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: _______