



CONCUSSION MANAGEMENT

Procedures

1.0 Roles and Responsibilities

1.1. Role of Senior Administration:

Senior Administration will:

- 1.1.1. Conduct an annual review of the Concussion Management Protocol and Board supporting documents to ensure that they align with the current best practices, and at minimum, the Ophea Concussion guidelines and Ontario School Boards' Insurance Exchange (OSBIE) requirements.
- 1.1.2. Ensure that concussion awareness training is made available to all relevant school staff and volunteers, including the signs and symptoms of concussion, immediate action to take if a concussion is suspected, prevention strategies and other information as appropriate to their roles.
- 1.1.3. Ensure that concussion awareness and education strategies are made available to students and parents/guardians (websites, hand-outs, newsletters, team meetings, curriculum, etc.).
- 1.1.4. Provide support to school administrators and staff to ensure implementation of the concussion procedures and Return to School Plan.
- 1.1.5. Ensure that information on the concussion procedures is provided to community users of school facilities and licensed third-party care providers not operating Extended Day Programs.

1.2. Role of Principals/Vice-Principals:

Principals and Vice-Principals will:

- 1.2.1. Provide annual awareness training to all relevant staff and volunteers outlined in this policy informing them of the:
 - a) Signs and symptoms of concussions (**Appendix A**);
 - b) Return to school process (**Section 5.0**);
 - c) Their roles and responsibilities (**Section 1.3**).
- 1.2.2. Receive confirmation from each of the following individuals, that an approved [Concussion Awareness Resource](#) was reviewed every school year prior to participation in board-sponsored interschool sports:
 - a) Students participating;
 - b) Parents of students under 18 years of age who are participating;
 - c) Coaches participating;

- d) Team trainers participating;
 - e) Officials participating.
- 1.2.3. Ensure that the relevant Concussion Code of Conduct is reviewed every year prior to participation in board sponsored interschool sports for each of the following groups:
- a) School staff, support staff, coaches and volunteers participating (**Appendix B**);
 - b) Students participating (**Appendix C**);
 - c) Parents/Guardians of students under 18 years of age who are participating (**Appendix D**).
- 1.2.4. Ensure all staff and coaches are qualified for the classes/sports they are involved in.
- 1.2.5. Ensure all staff and coaches follow the applicable Ophea Safety Guidelines.
- 1.2.6. In the event of a student sustaining or being suspected of sustaining a concussion, ensure that all relevant staff are kept apprised of the student's status.
- 1.2.7. Maintain an inventory of all personal protective equipment (PPE), including but not limited to, the date of purchase, inspection dates and date to be replaced.
- 1.2.8. Ensure all equipment is certified (if applicable), in good condition, is worn properly and is appropriate for the activity.
- 1.2.9. Encourage applicable staff coaches to participate in Standard First Aid training.
- 1.2.10. Ensure that that students and parents/guardians are aware of the concussion protocol and what their roles and responsibilities are.
- 1.2.11. Ensure OSBIE Incident Reports are completed online by the appropriate staff member as required.
- 1.2.12. Ensure incident is documented in Student Information System, under the Student Top Tab, Details side-tab. Add a Medical Alert record with the medical condition = Concussion, and a start date = date concussion occurred.

1.3. Role of school staff, support staff, coaches, volunteers:

School staff, support staff, coaches and volunteers will:

- 1.3.1. Participate in required awareness training and understand and follow Concussion Procedures as outlined in the [DSB1 Concussion Management Policy](#) and the content of the approved [Concussion Awareness Resources](#) available from the Government of Ontario.
- 1.3.2. Commit to the Concussion Code of Conduct (Coach/Team Trainer) (**Appendix B**) for coaches and team trainers who are participating in board-sponsored interschool sports. A signed copy of **Appendix B** must be submitted annually to the school Principal.
- 1.3.3. Be aware of the signs and symptoms of concussions, methods of prevention and the management protocol in the event of a concussion including Return to Learn and Return to Physical Activity Plans.
- 1.3.4. Ensure that the Medical History & Informed Consent/Permission Form for School Teams (**Appendix E**) are completed and on file prior to the student participating in any physical activity.
- 1.3.5. Follow all applicable Ophea Safety Guidelines.

- 1.3.6. Ensure that all equipment used is certified (if applicable), in good condition, worn properly and is appropriate for the activity.
- 1.3.7. Ensure that all activities are age appropriate.
- 1.3.8. Ensure that all skills are taught in order of progression.
- 1.3.9. Ensure that all participants participate in the appropriate safety training prior to performing the task/activity.
- 1.3.10. In the event of an injury, complete the Student/Athlete Concussion Assessment Tool (**Appendix F**).
- 1.3.11. Supervise students at all times.
- 1.3.12. Ensure each team has an emergency action plan.

1.4. Role of Students:

Students will:

- 1.4.1. Complete (students 18 years of age or older and parents/guardians) and return the Medical History & Informed Consent/Permission Form (**Appendix E**) before participating in a school team activity.
- 1.4.2. Commit to the Concussion Code of Conduct for Interschool Sports (Students) (**Appendix C**) for students participating in board-sponsored interschool sports. A signed copy of **Appendix C** must be submitted annually to the team coach.
- 1.4.3. Participate in all safety training and learn to recognize the signs/symptoms of a concussion.
- 1.4.4. Wear any required equipment in the correct manner.
- 1.4.5. Follow all rules and regulations of the activity.
- 1.4.6. Immediately report any concussion symptoms to staff/coaches.
- 1.4.7. Inform staff/coaches if they notice/observe concussion signs in any of their peers.
- 1.4.8. Follow concussion management strategies of their medical practitioner.
- 1.4.9. Understand and follow the Return to School Plan (**Appendix G**) as directed by school staff.

1.5. Role of Parents/Guardians:

Parents and Guardians will:

- 1.5.1. Commit to the Concussion Code of Conduct for Interschool sports (Parent/Guardian) (**Appendix D**) for parents and guardians of students under 18 years of age who are participating in board-sponsored interschool sports. A signed copy of **Appendix D** must be submitted annually to the team coach.
- 1.5.2. Learn the signs and symptoms of concussion and review them with their child/ren (**Appendix A**).
- 1.5.3. Have their child assessed by a medical doctor or nurse practitioner as soon as possible in the event that a concussion is possible.
- 1.5.4. Collaborate with the school and medical doctor or nurse practitioner to manage possible or diagnosed concussions appropriately.

- 1.5.5. Support concussed students with their recovery.
- 1.5.6. Collaborate with school staff and support a student on the Return to School Plan (**Appendix G**) as per the established Board Policy and Operational Procedures on Concussions.
- 1.5.7. Report any non-school related concussion to the school principal so the Return to Learn and Return to Physical Activity Program can be followed.

1.6. Role and Responsibility of Medical Doctors or Nurse Practitioners

Medical Doctors and Nurse Practitioners may:

- 1.6.1. Review The Concussion Signs and Symptoms Form completed by the school.
- 1.6.2. Provide support and medical assistance to the student's recovery process.
- 1.6.3. Participate with the school in the recovery process and in the development or review of a Return to Learn and Return to Physical Activity Plan (**Appendix G**) as applicable.

2.0 Training Requirements

Principals and Vice-Principals will:

- 2.1.** Develop and implement procedures to train school staff and volunteers on concussion, including signs and symptoms, prevention, identification and management as appropriate to their roles;
- 2.2.** Develop strategies to raise awareness and inform students on concussion, their roles and responsibilities and create or use curriculum strands/resources as available;
- 2.3.** Develop strategies to raise awareness of concussion in parent/guardians and inform them of their roles and responsibilities.

3.0 Concussion Prevention and Awareness

As part of the introduction to the class or team, the teacher/coach/supervisor must meet with students to discuss the following:

- a) The rules of the game and the importance of practicing fair play;
- b) The risks for concussion associated with the activity/sport and how to minimize those risks;
- c) The definition and causes of a concussion, signs and symptoms, and dangers of participating in an activity while experiencing the signs and symptoms of a concussion;
- d) The student's responsibility to immediately inform the teacher/coach/supervisor and parent/guardian of any signs or symptoms of a concussion, and to remove themselves from the activity;
- e) The importance of ensuring a student with a suspected concussion is not left alone;
- f) The need for evaluation by a medical doctor where there is a suspected concussion; and
- g) The importance of wearing properly fitted protective equipment.

4.0 Concussion Incident Management

When a student is suspected of having suffered a concussion at school or during a school-organized activity, the teacher/coach/supervisor will manage the incident as outlined below:

4.1. If the student is conscious and a concussion is suspected:

- a) Stop the activity immediately and when safe to do so, remove the student from the activity or game;
- b) Assess the student for signs and symptoms of a concussion using **Appendix F**;
- c) If signs of concussion are not observed, no symptom(s) are reported and the student passes the Quick Memory Function Assessment (which is part of **Appendix F**):
 - i. The student may return to physical activity at the discretion of the teacher/coach/supervisor.
 - ii. The parent/guardian (or emergency contact) must be informed of the incident by the teacher/coach/supervisor on the day of the incident.
- d) If sign(s) of concussion are observed and/or symptom(s) are reported and/or the student fails the Quick Memory Function Assessment (**Appendix F**), medical attention may be required. The teacher/coach/supervisor will:
 - i. Determine whether medical attention is needed immediately.
 - ii. Contact the parent/guardian (or emergency contact) to inform them of the incident, request that the student be picked up immediately and encourage them to have the student examined by a medical doctor or nurse practitioner as soon as possible.
 - iii. Monitor and document any changes (i.e. physical, cognitive, emotional/behavioural) in the student;
 - iv. Not administer any medications to treat the suspected concussion, except where required for other known conditions.
 - v. Stay with student until their parent/guardian (or emergency contact) arrives. The student must not leave the premises without parent/guardian (or emergency contact) supervision.
 - vi. Once the immediate medical needs of the student have been met, inform the School Principal, and complete and file **Appendix F**.

4.2. If the student is unconscious or has experienced any loss of consciousness:

- a) Stop the activity immediately and call 911. Do not move the student and do not remove athletic equipment unless the student is having difficulty breathing.
- b) Stay with the student until emergency medical services arrive.
- c) Contact the student's parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- d) Monitor and document any changes in the student (i.e. physical, cognitive, emotional/behavioural).
- e) If the student regains consciousness, encourage them to remain calm and to lie still.
- f) Do not administer any medications related to the suspected concussion, unless required for another condition.

- g) Once the immediate medical needs of the student have been met, inform the School Principal, and complete and file **Appendix F**.

4.3. When a student has incurred a concussion or a suspected concussion, they must be seen by a doctor or nurse practitioner prior to returning to school. The parent/guardian must inform the school principal of the results of the medical examination and complete Medical Concussion Assessment Form (**Appendix H**).

5.0 Return to School Plan (Appendix G)

This is a multi-step process as established by OPHEA and outlined below. The process is individualized to meet the particular needs of the student. Each step must take a minimum of at least 24 hours and the length of time to complete each step will vary based on the severity of the concussion and the child/youth.

5.1. Return to Learn (Appendix G)

The steps for Return to Learn are as follows:

Step 1: Rest, with limited cognitive and physical activity. This means limited television, computer use, texting, video games, or reading. The student does not attend school during Step 1. Step 1 continues for a minimum of 24 hours and until the student's symptoms/signs begin to improve or the student is symptom/sign-free. Step 1 for a student with a diagnosed concussion is the same for Return to Learn and Return to Physical Activity.

- i. The Return to Learn process is individualized and gradual to meet the particular needs of the student. There is no pre-set formula for developing strategies to assist a student with a concussion to return to their learning activities.

Step 2: Symptoms of Concussion are improving:

- i. During this step, the student requires individualized classroom strategies and/or approaches to return to full learning activities – these will need to be adjusted as recovery occurs.
- ii. At this step, the student's cognitive activity should be increased slowly (both at school and at home) because the concussion may affect their academic performance. Note: Cognitive activities can cause a student's concussion symptoms to reappear or worsen.

Step 3: Student is symptom-free:

Student begins regular learning activities without any individualized classroom strategies and/or approaches. Even when students are symptom-free, they should continue to be closely monitored to see if symptoms/signs return and/or there is a deterioration of work habits or performance.

5.2. Return to Physical Activity (Appendix G)

The steps for return to Physical Activity are as follows:

Step 1: Rest, with limited cognitive and physical activity. This means limited television, computer use, texting, video games, or reading. The student does not attend school during Step 1. Step 1 continues for a minimum of 24 hours and until the student's symptoms/signs begin to improve or the student is symptom/sign-free.

Note: Step 1 for a student with a diagnosed concussion is the same for Return to Learn and Return to Physical Activity.

Step 2: Individual, light aerobic physical activity only while at home such as walking or stationary cycling.

Step 3: Individual, light aerobic physical activity only, at home and at school, such as walking or stationary cycling.

Step 4: Individual activity related to specific sports, e.g. skating in hockey, running in soccer. No body contact.

Step 5: Activities where there is no body contact, such as progressive resistance training, non-contact practice and progression to more complex training drills, e.g. passing drills in football and ice hockey.

Note: Clearance by a medical doctor or nurse practitioner is required before Step 6 (**Appendix I**).

Step 6: Full participation in regular physical activity in non-contact sports following medical clearance. Full training/practice for contact sports.

Step 7: Full participation in contact sports.

5.3. When a student has suffered a concussion (whether at school or elsewhere), and is ready to return to school on a full or part-time basis:

- a) The school principal will obtain the appropriate medical documentation, including **Appendix H**. The principal shall work with the parents, staff and student to ensure that an appropriate Return to School strategy is in place.
- b) The Principal or designate shall ensure that the teaching staff involved with the student are informed of the Return to School Plan and the need for possible accommodations. Staff can also help by observing changes in a student, including symptoms that may be worsening.
- c) The classroom teacher(s) shall implement any educational accommodations (as deemed appropriate by the Principal or designate) as the student suffering from a concussion returns to school.
- d) In consultation with the in-school team or the multi-disciplinary team, when appropriate, the Principal may direct further supports for the student or that an Individual Education Plan be developed for a student who is suffering from a concussion.
- e) The Principal or designate shall liaise with the student, staff and parents to monitor the Return to School Plan and adjust accommodations as required until the student has successfully resumed normal activity.
- f) At any time during the Return to School Plan, the student and/or parent/guardian must advise the school if the student experiences a return of any concussion symptoms so that the plan may be modified accordingly and, where appropriate, a medical examination may be required.

Appendices

Appendix A: Common Signs and Symptoms of a Concussion
Appendix B: Concussion Code of Conduct for Interschool Sports (Coach / Team Trainer)
Appendix C: Concussion Code of Conduct for Interschool Sports (Students)
Appendix D: Concussion Code of Conduct for Interschool Sports (Parent / Guardian)
Appendix E: Medical History and Informed Consent
Appendix F: Tool to Identify a Suspected Concussion
Appendix G: Return to School Plan
Appendix H:
Appendix I:

References

Government of Ontario – Rowan’s Law: Concussion Awareness Resources:
<https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>

Parachute.ca – Canada’s national charity dedicated to injury prevention:
<https://parachute.ca/en/injury-topic/concussion/>

Policy 2.1.36 – Concussion Management:
<https://docushare.dsb1.ca/docushare/dsweb/Get/Document-86129/2.1.36.pdf>

Policy/Program Memorandum No.158 – School Board Policies on Concussion:
<http://www.edu.gov.on.ca/extra/eng/ppm/ppm-158-jan-2020.pdf>



APPENDIX A

COMMON SIGNS AND SYMPTOMS OF A CONCUSSION

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion should be suspected in the presence of **any one or more** of the following signs or symptoms:

Possible Signs Observed <i>A sign is something that will be observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i>	Possible Symptoms Reported <i>A symptom is something the student will feel/report.</i>
<p>Physical</p> <ul style="list-style-type: none"> • vomiting • slurred speech • slowed reaction time • poor coordination or balance • blank stare/glassy-eyed/dazed or vacant look • decreased playing ability • loss of consciousness or lack of responsiveness • lying motionless on the ground or slow to get up • amnesia • seizure or convulsion • grabbing or clutching of head <p>Cognitive</p> <ul style="list-style-type: none"> • difficulty concentrating • easily distracted • general confusion • cannot remember things that happened before and after the injury does not know time, date, place, class, type of activity in which he/she was participating • slowed reaction time (e.g., answering questions or following directions) <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> • strange or inappropriate emotions (e.g., laughing, crying, getting angry easily) <p>Sleep Disturbance</p> <ul style="list-style-type: none"> • drowsiness • insomnia 	<p>Physical</p> <ul style="list-style-type: none"> • headache • pressure in head • neck pain • feeling off/not right • ringing in the ears • seeing double or blurry/loss of vision • seeing stars, flashing lights • pain at physical site of injury • nausea/stomach ache/pain • balance problems or dizziness • fatigue or feeling tired • sensitivity to light or noise <p>Cognitive</p> <ul style="list-style-type: none"> • difficulty concentrating or remembering • slowed down, fatigue or low energy • dazed or in a fog <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> • irritable, sad, more emotional than usual • nervous, anxious, depressed <p>Sleep Disturbance</p> <ul style="list-style-type: none"> • drowsy • sleeping more/less than usual • difficulty falling asleep

Note:

- Signs and symptoms can appear immediately after the injury or may take hours or days to emerge.
- Signs and symptoms may be different for everyone.
- A student may be reluctant to report symptoms because of a fear that they will be removed from the activity, their status on a team or in a game could be jeopardized or academics could be impacted.
- It may be difficult for younger students (under the age of 10), students with special needs or students for whom English/French is not their first language to communicate how they are feeling.
- Signs for younger students (under the age of 10) may not be as obvious as in older students.



CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS (Coach / Team Trainer)

Name: _____ School Year: _____
School: _____

As a coach/team trainer for this school year, I am committed to:

Maintaining a safe learning environment

- I will review and adhere to the School Board's safety standards for physical activity and concussion protocol, as they apply to my sport prior to taking on the responsibility as coach/team trainer
- I will check the facilities and equipment take necessary precautions and bring potential hazards to the attention of the students.
- I will provide and maintain a safe learning environment for my students and uphold a culture of safety-mindedness.
- I will inform students and their parent/guardian (for students under the age of 18) about the risks of a concussion or other potential injuries associated with the sport and ways to minimize those risks.

Fair play and respect for all

- I will demonstrate a commitment to fair play and will respect my students, opponents, officials, and spectators.
- I will not pressure a student to participate in practices or games/competitions if they are injured.

Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions

- I will teach students the rules of the sport and will provide instructions about prohibited play.
- I will strictly enforce, during practice and competition, the consequences for prohibited play.
- I will accept and respect the decisions of officials and the consequences for any prohibited play.

Implementing the skills and strategies of an activity in a proper progression

- I will instruct students in training and practices using the proper progression of skills and strategies of the sport.
- I will encourage students to ask questions and seek clarity regarding skills and strategies they of which they are unsure.

Providing opportunities to discuss potential issues related to concussions

- I will provide opportunities by creating an environment for student discussions/conversations related to suspected and diagnosed concussions, including signs and symptoms, questions, and safety concerns, throughout the day, including before and after practice and competition.

Concussion recognition and reporting

- I have read and am familiar with an approved Concussion Awareness Resource identified by the school board: <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>.
- I will emphasize the seriousness of a concussion to my students along with outlining the signs and symptoms of a concussion.
- I will provide instruction to students about the importance of removing themselves from the sport and reporting to a coach/team trainer or caring adult if they have signs or symptoms of a concussion.
- I will provide instruction to students about the importance of informing the coach/caring adult when they suspect a teammate may have a concussion.
- I will immediately remove from play, for assessment, any student who receives a jarring/significant impact to the head, face, neck, or elsewhere on the body and adhere to the School Board’s concussion protocol prior to allowing return to physical activity.

Acknowledging the importance of communication between the student, parent, school staff, and any sport organization with which the student has registered

- I will support and adhere to a process for communication to take place between myself and the student, parent/guardian, and relevant school staff.
- I will promote the importance of communication about a suspected or diagnosed concussion between the student, parent/guardian, and all sport organizations with which the student has registered.

Supporting the implementation of a Return to School Plan for students with a concussion diagnosis

- I will support the implementation of the Return to School Plan for students with a diagnosed concussion.

Prioritizing a student’s return to learning as part of the Return to School Plan

- I understand the need to prioritize a student’s return to learning as part of the Return to School Plan.
- I will follow the Return to School Plan and make sure a student diagnosed with a concussion does not return to training, practice, or competition until permitted to do so in accordance with the Return to School Plan.

I have read and understand all pages (2) of this code of conduct.

I have reviewed an approved Concussion Awareness Resource every school year prior to participation in board-sponsored interschool sports.

Signature

Date



CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS (Students)

Name: _____ School Year: _____
School: _____

As a student for this school year, I am committed to:

Maintaining a safe learning environment

- I will bring any potential issues related to the safety of equipment and facilities to the attention of the coach.
- I will wear the protective equipment for my sport and wear it properly.

Fair play and respect for all

- I will show respect for my teammates, opponents, officials, spectators, and practice fair play.
- I will not pressure injured teammates to participate in practices or games/competitions.

Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions

- I will learn and follow the rules of the sport and follow the coach's instructions prohibiting behaviours that are considered high-risk for causing concussions.
- I will respect and accept that the coach will strictly enforce, during practice and competition, the consequences for dangerous behaviour.
- I will respect and accept the decisions of the officials and the consequences for any behaviours that are considered high-risk for causing concussion.

Implementing the skills and strategies of an activity in a proper progression

- I will follow my coach's instructions about the proper progression of skills and strategies of the sport.
- I will ask questions and seek clarity for any skills and strategies of which I am unsure.

Providing opportunities to discuss potential issues related to concussions

- I will talk to my coach or caring adult if I have questions or issues about a suspected or diagnosed concussion or about my safety in general.

Concussion recognition and reporting

- I have read and am familiar with an approved Concussion Awareness Resources provided by my coach: <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>.
- I will remove myself immediately from any sport and will tell the coach or caring adult if I think I might have a concussion.
- I will tell the coach or caring adult immediately when I think a teammate might have a concussion.

- I understand that if I receive a jarring impact to the head, face, neck, or elsewhere on my body that is observed by or reported to the coach, that I will be removed immediately from the sport, and:
 - I am aware that when I have signs or symptoms I should go to a medical doctor or nurse practitioner to be diagnosis as soon as reasonably possible that day, and will report the results to appropriate school staff.
 - I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and I must stop physical activities and be monitored for the next 24 hours.
- If no signs or symptoms appear after 24 hours, I will inform the appropriate school staff and I can then be allowed to participate.
- If signs or symptoms begin, I will be assessed by a medical doctor or nurse practitioner as soon as reasonably possible that day and will report the results to appropriate school staff.

Acknowledging the importance of communication between the student, parent, school staff, and any sport organization with which the student has registered

- I will communicate with my coaches, parent/guardian, and school staff and any sport organization with which I am registered about a suspected or diagnosed concussion or general safety issues.

Supporting the implementation of a Return to School Plan for students with a concussion diagnosis

- I understand that I will have to follow the Return to School Plan if diagnosed with a concussion.
- I understand I will not be able to return to full participation, including practice or competition until permitted to do so in accordance with the School Board’s Return to School Plan.
- I understand that I will need a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in “non-contact sports” or returning to a practice that includes full contact in “contact sports”.

Prioritizing a student’s return to learning as part of the Return to School Plan

- I will follow the recovery stages and learning strategies proposed by the collaborative team for my Return to School Plan.

I have read and understand all pages (2) of this code of conduct.

I have reviewed an approved Concussion Awareness Resource every school year prior to participation in board-sponsored interschool sports.

Signature

Date



**CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS
(Parent / Guardian)**

Parent Name: _____	School Year: _____
Student Name: _____	School: _____

As a parent/guardian of a student for the school year, I am committed to:

Maintaining a safe learning environment

- I will encourage my child to bring potential issues related to the safety of equipment and the facilities to the attention of the coach.
- I will ensure the protective equipment that we provide is properly fitted as per the manufacturer's guidelines, in good working order, and suitable for personal use.

Fair play and respect for all

- I will follow the school board's fair play policy and will support it by demonstrating respect for all students, coaches, officials, and spectators.
- I will encourage my child to demonstrate respect for teammates, opponents, officials, and spectators and to follow the rules of the sport and practice fair play.
- I will not pressure my child to participate in practices or games/competitions if they are injured.

Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions

- I will encourage my child to learn and follow the rules of the sport and follow the coach's instructions about prohibited play
- I will support the coach's enforcement of consequences during practices and competition regarding prohibited play.
- I will respect the decisions of officials and the consequences for my child for any prohibited play.

Implementing the skills and strategies of an activity in a proper progression

- I will encourage my child to follow their coach's instructions about the proper progression of skills and strategies of the sport.
- I will encourage my child to ask questions and seek clarity regarding skills and strategies they of which they are unsure.

Providing opportunities to discuss potential issues related to concussions

- I will encourage my child to participate in discussions/conversations related to concussions, including signs and symptoms, with the coach or caring adult.
- I will encourage my child to talk to their coach/caring adult if they have any concerns about a suspected or diagnosed concussion or about their safety in general.

Concussion recognition and reporting

- I have read and am familiar with an approved Concussion Awareness Resource identified by the school board <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>.

- I understand that if my child receives a jarring impact to the head, face, neck, or elsewhere on the body that is observed by or reported to the coach my child will be removed immediately from the sport, and:
 - I am aware that if my child has signs or symptoms of a suspected concussion they should be taken to a medical doctor or nurse practitioner for a diagnosis as soon as reasonably possible that day and I will report any results to appropriate school staff.
 - I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and in these cases my child must stop all physical activities and be monitored at home and at school for the next 24 hours.
- If no signs or symptoms emerge after 24 hours, I will inform the appropriate school staff and I understand my child will be permitted to resume participation.
- If signs or symptoms emerge, I will have my child assessed by a medical doctor or nurse practitioner as soon as reasonably appropriate that day and will report the results to appropriate school staff.
- I will inform the school principal, coach and/or other relevant school staff when my child experiences signs or symptoms of a concussion, including when the suspected concussion occurs during participation in a sport outside of the school setting.
- I will inform the school principal, coach and/or other relevant school staff any time my child is diagnosed with a concussion by a medical doctor or nurse practitioner.
- I will encourage my child to remove themselves from the sport and report to a coach or caring adult if they have signs or symptoms of a suspected concussion.
- I will encourage my child to inform the coach or caring adult when they suspect a teammate may have sustained a concussion.

Acknowledging the importance of communication between the student, parent, school staff, and any sport organization with which the student has registered

- I will share with the coach, school staff, and/or staff supervisor of all sport organizations with which my child has registered if/when my child has experienced a suspected or diagnosed concussion or general safety issues.

Supporting the implementation of a Return to School Plan for students with a concussion diagnosis

- I understand that if my child has a suspected or diagnosed concussion, they will not return to full participation, including practice or competition, until permitted to do so in accordance with the School Board’s Return to School Plan.
- I will ensure my child receives a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in “non-contact sports” or returning to a practice that includes full contact in “contact sports”.

Prioritizing a student’s return to learning as part of the Return to School Plan

- I will follow the recovery stages and learning strategies proposed by the collaborative team for my child as part of the Return to School Plan.

I have read and understand all pages (2) of this code of conduct.

I have reviewed an approved Concussion Awareness Resource every school year prior to participation in board-sponsored interschool sports.

Parent/Guardian Signature _____
Date



INFORMATION LETTER TO PARENTS/GUARDIANS AND MEDICAL HISTORY & INFORMED CONSENT

Part A: Information Letter (please retain this page for your information)

Dear Parent/Guardian,

Physical activity is essential for normal, healthy growth and development. Growing bones and muscles require not only good nutrition, but also the stimulation of vigorous physical activity to increase the strength and endurance necessary for a physically active lifestyle. Active participation in physical activities provides opportunities for students to develop the skills and confidence necessary to play and work co-operatively with their peers. Students learn to be independently physically active and to make positive decisions regarding personal fitness and the value of physical activity in their daily lives.

ELEMENTS OF RISK NOTICE

The risk of injury exists in every athletic activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries, including those that affecting the head (concussions), neck or back. These injuries result from the nature of the activity and can occur without fault on either the part of the student, the school board or its employees/agents or the facility where the activity is taking place. The safety and well-being of students is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks inherent in physical activity.

Student Accident Insurance Notice:

District School Board Ontario North East does not provide any accidental death, disability, dismemberment/medical/dental expense insurance for student participation in school sponsored activities (e.g., curricular, intramural and interschool). For insurance coverage of injuries, parents/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice.

In the interest of safety, students must:

1. Wear appropriate attire for safe participation (e.g., t-shirt, shorts or track pants). Running shoes that provide good support and traction are a minimum requirement.
2. Not wear hanging jewelry (e.g., necklaces, hoop earrings). In some activities (e.g., tag games), no jewelry can be worn. Jewelry which cannot be removed must be taped or covered.

In the interest of safety, we strongly recommend:

1. Students have an annual medical examination.
2. Students bring emergency medications (e.g., asthma inhalers, epinephrine auto injectors) to all activities involving physical activity.
3. Students remove eyeglasses during DPA, physical education classes and intramurals. If eyeglasses cannot be removed, the student must wear an eyeglass strap and shatterproof lenses;
4. Students must be made aware of ways to protect themselves from environmental conditions (e.g., use of hats, sunscreen, sunglasses, access to liquid replacement, insect repellent, appropriate clothing).
5. A safety inspection is carried out at home of any equipment brought to school for personal use in class, physical education and/or intramural/club activities (e.g., skis, skates, helmets).

Part B – Medical History & Informed Consent

Parent/Guardians are requested to complete the following medical information form, acknowledgement of Elements of Risk Notice and request to participate in physical education and/or intramural activities and return to their child/ward’s teacher.

PLEASE NOTE: FREEDOM OF INFORMATION- The information provided on this form is collected pursuant to the Board’s education responsibilities as set out in the Education Act and its regulations. This information is protected under the Municipal Freedom of Information and Protection of Privacy Act. Any questions with respect to this information should be directed to your school principal.

Name of Student: _____ Grade: _____

Name of Teacher: _____

(Where your child’s/ward’s condition is confidential or requires further explanation you are requested to contact the school administrator.

Date of last complete medical examination: _____

Date of last tetanus immunization: _____

Is your child/ward allergic to any drugs, food or medication/other? **Yes** **No**

If yes, provide details _____

1. Medic Alert Information: Does your child/ward have a:

Medical alert bracelet? **Yes** **No**

Neck chain? **Yes** **No**

Medical alert card? **Yes** **No**

If yes, please specify what is written on it: _____

2. Medications: Does your child/ward take any prescription drugs? **Yes** **No**

If yes, provide details _____

What medication(s) should be accessible during the school day or sport activity?

Who should administer the medication? _____

3. Oral, Hearing, and Visual Appliances: Does your child/ward wear:

Eyeglasses? **Yes** **No**

Contact lenses? **Yes** **No**

Orthodontic appliance? **Yes** **No**

Crowns? **Yes** **No**

Hearing aid? **Yes** **No**

4. Medical Conditions: Please indicate if your child/ward has been diagnosed as having any of the following medical conditions and provide pertinent details.

Has your child/ward been identified as anaphylactic? **Yes** **No**

If yes, does he/she carry an epinephrine auto injector (e.g., EpiPen/Allerject)? **Yes** **No**

Check any that apply and provide relevant details:

- | | | | |
|--|------------------------------------|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Type I Diabetes | <input type="checkbox"/> Type II Diabetes |
| <input type="checkbox"/> Heart disorders | <input type="checkbox"/> Allergies | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Other |

5. Physical Ailments: Check any that apply and provide relevant details:

- | | | |
|--|--|---|
| <input type="checkbox"/> arthritis or rheumatism | <input type="checkbox"/> spinal conditions | <input type="checkbox"/> orthopaedic conditions |
| <input type="checkbox"/> chronic nosebleeds | <input type="checkbox"/> fainting | <input type="checkbox"/> trick or lock knee |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> headaches | <input type="checkbox"/> hernia |
| <input type="checkbox"/> swollen, hyper-mobile or painful joints | | |

Head or back conditions or injuries, including any diagnosed concussions (in the past two years)

Please indicate any other medical condition that will limit active participation:

If your child/ward is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school physical activity, the Medical Concussion Form (**Appendix H**) must be completed before the student returns to physical education classes, Daily Physical Activity, intramural activities and interschool practices and competitions. This form can be obtained at the school office. If required, a Return to Learn and/or Return to Play Plan will be developed to assist in their recovery.

Elements of Risk Notice: I acknowledge and have read the Elements of Risk notice outlined in Part A of this Appendix.

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Physical Activity Permission: I give permission for my child/ward to participate in physical activity in class and in intramural clubs.

Parent/Guardian Signature: _____ Date: _____



TOOL TO IDENTIFY A SUSPECTED CONCUSSION

This tool is a quick reference, to be completed by teachers/coaches, to help identify a suspected concussion and to communicate this information to the parent/guardian.

Following an impact to the head, face or neck, or an impact elsewhere on the body that transmits a force to the head, a concussion must be suspected in the presence of **any one or more** of the signs or symptoms below **and/or** the failure of the Quick Memory Function Assessment. The individual responsible for that student must follow the steps within this tool immediately.

Student Name: _____

Date: _____

Location: _____

Time of Incident: _____

STEP 1: Red Flag Signs and Symptoms:

If any one or more red flag signs or symptoms are present, call 911, followed by a call to parents/guardians/emergency contact:

- Deteriorating conscious state
- Double vision
- Increasingly restless, agitated or combative
- Loss of consciousness
- Neck pain or tenderness
- Seizure or convulsion
- Severe or increasing headache
- Vomiting
- Weakness or tingling/burning in arms or legs

If Red Flags are identified, proceed to Step 4.

STEP 2: Other Signs and Symptoms

If Red Flags are not identified, continue and complete the steps as applicable.

• Check Visual Cues (What you see)

- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Blank or vacant look
- Disorientation or confusion, or an inability to respond appropriately to questions
- Facial injury after head trauma
- Lying motionless on the playing surface (no loss of consciousness)
- Slow to get up after a direct or indirect hit to the head

• **Check Reported Symptoms (What student feels)**

- | | |
|---|---|
| <input type="checkbox"/> Balance problems | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Blurred vision | <input type="checkbox"/> More emotional |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> More irritable |
| <input type="checkbox"/> Difficulty remembering | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Nervous or anxious |
| <input type="checkbox"/> "Don't feel right" | <input type="checkbox"/> "Pressure in head" |
| <input type="checkbox"/> Drowsiness | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Fatigue or low energy | <input type="checkbox"/> Sensitivity to light |
| <input type="checkbox"/> Feeling like "in a fog" | <input type="checkbox"/> Sensitivity to noise |
| <input type="checkbox"/> Feeling Slowed down | |

If any sign or symptom worsens, call 911.

STEP 3 – Perform Quick Memory Function Assessment

Ask the student the following questions, recording the answers below.

Failure to answer any one of the questions correctly indicates a suspected concussion.

Questions may need to be modified for very young students, the situation/activity/sport, and/or students receiving special education programs and services.

- What room are we in right now? Answer: _____
- What activity/sport/game are we playing now? Answer: _____
- What field are we playing on today? Answer: _____
- Is it before or after lunch? Answer: _____
- What is the name of your teacher/coach? Answer: _____
- What school do you go to? Answer: _____

STEP 4: Actions to be Taken:

- If there are **any** signs observed or symptoms reported, or if the student fails to answer any of the above questions **correctly**, a concussion should be suspected.
 1. The student must be immediately removed from play and must not be allowed to return to play that day even if the students states that they are feeling better.
 2. A parent/guardian should be contacted and the student released to them. They must not leave the premises without parent/guardian (or emergency contact) supervision.
 3. The student must not:
 - a. Drive a motor vehicle until cleared to do so by a medical doctor or nurse practitioner;
 - b. Take medications except for life threatening medical conditions (ex., diabetes, asthma).
 4. Send a copy of this form home with the student, as well as a copy of the Medical Concussion Form (**Appendix H**).
 5. Inform that parent/guardian (or emergency contact) that the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner for diagnosis.

6. Inform the principal of the incident, and follow the Return to Learn and Return to Physical Activity Plan.

OR

- If there are no signs observed or symptoms reported, a concussion could still have occurred.
 1. The student must stop participation immediately and must not be allowed to return to play that day even if they state that they are feeling better.
 2. Inform the parent/guardian of the incident.
 3. Send a copy of this form home with the student.
 4. Advise the parent/guardian to monitor the student for 24-48 hours following the incident, as signs and symptoms may take hours or days to emerge:
 - If any red flags emerge call 911 immediately;
 - If any other signs and/or symptoms emerge, the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner;
 - The parents/guardians communicate the results of the medical assessment to the appropriate school personnel using a Medical Assessment Form (Appendix H);
 - If after 24 hours of monitoring no signs and/or symptoms have emerged, the parents/guardians communicate the results to the appropriate school official. The student is permitted to resume physical activities. Medical clearance is not required.
 5. Inform the principal of the incident.

STEP 5: Summary & Parent/Guardian Communication

Your child/ward was checked for a suspected concussion (that is, Red Flags, Other Signs and Symptoms, Quick Memory Function Check) with the following results:

- Red Flag signs were observed and/or symptoms reported and emergency medical services (EMS) called.
- Other concussion signs were observed and/or symptoms reported and/or the student failed to correctly answer all the Quick Memory Function questions.
- No signs or symptoms were reported, and the student correctly answered all of the questions in the Quick Memory Function Check but a possible concussion event was recognized. Continued monitoring is required (consult Step 4).
 - Parents/Guardians must communicate to the principal/designate the results of the 24 hour monitor period, with either the results of a medical assessment or a confirmation that no signs or symptoms of a concussion were observed or reported.

Teacher/Coach/Supervisor Name (please print): _____

Teacher/Coach/Supervisor Signature: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____



RETURN TO SCHOOL PLAN

A Return to School Plan is a personalized strategy to support a student's Return to Learning (RTL) and Return to Physical Activity (RTPA) after suffering a concussion.

The management of a student concussion is a shared responsibility, requiring regular communication between the home, school and support organizations with which the student may be involved, and with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare providers (ex., nurses, physiotherapists).

There are two parts to a student's RTL and RTPA plan. The first part occurs at home and prepares the student for the second part which occurs at school. The school part of the plan will begin with a meeting with the principal/designate to provide the parent with information on the school part of the RTL and RTPA plan, and discussion around possible strategies and/or approaches for student learning.

Parents, guardians and care givers may find useful charts outlining a general strategy for a student's return to school and return to sport at Parachute Canada (<https://parachute.ca/en/injury-topic/concussion/>), along with wide variety of other excellent information and resources. If you or your child has been diagnosed with a concussion it is recommended that you reach out to this resource and/or to the Government of Ontario resources (available at <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>) for a review of what to expect and how to promote healing.

This form is to be used by parents/guardians to communicate their child's/ward's progress through the plan.

Notice of Collection of Personal Health Information

District School Board Ontario North East is committed to the security and confidentiality of information under its control, and to the protection of privacy with respect to personal and confidential information that is collected, used, disclosed and retained in the system (*Protection of Privacy and Information Management*).

Information on this Form is collected under the legal authority of the Education Act and its regulations, and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Information collected on this form will be used to assess the student's *Return to Learn* and *Return to Physical Activity* under the Concussion Management Procedures.

This form will be retained in the OSR by the registering school for one (1) year after retirement/transfer of the student. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Questions or concerns about the collection of data on this form should be directed to the principal of the school.

- The Return to Learn/Return to Physical Activity Plan is a combined approach.
- Step 2 – Return to Learn must be completed prior to the student returning to physical activity.
- **Each step must take a minimum of 24 hours**
- For the care of the student, all steps must be followed.

RETURN TO SCHOOL PLAN - PART 1: Home Concussion Management

This stage of the plan occurs at home under the supervision of the parent/guardian in consultation with the medical doctor/nurse practitioner and/or other licensed healthcare providers.

A student moves forward to the next stage when the activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. If symptoms return or new symptoms appear at any point, the student should return to the previous stage for a minimum of 24 hours and only participate in activities that can be tolerated.

If at any time symptoms worsen, the student/parent/guardian should contact the medical doctor/nurse practitioner or seek medical help immediately.

While the RTL and RTPA stages are inter-related they are not interdependent. Students do not have to go through the same stages of RTL and RTPA at the same time. Progression through the plan is individual, and timelines and activities may vary.

This plan does not replace medical advice.

STEP 1 – Return to Learn/Return to Physical Activity

- *Completed at home*
- *Cognitive Rest – includes limiting activities that require concentration and attention (e.g. reading, texting, television, computer, video/electronic games).*
- *Physical Rest – includes restricting recreational/leisure and competitive physical activities.*

My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and their **symptoms have shown improvement**. My child/ward will proceed to Step 2 – Return to Learn. Use **Appendix G, page 3**.

My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and is **symptom free**. My child/ward will proceed directly to Step 3 – Return to Learn and Return to Physical Activity.

Parent/Guardian Signature: _____ Date: _____

Principal Signature: _____ (Place copy of this page in OSR)

RETURN OF SYMPTOMS (for use at any point during the Return to School Plan)

My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:

Step ____ of the Return to Learn/Return to Physical Activity Plan.

Parent/Guardian Signature: _____ Date: _____

(Place copy of this page in OSR)

Comments:

RETURN TO SCHOOL PLAN - PART 2: School Concussion Management

This stage of the plan occurs at school, with the support of the parent/guardian. This begins with the submission of a signed Step 1 of this appendix, and a meeting the parent/guardian, student, and principal/designate. This meeting will outline the steps of the school RTL and RTPA, as well as discuss specific supports and strategies for the students return to learning and to physical activity.

If at any time symptoms worsen, staff will contact the student’s parent/guardian, and seek medical help immediately if required.

Advancement through the stages is always done with parent/guardian approval, and this form will document this process. Home/school communication is essential to ensure the well-being of the student.

If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section on page 1 of this form.

STEP 2 – Return to Learn

- *Student returns to school.*
- *Student makes a gradual return to the instructional day.*
- *Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity.*
- *Physical rest – includes restricting recreational/leisure and competitive physical activities. Student may participate in individual, light aerobic physical activity, such as walking or stationary cycling, only while at home and at the discretion of the parent/guardian.*

My child/ward has been receiving individualized classroom strategies and/or approaches and is **symptom free**. My child/ward will proceed to Step 3 – *Return to Learn and Return to Physical Activity*.

Parent/Guardian signature: _____ Date: _____

Principal Signature: _____ (Place copy of this page in OSR)

STEP 3 – Return to Learn and Return to Physical Activity

- *Student returns to regular learning activities at school.*
- *Student can participate in individual light aerobic physical activity only.*
- *Student continues with regular learning activities.*

My child/ward is symptom free after participating in light aerobic physical activity. My child/ward will proceed to Step 4 – *Return to Physical Activity*.

Parent/Guardian will correspond with teacher/coach/supervisor for Steps 4 and 5a.

Parent/Guardian Signature: _____ Date: _____

Principal Signature: _____ (Place copy of this page in OSR)

STEP 4 – Return to Physical Activity

- Student may begin individual sport-specific activities only

STEP 5a – Return to Physical Activity

- Student may begin activities where there is no body contact (e.g. dance, badminton); light resistance/weight training; non-contact sport-specific drills.

My child/ward has successfully completed Steps 4 and 5a and is symptom free.

Parent/Guardian Signature: _____ Date: _____

(Place copy of this page in OSR)

STEP 5 – Return to Physical Activity

- To be completed by school principal when Parent/Guardian submits **Appendix I**

Parent/Guardian has obtained medical doctor/nurse practitioner diagnosis and signature (**Appendix I**) before proceeding to Step 6.

Principal Signature: _____ Date: _____

(Place copies of this page and Appendix I in OSR)

STEP 6 – Return to Physical Activity

- Student may resume regular physical education/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

STEP 7 – Return to Physical Activity

- Student may resume full participation in contact sports with no restrictions including games with parent permission.

Parent/Guardian Permission:

My child/ward is symptom free after participating in activities in practice where there is body contact and has permission to participate fully including games.

Parent/Guardian Signature: _____ Date: _____

(Place copy of this page in OSR)

Comments:



MEDICAL CONCUSSION ASSESSMENT FORM

This form is provided to a student that demonstrates or reports concussions signs and/or symptoms. If the injury or event occurred at school or during a school event, a copy of this form will be provided in addition to the Concussion Assessment Tool (**Appendix F**) used in evaluating the student.

Student Name: _____ **Date:** _____

The student must be assessed as soon as possible by a medical doctor or nurse practitioner. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical assessment, and submit this form with signatures.

If the concussion event occurred outside of school, this form may be completed and signed by the parent/guardian, and a medical note from the doctor/nurse practitioner may be submitted in place of a signature on this form.

Results of Medical Assessment

- The above-named student has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- The above-named student has been examined and **a concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to Learn and Return to Physical Activity Plan.
 - School must document incident in Student Information System** (Student Top Tab, Details side-tab: Add Medical Alert record)
- The above-named student has been assessed and a concussion has not been diagnosed by the assessment led to the following diagnosis and recommendations:

Comments:

Medical Doctor / Nurse Practitioner: Name: _____

Signature: _____ Date: _____

Parent/Guardian: Name: _____

Signature: _____ Date: _____



MEDICAL CONCUSSION CLEARANCE FORM

This form is for students who have completed all steps of the Return to Learn (RTL) Plan, and have completed up to Step 5 of the Return to Physical Activity (RTPA) Plan.

The student must be medically cleared by a medical doctor/nurse practitioner prior to moving on to full participation in non-contact physical activities and full contact practices (RTPA Step 6).

Completed form is to be filed in the student's OSR, with the Return to School form.

Student Name: _____

Date: _____

I have examined this student and confirm they are medically cleared to participate as indicated below:

- Student may resume regular physical education/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.
- Student may resume full participation in contact sports with no restrictions, including games with parent permission.

Other comments:

Medical Doctor / Nurse Practitioner:

Name: _____

Signature: _____

Date: _____

A student who has received Medical Clearance and has a recurrence of symptoms or new symptoms appear, must immediately remove themselves from play, inform their parent/guardian/teacher/coach, and return to medical doctor or nurse practitioner for Medical Clearance reassessment before returning to physical activity.