Concussion Management Checklist

*Completed by coach or school staff
*Completed form must go directly to Moravia Central School District Nurse

Student Name:	
Date:	

1.	Student Initial Concussion Checklist Completed.	Yes	No	Initials_____
2.	Copy of Initial Concussion Checklist sent home with the student.	Yes	No	Initials_____
3.	Concussion Information sent home with the student.	Yes	No	Initials_____
	Physician Evaluation Sign Off sent home with the student.	Yes	No	Initials_____
4.	Copy of Student “Return to Play” protocol sent home w/ student.	Yes	No	Initials_____
5.	Initial checklist and physician evaluation form Returned to Moravia Central School within 24 hours Of injury.	Yes	No	Initials_____
6.	Physician provided written release for student to return To play/activity.	Yes	No	Initials_____
7.	The student begins 6 steps “Return to Play” Protocol.	Yes	No	Initials_____
8.	Student completes 6 step “Return to Play” Protocol (Below)	Yes	No	Initials_____

Graduated “Return to Play” Protocol:

One Step may be taken each 24-hour cycle. If symptoms resume during any of the following steps, a student must revert to the previous step after remaining at rest for a 24 hour period.

Step		YES	NO	Initials
1	**NO ACTIVITY complete physical rest/cognitive rest**			
2	**Light Aerobic activity**			
3	**Sport Specific exercise**			
4	**Non-contact training drills**			
5	**Full Contact Practice**			
6	**Return to Play**			

Comments: