Date: [Date]

To: [Academic Office/Teachers/Coaches]
From: [Athletic Department/Medical Staff Name]
Subject: Concussion Status and Activity Clearances

Student-Athlete Name: [Student Name]
Date of Injury: [Date of Injury]

This letter serves to inform you of the current medical status regarding the student-athlete named above, who has been diagnosed with a concussion.

Current Status:

- [ ] **Stage 1:** Cognitive and Physical Rest (No school, no sports)
- [ ] **Stage 2:** Light Cognitive Activity (Modified school attendance, no physical activity)
- [ ] **Stage 3:** Return to School Full-Time (No physical activity)
- [ ] **Stage 4:** Graduated Return-to-Play Protocol (Light aerobic exercise only)
- [ ] **Stage 5:** Full Medical Clearance (Unrestricted school and sports)

Academic Accommodations:

[Insert specific needs: e.g., extra time on tests, reduced screen time, frequent breaks, or no testing at this time]

Physical Restrictions:

The student is strictly prohibited from participating in any practices, games, or physical education classes until further notice or until the protocol stages are officially signed off by the medical staff.

Next Evaluation Date: [Follow-up Date]

If you have any questions, please contact the Athletic Department.

Sincerely,

[Signature]
[Name and Title]
[Contact Information]