

## Appendix E DOCUMENTATION FOR A DIAGNOSED CONCUSSION RETURN TO LEARN / RETURN TO PLAY PLAN

This form to be used by parents/guardians to communicate their child's progress through the plan.

Name of Student:			
Date:			
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•			
		Return to Lea	arn Strategies a
	п		
		symptom free	
		<i>5</i> .	

Place a copy of this page in student OSR upon receipt/completion.

Name of Student:	
Return of Symptoms	
Parent/Guardian Signature:	
Date:	
Comments:	