

**Davis Joint Unified School District**

Student Support Services  
 526 B Street, Davis, CA 95616 530-757-5300 ext. 140

**CONCUSSION PROTOCOL**

Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_ Date of Injury \_\_\_\_\_ School Nurse \_\_\_\_\_

The guidelines listed below have been useful to school staff but they are not meant to be rigid. They could be repeated, combined or otherwise altered. When prescribing activity levels, please inquire about the student’s school day schedule; a “school day” varies significantly dependent on grade level and course load. Please use start/end dates as much as possible to assist communication with teachers, coaches, etc. When secondary students recover as indicated by the resumption of full sports/physical activity outside of school, we will end accommodations in school. In the alternative, in the absence of medical advice, all accommodations end after one month. To allow adequate time for make-up work after recovery, consult with the counselor to discuss options such as incomplete contracts, non-penalty drops, and other possibilities.

Recovery Options – CHOOSE ONLY ONE BOX	Start Date	End Date	Notes
<b>No cognitive or physical activity</b> <ul style="list-style-type: none"> <li>No school attendance</li> <li>No school work sent home</li> <li>No sports event/practice attendance</li> </ul>			
Will student be out of school for greater than 10 consecutive school days?	No	Yes →	If yes, are <b>Home &amp; Hospital services</b> recommended? (this provides 5 hours/week home instruction) Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Limited Cognitive Activity</b> with short term-accommodations; flexible deadlines, shortened assignments, mastery learning			Hours per day? _____
<b>Partial school day attendance with modifications</b> <ul style="list-style-type: none"> <li>No homework</li> <li>No sports</li> <li>No PE</li> </ul>			Hours per day? _____
<b>Full school day attendance with modifications</b> <ul style="list-style-type: none"> <li>Modified homework</li> <li>No sports</li> <li>No PE</li> </ul>			
<b>Full school day attendance with physical modifications</b> <ul style="list-style-type: none"> <li>Normal homework</li> <li>Partial PE</li> <li>Partial sports</li> </ul>			
<b>Resumption of full schedule of school and physical activities</b> *Resumption of full activities signals the end of school accommodations but allow for make- up of incomplete assignments that could not be waived or modified.			

Provider’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider’s contact Information: \_\_\_\_\_

**Please fax this form directly to fax number: 530-757-5323**