



Exeter Township School District
200 Elm Street Reading, Pennsylvania 19606
Senior High Health Room 610-779-3060 x 2112 (Fax 610-370-0518)

CONCUSSION RESTRICTIONS

(concussion diagnosis implied if restriction boxes are checked)

Patient Name _____ Date _____

This student is unable to participate in any academic endeavors at this time. The student will be closely monitored to determine the point at which he/she can begin academics.

This student is able to participate in a reduced school day, only ___ hours/day as tolerated.
Preference for attendance:

Alternating every other day schedule to include early and late classes

Will return to school on ___/___/___ with the following restrictions/accommodations:

___ Reduced workload to include only essential learning tasks

___ No major projects ___ No tests ___ No quizzes

___ Homework limited to ___ minutes/day

___ No homework

___ Preprinted class notes as available

___ Untimed tests and quizzes

___ No band/orchestra/chorus/music lessons

___ Limit computer /screen/smart board time

___ Elevator Pass ___ Allow extra time between classes to avoid crowded halls

___ No Physical Education or Sports

___ Please allow the student easy access to the School Nurse

___ Acetaminophen _____ mg may be given for headache every 4-6 hours PRN.

No concussion present - student may resume full Academic/Physical Education/Sports participation

May return to full academic load without restrictions

Major exams/tests, and pertinent projects should be made up gradually over a 2 week period once fully cleared for academics.

May fully return to Physical Education/Sports after completing ETSD Return To Play Protocol.

May partially return to Physical Education/Sports with the following restrictions as tolerated :

FOLLOW UP APPOINTMENT IS ON _____

These restrictions should be followed until follow-up appointment noted above, or for 2 week maximum if no follow-up appointment is noted.

Physician's Signature _____