Sample Letter 1:  
**Informing Caregivers about a Student’s Concussion**

Dear Parent/Guardian,

On [date] your child _________________________ was diagnosed with a concussion.

Based upon their symptoms and orders from their physician, we have established the following accommodations:

- May require half or shortened days.
- Allow unlimited access to the Health Office.
- No PE or physical activity.
- Allow extra time to complete class work/assignments.
- Reduce homework as possible. (To be discussed with each individual teacher)
- No standardized testing until symptoms have resolved.
- When work is resumed, start with quizzes/tests no longer than 20-minute duration and no more than one per day. If the student does not have symptoms then that testing can be increased as student tolerates.
- Student will meet with teacher to organize a make-up/keep-up schedule.

We believe communication is key to managing this process therefore we ask that:

- You provide any documentation obtained from additional medical appointments so accommodations can be adjusted to meet your child’s individual needs.
- If your child is going to be late, dismissed early, or absent because of the concussion, please call the office and specify this reason so the absence can be excused.
- Your child should meet with his/her guidance counselor as needed to maintain/organize a work schedule.
- Your child should meet with individual teachers to discuss their progress toward goals and plan a make-up/keep-up with academic work.

Based on state regulations regarding concussion, please note the following:

- All students must be cleared by their medical provider before returning to physical activity and full academic workload. There are no exceptions to this. You can use the Medical Clearance form that has been provided or provide alternative written documentation from your doctor to satisfy this requirement.
- All students who are athletes (during any season) must be cleared as above before returning to play. This process requires communication with the Athletic Trainer, documentation from your physician and a graduated return to play. We recommend your child meet with the Athletic Trainer at their earliest convenience to discuss a specific plan.

If you have any questions or concerns please contact either your student’s guidance counselor or the Health Office.

Thank you,

____________________________________, R.N.