

FORM 4
Blackstone-Millville Regional School District
Graduated Return to Play Protocol

Athlete's Name _____ Grade _____

Date of Injury _____ Sport/Activity _____

I attest the athlete is symptom free at rest and has fully returned to academics. He/She may begin the graduated return to play protocol.

Physician signature _____ Date _____

Physical Post-Concussion Tests

The athlete will be given five post-concussion tests after the athlete is symptom free at rest for at least 24 hours and has fully returned to academics. Only one test will be administered per day. They may only progress to the next step when the previous test is passed with the athlete remaining symptom free. If any symptoms recur during any of the activities, the student should rest and be symptom-free for at least 24 hours and then return to Step 1.

Step 1: Light exercise, including walking or riding an exercise bike. No weight-lifting.

Step 2: Aerobic exercise such as running in the gym or on the field. No helmet or any other equipment.

Step 3: Non-contact training drills in full equipment. Weight training can begin.

Step 4: Sports specific practice with limited contact.

Step 5: Full contact in a controlled drill or practice.

Test Completion Dates with Asymptomatic Results:

Step 1 _____ Step 2 _____ Step 3 _____ Step 4 _____ Step 5 _____

I verify that _____ (athlete's name) has completed the five physical post-concussion tests and said athlete was asymptomatic for all tests.

Athletic Director/Coach signature _____ Date _____

Parent/Guardian Signature:

I have read BMRSD's Graduated Return to Play Protocol and I understand the seriousness of a concussion, its symptoms, and the Graduated Return to Play Protocol. I will call the Athletic Director at 508-883-4402 or the school nurse (HS) at 508-876-0110 or (MS) at 508-876-0193 option 3 to discuss any questions or concerns.

Parent/Guardian signature _____ Date _____

Athlete Signature:

I have read and understand BRMSD's Graduated Return to Play Protocol, concussion symptoms and the seriousness of a second concussive injury. I understand that I need to have the **Post Sports-Related Head Injury Medical Clearance and Authorization Form** complete before I can return to game play.

Athlete signature _____ Date _____