



JOHNSBURG - MINERVA ATHLETICS

NAME: _____ **DATE:** _____

Return to Play Protocol

Activities may begin when student is symptom free for 24 hours and cleared by their health care provider.

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

Date: _____

Activity: _____

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

Date: _____

Activity: _____

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

Date: _____

Activity: _____

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

Date: _____

Activity: _____

Day 5 – Full contact training drills and intense aerobic activity.

Date: _____

Activity: _____

Once complete, please give a copy to the School Nurse and the Athletic Coordinator.

Signature: _____ **Date:** _____

Student-Athlete may resume activities only with the Medical Director's Final Approval.

Medical Director Clearance Date: _____