



QUEEN ANNE'S COUNTY PUBLIC SCHOOLS

Where Our Future Begins

Queen Anne's County Concussion Protocol

It is the primary goal to have students return to classroom and physical activities as safely as possible. When a student experiences a head injury or other and is diagnosed with a concussion the following steps must be followed:

1. The student must see a physician for a physical exam, a diagnosis and the completion of the Concussion & Physical Limitation Assessment Form.
2. Once there is a diagnosis of a concussion the physician must provide a note for the student to return to school. This note must be specific as to the limitations and accommodations that the student will follow and need as well as the timeframe for them. If the suggested time frame is greater or equal to six months a 504 team meeting should be scheduled to consider eligibility for a 504 plan. Limitations may include no or reduced computer screen use, low light, etc.
3. The physician must complete the Concussion & Physical Limitation Assessment form for the student to resume participation in physical activity or sports. Form attached.
4. Documentation must be shared with guidance, the school nurse for any medical needs and with the Athletic Directors for a safe return to play.
5. The school nurse or the athletic trainer will continue to monitor the student's progress and recovery. The athletic trainer will conduct the Return to Play assessment and process.
6. The physician has to clear a student to return to full participation in class and physical activity.



QUEEN ANNE'S COUNTY PUBLIC SCHOOLS

Where Our Future Begins

Passen

Superintendent of QACPS

2/23/2022

Date

Nichole L. Young

Supervisor of Health Services

2/28/2022

Date

Eric F. August

School Health Medical Director

2/28/2022

Date

Queen Anne's County Public Schools
 SCHOOL HEALTH SERVICES
 CONCUSSION & PHYSICAL LIMITATION ASSESSMENT FORM

Student Name: _____ D.O.B. _____

School Name: _____

TO BE APPROVED BY THE HEALTH CARE PROVIDER

Academic Modification: QACPS ensures that every student's learning environment meets their needs with any modifications indicated so they may still learn in the least restrictive environment.

Adapted Physical Education/ Athletic Modifications: Please know that we pride ourselves on high quality physical education classes, which means we are held to high expectations and rigorous standards. Students in our classes are provided with equipment that is best suited to them to meet the standards and perform the skills.

Below are the types of activities and exercises offered from elementary to high school. Please review the table below for the aforementioned student and accept or reject the proposed modification. The activities left blank will have no restrictions.

Classroom	Cleared	Omit	Modification with description
Lighting			
Computers			
Reading			
Volume Levels			
Activites			
Other			

Athletic Skills	Recommendation for Modification	Cleared	Omit
Throwing Overhand			
Throwing Underhand			
Catching			
Passing with Feet			

Passing with Hands			
Dribbling with Feet			
Dribbling with Hands			
Shooting with Feet			
Shooting with Hands			
Striking with Feet			
Sticking with Hands			
Striking with an Implement			
Running in a Game			
Sprinting			
Agility Work			
Walking in a Game			
Jumping			
Transferring Weight			

Movement	Cleared	Omit	Modification with description
Dancing			
Walking			
Running			
Sliding (side to side)			
Steps and Stairs			
Weight Training			
Core Movements			
Upper Movement			
Plyometrics			

Stretching	Cleared	Omit	Modification with description
Upper Body			
Core			
Lower Body			

Unstructured Activity	Cleared	Omit	Modification with description
Recess			

Please provide additional comments that will aid in the modification of physical education for this student:

This authorization is good from: _____ **to** _____.

Student may return to unrestricted activity by _____. Next Exam Date _____

Physicians Information:

Physician Signature: _____ Date _____

Printed Name: _____

Address: _____

Ph.#: _____

Please check if you give permission to call Physician if there are any questions

QACPS Use Only		
Received by Adapted Physical Education Specialists	_____	_____
	Date	Initial
Received by Physical Education Teacher	_____	_____
	Date	Initial
Received by Athletic Director	_____	_____
	Date	Initial
Received by Athletic Trainer	_____	_____
	Date	Initial
Received by School Nurse	_____	_____
	Date	Initial