

Date:

Dear school staff,

(Name) _____ (DOB) _____

sustained a concussion/mild head injury on (date) _____. They can return to school on (date) _____. Recommendations for return to school are;

Attendance:

- Part days of school work: gradually increase work load as symptoms decrease (can attend full days with rest breaks as required OR attend for partial days)
- Full days

Classroom:

- Exempt from exams until attending school full days symptom free
- Provide quiet area for rest breaks if required
- Allow thinking rest breaks (attention may be affected) by giving a basic chore or sending on an errand
- Allow extra time to complete work
- Provide handouts to avoid excessive writing

Breaks/Playground:

- Nil climbing heights (eg. playground equipment) where falling is a risk
- Nil contact sports

Access

- Allow student to leave a few minutes early to get to class
- Allow use of disabled toilets
- Allow student to use elevator if available
- Supervision for stairs
- Allow student to be dropped off as close as possible to their classroom

Physical Education

- No PE until attending school full days symptom free
- Modified PE (no contact sports)
- Full inclusion

Transport

- Public transport not recommended
- School bus not recommended

Other

- Student is likely to need to attend medical/therapy appointments

Dr _____

Signature: _____