**Return to Learn:**
**Bridging the Gap from Concussion to Classroom**

**Note to Hospital, Health Care Provider and Parents/Guardians:**
Following a concussion, communication among health care providers, the school district and parents/guardians is essential to ensure that information is shared and provided to all involved in the management of a student’s return to academics (return to learn) and/or athletics (return to play).

**Information for school nurse:**
This note serves as a notification that ______________________________ has been evaluated and diagnosed with a concussion. Please notify the Concussion Management Team (CMT) or building Principal so the student’s instructors can be notified of the injury and appropriate accommodations provided.

Additionally, it is recommended that this student may need:

- Complete rest at home for _____ days
- Shortened school day
- Frequent/Scheduled breaks

In addition to those identified above, I would also request the following:

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Sincerely,

__________________________ MD DO APRN (NP) PA
Health Care Provider’s Signature

Name of clinic or hospital: ________________________________
Phone: ______________________________ Fax: ______________________________

**Information for Parents/Guardians:**
Please sign the consent for the release of information so if questions arise concerning this injury and the academic and/or physical progress of this student, there can be an open line of communication amongst the school district, the health care provider and/or medical facility, and the parents/guardians.

**CONSENT FOR RELEASE OF INFORMATION**
I hereby give consent for Release of Information between the school nurse &/or building leadership, and ______________________________ (health care provider or medical facility) concerning the concussion sustained by my child. This consent form is valid until the student graduates, transfers or withdraws from the district.

______________________________ ______________________________
Date: __________________________ Date: __________________________
Parent(s)/Guardian(s) Signature(s)