Return of Symptoms

| | My child has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to: | |
|----|--|---|
| | | |
| | • Step | of the Return to Learn/Return to Physical Activity Plan |
| | | |
| Pa | arent/Guardian si | gnature: |
| Da | ate: | |
| Со | omments: | |