

ICHABOD CRANE CENTRAL SCHOOL

POST CONCUSSION RETURN TO PHYSICAL EDUCATION CLASS

PROTOCOL

Student Name: _____ Physician clearance date: _____

Phase 1:

Low impact, non-contact cardiovascular Physical Education activity.

Date passed: _____ Student Initials: _____ Teacher Initials: _____

Phase 2:

Non-Contact Physical Education activity, moderate intensity.

Date passed: _____ Student Initials: _____ Teacher Initials: _____

Phase 3:

Full Intensity Physical Education activity.

Date passed: _____ Student initials: _____ Teacher initials: _____