

Davis Joint Unified School District

Student 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
No cognitive or physical activity <ul style="list-style-type: none"> No school attendance No school work sent home No sports event/practice attendance 			
Will student be out of school for greater than 10 consecutive school days?	No	Yes →	If yes, are Home & Hospital services recommended? (this provides 5 hours/week home instruction) Yes <input type="checkbox"/> No <input type="checkbox"/>
Limited Cognitive Activity with short term-accommodations; flexible deadlines, shortened assignments, mastery learning			Hours per day? _____
Partial school day attendance with modifications <ul style="list-style-type: none"> No homework No sports No PE 			Hours per day? _____
Full school day attendance with modifications <ul style="list-style-type: none"> Modified homework No sports No PE 			
Full school day attendance with physical modifications <ul style="list-style-type: none"> Normal homework Partial PE Partial sports 			
Resumption of full schedule of school and physical activities *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 or give this to your student's school of attendance.