



**Concussion Management Acton Plan**  
(To be completed by student's provider)

**Form must be returned to School Nurse:**

East Learning Center (Binghamton)	Office: 607-762-6408	Fax: 607-762-6407
Education Center (Binghamton)	Office: 607-763-3411	Fax: 607-763-3363
West Learning Center (Apalachin)	Office: 607-786-2031	Fax: 607-748-8616

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Program: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Expected Date to of Return to School: \_\_\_\_\_

**The above student requires the following short term academic supports for proper concussion management upon return to school (checked items apply):**

- No educational modifications (always applies when cleared for PE)
  - Educational modifications needed. Specifically: \_\_\_\_\_
- 

**The above student should adhere to the following recommendations regarding physical education (PE) and athletic participation (checked items apply):**

- Not diagnosed with a concussion and is medically cleared to participate in PE and sports/athletics.
- Diagnosed with a concussion.
  - May not return to PE or sports/athletics until further notice
  - May begin the 5-Step Return to Play Progression

**Should be symptom free for at least 24 hours initially and between each progression step:**

- Step 1 – Light Aerobic Activity for 5-10 minutes
- Step 2 – Moderate Activity for 10-15 minutes
- Step 3 – Heavy, non-Contact Activity for 15-20 minutes
- Step 4 – Participate in Non-Contact Practice Drills; 10 minute warm-up, 20-30 minutes of drills
- Step 5 – Resume normal activities

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_