



# Saint Anthony's High School

275 Wolf Hill Road, South Huntington, New York 11747-1394  
631-271-2020 • Fax 631-547-6820 • [stanthonyshs.org](http://stanthonyshs.org)

Nurse's Office

Dear Parents/Guardians,

New York State has specific return-to-play guidelines for students who sustain a concussion. These guidelines are based on state law and regulations from the New York State Education Department (NYSED) and the Department of Health. We understand that this can be a challenging time, and we hope your child is recovering well. To ensure a safe return to sports and physical activity, please follow these steps:

1. **Doctor's Diagnosis** – Provide a note from the MD with a concussion diagnosis.
2. **Concussion Checklist** – Have your child report to the nurse's office to complete a concussion checklist.
3. **Medical Clearance to Begin RTP** – Once the MD finds the concussion symptoms have resolved, submit a note from the MD stating your child is **cleared for full participation in gym and sports** and may begin the **Return-to-Play (RTP) Protocol** with Physical Therapy (PT).
4. **Complete RTP with PT** – After finishing the RTP protocol, send the completed form with dates to the nurse's office.
5. **District Approval** – All documents are sent to the district doctor for final approval.

Please note: *An MD must sign off on all notes.*

Please submit all required notes promptly. Let us know if you have any questions.

Thank you,

Saint Anthony's High School Nursing Staff

Office 631-271-2020

Fax 631-547-6820

[nurses@stanthonyshs.org](mailto:nurses@stanthonyshs.org)



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## Concussion/Head Injury Protocols

1. Diagnosis of a concussion by a **physician**.
2. Diagnosis is submitted to the **nurse**.
3. Concussion policy is explained to the parent:
  - a. **Concussion checklist** completed by nurse
  - b. Sports and PE restrictions
  - c. Academic restrictions as determined by a physician
4. When the physician determines clearance for a concussion:
  - a. Physician **evaluation** must be completed
  - b. **Return to play protocol** must be completed by an athletic trainer or physical therapist
5. All forms must be submitted to the nurse's office for **final approval** by the Chief Medical Officer.

# CONCUSSION CHECKLIST

## New York State Public High School Athletic Association

The NYSPHSAA has endorsed this Concussion Checklist as a valuable tool and recommends use of this checklist, or a similar checklist, by all NYSPHSAA school districts.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

### On Site Evaluation

Description of Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there a loss of consciousness?	Yes	No	Unclear
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Does he/she remember the injury?	Yes	No	Unclear
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Does he/she have confusion after the injury?	Yes	No	Unclear
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### Symptoms observed at the time of injury:

\*Please circle yes or no for each symptom listed above.

Dizziness	Yes	No	Headache	Yes	No
Ring in Ears	Yes	No	Nausea/Vomiting	Yes	No
Drowsy/Sleepy	Yes	No	Fatigue/Low Energy	Yes	No
“Don’t Feel Right”	Yes	No	Feeling “Dazed”	Yes	No
Seizure	Yes	No	Poor Balance/Coord.	Yes	No
Memory Problems	Yes	No	Loss of Orientation	Yes	No
Blurred Vision	Yes	No	Sensitivity to Light	Yes	No
Vacant Stare/Glassy Eyed	Yes	No		Yes	No

Other Findings/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Final Action Taken: Parents Notified \_\_\_\_\_ Sent to Hospital \_\_\_\_\_

Evaluator’s Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_ Phone No.: \_\_\_\_\_



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## RETURN TO PLAY PROTOCOLS

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Teacher/Trainer: \_\_\_\_\_

Start Date: \_\_\_\_\_

### Check Box and Date

#### Phase 1

- Low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike. 30-40% effort.

[   ]   **Completion Date** \_\_\_\_\_

#### Phase 2

- Higher impact, higher exertion, and moderate aerobic activity such as running or jumping rope. 40-50% effort.

[   ]   **Completion Date** \_\_\_\_\_

#### Phase 3

- Sport or PE specific non-contact activity. 50-60% effort.

[   ]   **Completion Date** \_\_\_\_\_

#### Phase 4

- Sport or PE specific activity, non-contact drills. 70-80% effort.

[   ]   **Completion Date** \_\_\_\_\_

#### Phase 5

- Full contact or regular PE training drills and intense aerobic activity.

[   ]   **Completion Date** \_\_\_\_\_

#### Phase 6

- Return to full sports or PE activities without restrictions

[   ]   **Completion Date** \_\_\_\_\_