

Bolton Central School District

Name: _____ Date: _____

**Return to Play Protocol
Symptom free for 24 hours and cleared by Physician**

Day 1 - Low impact, non-strenuous, light aerobic activity.

- Date:
- Activity:
- PE Teacher/coach signature

Day 2 - Higher impact, higher exertion, moderate aerobic activity, no resistance training

- Date:
- Activity:
- PE Teacher/coach signature:

Day 3 - Sport specific non-contact activity. Low resistance weight training with a spotter.

- Date:
- Activity:
- PE Teacher/coach signature:

Day 4 - Sport specific activity, non-contact drills. Higher resistance weight training with a spotter

- Date:
- Activity:
- PE Teacher/coach signature:

Day 5 - Full contact training drills and intense aerobic activity

- Date:
- Activity:
- PE Teacher/coach signature:

Day 6 - Return to full activities and verified by the school medical director

- Date:
- Activity:
- PE Teacher/coach signature:

Medical Director Signature: _____ Date: _____

****If student is an athlete please give athletic director a copy****