confirm he/she continues to be symptom free and is able to return to regular physical education class/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_



**Step 5 - Return to Physical Activity (Refer to Appendix C-1)**

- *Student may resume regular physical education/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.*

**Parent Authorization**

- I confirm that my child \_\_\_\_\_ continues to be symptom free and is able to return to regular physical education class/intramural activities/ interschool activities in non-contact sports and full training/practices for contact sports with no restrictions.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

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**Step 6 - Return to Physical Activity (Refer to Appendix C-1)**

- *Student may resume full participation in contact sports with no restrictions.*

**Parent Authorization**

- I confirm that my child \_\_\_\_\_ continues to be symptom free and is able to return to full contact sports with no restrictions.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

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**Return of Symptoms**

- My child has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to: • Step \_\_\_\_\_ of the Return to Learn/Return to Physical Activity Plan.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

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RETENTION: E+ 5 where E = retirement / transfer of student

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