



**OTTAWA
CATHOLIC
SCHOOL BOARD**

Support Document for Concussion Related Brain Injuries

July 2015

New for October 2015 *(in red text)*

- Update to information sheet and chart name (pgs 4, 5 and 12)
- Updates to descriptions of steps 3-7 (pgs 5, 12 and 16)
- 'Medically' added to 'Concussion Diagnosed' (p 11)
- Layout of forms updated (pgs 13 and 15)
- Addition of column for P/VP initials (p 16)
- Updates to forms (pgs 17 and 18)
- New form added (p 19)



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CONCUSSIONS: WHAT YOU NEED TO KNOW

A Note for Teachers, Administrators, Coaches, Parents/Guardians

Recognizing and Understanding Concussions, Procedures for Diagnosed Concussions and Awareness of the Serious Consequences of Brain Injuries.

The Ottawa Catholic School Board takes every reasonable precaution to protect a student from a head injury and possible concussion. Whether incurred at play or by incidental contact, all head injuries are treated as serious and will be reported to parents/guardians.

Concussions can occur in any activity, including non-sporting activities by a direct blow to the head or an indirect blow resulting in brain injury (e.g. whiplash). Simply explained, a concussion is mainly a result of an impact to the head that causes the brain to strike the inside of the skull with force. These impacts can range from very mild (i.e. a person striking their head during a low-speed impact) to critical brain damage as a result of a high-force impact.

The Canadian Medical Association* has indicated that by the time a child reaches the age of ten years, approximately 18% will have suffered at least one concussion. A significant number of these children have been reported to have on-going symptoms long after the initial injury. (*Getting Clear about Concussion Care: Abstract).

The signs and symptoms of concussion can be subtle and may not be immediately apparent. Symptoms can last for days, weeks or longer periods. Signs and symptoms of concussion/head injury may include:

Headache/pressure in head after a blow to the head; temporary loss of consciousness; dizziness or confusion or amnesia.

Physical symptoms may include “ringing in the ears”, nausea, vomiting, fatigue, sleep disorders and sensitivity to light and sound.

Psychological and cognitive symptoms after a head trauma may include unusual changes in personality (irritability, anger, etc), social adjustment problems, depression and reduction in the ability to concentrate; and changes in the ability to concentrate and memory.

The terms “return to learn” and “return to physical activity” are used in the concussion awareness and treatment documents to underline the fact that head injuries not only have a detrimental effect on a persons’ physical wellbeing, but can severely impede the cognitive processes of concentration, memory and reasoning.



Return to learn “time out” period is a practice where the concussed student must reduce all cognitive and physical activities for at least 24 hours, as it takes at least this amount of time to recognize the severity of the injury. This period may last 24 hours, several days or even weeks. The rationale is that learning and memory difficulties may make it very difficult for the student to concentrate and recall learning during this period.

Return to physical activity “time out” period is a practice that removes the student from the possibility of re-injury during the healing process. This process has several steps that may seem lengthy to a parent/guardian. However, recent international studies of concussion recovery indicate that in some cases even a small amount of physical activity may lead to a re-injury that can have serious and life-time permanent effects of brain injury.

The Ottawa Catholic School Board strongly suggests that all students with a suspected concussion seek medical attention and treatment from a medical doctor or nurse practitioner.

In cases of head or body trauma where the student was for any time unconscious, unresponsive or dazed, the parent is required to seek medical treatment before the student can return to school.

The information sheet “**Medically Diagnosed Concussion Injury**” guides the teacher, administrator and parent/guardian through the process of return to learn and return to physical activity.



Medically Diagnosed Concussion Injury **Information for Parent(s)/Guardian(s) and Medical Doctors/Nurse Practitioners**

When a student is diagnosed by a medical doctor/nurse practitioner with a concussion, a number of documented stages must be completed before the student is permitted to return to full participation in all physical activities and contact sports. There are six phases to the return to learn and return to play process. The student must remain at each step in the process for a minimum of 24/48 hours before proceeding to the next step in the concussion recovery process.

The following information describes each step in the return to learn and return to play process.

Please note that if symptoms return, the student is required to return to a previous step(s)

Step 1 (Return to Learn) Completed at home. Includes cognitive rest that limits activities requiring concentration and attention. For example, reading, texting, watching TV/video/electronic monitors/screens, texting and playing video games should be avoided. Physical recreational activities and all physical contact activities should also be avoided.

Step 2A (Return to Learn) Student returns to school. Contact with the school is required at this step. May require individualized classroom strategies/approaches to learning that will assist the student to gradually increase cognitive skills and tasks requiring concentration. Physical recreational activities and all physical contact activities should be avoided.

Step 2B (Return to Learn) Student returns to regular learning activities at the school. Physical recreational activities and all physical contact activities should be avoided.

Step 3 (Return to light/aerobic activity) Student can participate in non-contact physical activities, e.g. aerobic exercise. A signed *Diagnosed Concussion Injury Form 1 - Completion of Step 2A: Clearance for Return to Learn Step 2B/Return to Physical Activity Step 3* by parent/guardian is required before the student can proceed to this step. (see Appendices)

Step 4 (Return to light physical activity) Student may begin individual sport-specific activities. No activities permitted where there is physical contact. Contact with the school is required at this step.

Step 5 (Return to moderate physical activity) Student may participate in physical activities, non-contact sports and non-contact sport training drills.

Step 6 (Return to full contact physical activities) Student may resume regular physical activity, physical education/intramural activities and league games for non-contact sports and training for contact sport. A signed *Diagnosed Concussion Injury Form 2 - Completion of Step 4: Clearance for Return to Physical Activity (Step 5)* by parent/guardian, which includes signed medical permission, is required before the student can proceed to this step. (see Appendices)

Step 7 (Return to full contact activities) Student may resume full participation in all physical activities including contact sports games.



Community Coach/Supervisor Concussion Awareness and Education

The Coaching Association of Canada offers on-line concussion e-learning modules for coaches for several sports.

The National Coaching Certification Program (NCCP) is delivered in partnership with the Government of Canada, Provincial Governments and Provincial and National sport organizations.

Coaches are able to complete on-line concussion training using the Coaching Association web portal below.

www.coach.ca/making-head-way-concussions-elearning-series-p153487

The concussion e-learning modules include sport (generic), soccer, snowboard, speed skating, freestyle ski, football.

The Coaching Association of Canada also offers free on line (1) What's Your Concussion IQ quiz (2) What Happens During a Concussion and (3) True Concussion Stories.

The Ottawa Catholic School Board recommends all community coaches to complete one of concussion modules and review the three free concussion modules as part of their concussion awareness training.

Completed training information is stored on-line for each participant in their personal "coaching transcript".



Concussion Prevention Planning

The Ottawa Catholic School Board Concussion Prevention Plan includes the following:

1. Review OPHEA Guidelines for each sport to determine that the equipment used and training provided to coaches and students includes concussion awareness.
2. Review and inspect equipment worn by students participating in intramural/competitive sports to ensure proper head protection equipment is being used, the equipment is not damaged or unsafe to use and students are aware that they must wear the head protection equipment at all times when in play.
3. Ensure students and parents are provided with informed consent letters that include the sports the student has requested to participate in and only permit participation by a student who has returned the parental approval consent letter to the teacher/coach.
4. Ensure community coaches have completed documented awareness training for concussions either in classroom or on-line.
5. A Concussion Steering Committee will meet periodically to review the elements included in the Concussion Policy and Support Document for Concussion Related Injuries and establish training and awareness educational initiatives.



APPENDICES



Informed Consent for Student Participation and Acknowledgment of Risks

Please sign and return to the school

Elements of Risk Notice

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. Due to the nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back. Some injuries can lead to paralysis or prove to be life-threatening. Injuries as a result of participation in an activity can occur without fault on either the part of the student, or the school board and its employees or agents, or the facility where the activity is taking place. A student choosing to participate in the activity assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The school board attempts to manage, as effectively as possible, the risk involved for students while participating in school athletics.

Medical Information

Athlete Name:	Date of Birth:
Home Address:	Emergency Contact Name:
Home Phone #	Emergency Contact #
Parent/Guardian Name:	Physician Name:
Work Phone # Cell Phone #	Physician Phone #

Does your son/daughter have allergies to any drugs, food, or medication? Yes ___ No ___

Does your son/daughter wear a medical alert bracelet or carry a card? Yes ___ No ___

Does your son/daughter take any prescription drugs? Yes ___ No ___

If yes, please provide details

What medication should be accessible during the sport activity? _____

Has your son/daughter been identified as an anaphylactic? Yes ___ No ___

If yes, does he/she carry an epinephrine auto injector? Yes ___ No ___



Please indicate any other physical ailments or medical condition that could/will limit participation and provide relevant details.

Should your son/daughter sustain an injury or contract an illness requiring medical attention during the competitive season, notify the coach.

Concussion Information

Anytime an athlete is involved in physical activity, there is a chance of sustaining a concussion. The OCSB follows the safety procedures and protocols in the OPHEA safety guidelines for concussions and the OCSB policy on Concussion Recognition, Intervention and Awareness. In order to help minimize and manage potential concussions, it is imperative for the coach to know about any current/previous hits to the head/neck/body whereby the athlete sustained a concussion. It is also important for the athlete to immediately inform the coach of any signs or symptoms of a concussion.

Has your son/daughter/ward had head or back conditions or injuries, including any diagnosed concussions in the past two years? Yes ____ No ____

Please provide details (when, how long symptoms were sustained)

If your son/daughter/ward is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school physical activity, a signed *Form C4: Diagnosed Concussion Injury - Completion of Step 4: Clearance for Return to Physical Activity (Step 5)* must be completed before the student returns to physical education classes, intramural activities and/or interschool practices and competitions. Request the form from the school administrator.

Acknowledgement of Risks/Informed Consent

I have read and understand the notices of Elements of Risk.

I have read and understand the notices of concussions.

I hereby acknowledge and accept the risk inherent in the requested physical activity and assume responsibility for my son/daughter/ward for personal health, medical, dental and accident insurance coverage.

Signature of Parent/Guardian _____ Date: _____

CHART 1: Steps and Responsibilities for Suspected Concussions

For all suspected concussions/head injuries complete and submit **OSBIE Incident Report** to office

Student:

Receives a blow to the head, face, neck or body that transmits a force to the head

Teacher/Coach/Supervisor

Stop all activity -call 911 if student is unconscious
Refer to **Concussion Signs and Symptoms Form**

Student

No symptoms present
Student can return to play

Student

Concussion SUSPECTED
1 or more symptoms present
Student removed from play

Teacher/Coach/Supervisor

Contact parent/guardian
Provide copy of **Concussion Signs and Symptoms Form**
Recommend monitoring for 24 hours

Teacher/Coach/Supervisor

Notify Parent/Guardian of injury and to pick up student
Provide copy of **Concussion Signs and Symptoms Form**
Provide parent with **Suspected Concussion Injury Form**
Inform principal of suspected concussion

Parent/guardian

Monitors student for 24 hours
No symptoms present

Parent/guardian

Observes symptoms develop within 24 hours

Parent/guardian

Informed that student is to be examined by medical professional
Obtain, sign and return **Suspected Concussion Injury Form** to principal

Student

Can return to full participation including contact games

Principal/VP/designate
Inform appropriate staff of suspected concussion

Student

Medically Concussion Diagnosed
SEE CHART 2
Medically Diagnosed Concussion

	Teacher /Coach/Supervisor
	Student
	Principal/VP/designate
	Parent/Guardian

September 2015 (adapted from OPHEA)

CHART 2: Steps and Responsibilities for **Medically Diagnosed Concussions**

For all concussions/head injuries complete and submit OSBIE Incident Report to office

Parent: Returns **Suspected Concussion Injury form** to principal

SIGNS / SYMPTOMS PRESENT

Step 1-Complete Cognitive and Physical Rest at home
NO screen time or physical activity

Principal/VP/designate
Informs appropriate staff of concussion
Gives parent **Return to Learn/Return to Physical Activity Plan** and **Medically Diagnosed Concussion Injury Forms 1 and 2**

Student can return to school

Parent / Guardian
Informs principal/designate of completion of Step 1 of **Return to Learn/Physical Activity Plan**

SYMPTOMS ARE IMPROVING

Step 2A Return to Learn –Some Symptoms present
Student returns to learn with individualized learning plan including quiet location as needed

Note: No physical activity until student is symptom free

SYMPTOM FREE

Parent: Returns signed **Diagnosed Concussion Injury Form 1** to principal/designate

CAUTION: If at any time symptoms return, all activities must immediately stop and the student's parent/guardian is requested to have student re-examined by a medical doctor/nurse practitioner to determine what step the student must return to.

Step 2B Return to Learn – No Symptoms
Student returns to regular learning activities

Step 3 Return to light/aerobic activity - No symptoms
(eg. walking, non-contact games – limited running, lifting or strenuous exercise)

Parent: Informs principal/designate of completion of step 2b **Return to Learn/Return to Physical Activity form**

Step 4 Return to light physical activity
(eg. skating, exercise programs, non-contact drills, play structures)

Note: a student not involved in any physical activities at school may end the plan after 2B

Step 5 Return to moderate physical activity
(eg. non-contact sports (badminton, sledding, snowshoeing))

Parent: Returns signed **Diagnosed Concussion Injury Form 2** including written documentation of **medical examination and clearance**

Step 6 Return to full contact physical activities (non-competitive)
(eg. sport team practices, track and field, fitness games, Frisbee)

-  Principal/VP/designate
-  Parent/Guardian
-  Teacher/coach/supervisor
-  Student

Step 7 Return to full contact activities (competitive sports)
(eg. soccer, rugby, hockey, basketball, dodge ball)



School Staff: Suspected Concussion Information Form

To be completed by school staff when a student suffers a head injury that could lead to a concussion.

Student Name:	Grade:
Date of injury report:	Time of injury report:
Name of staff member/coach reporting injury:	
Description of incident resulting in head injury	
Action Taken	
<input type="checkbox"/> Parent notified _____ (time) <input type="checkbox"/> Student picked up _____ (time)	<input type="checkbox"/> 911 called <input type="checkbox"/> Student transported to hospital

The student was observed and monitored following the head injury.

- No signs and symptoms (described below) were noted at the time.
- The following signs/symptoms were observed/reported:

Note: Continued monitoring by parent/guardian is recommended as signs/symptoms of a concussion may appear hours/days later.

Possible Signs and Symptoms of Concussion

A concussion must be suspected in the presence of **any one or more** of the following signs and symptoms.

Signs Observed by School Staff/Coach Attending to Student	Symptoms Reported by Student Following the Head Injury
<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Loss of consciousness (even briefly) <input type="checkbox"/> Vomiting <input type="checkbox"/> Slowed reaction time <input type="checkbox"/> Poor coordination or balance <input type="checkbox"/> Blank stare, glassy-eyed vacant look <input type="checkbox"/> Appears dazed or stunned 	<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Headache or pressure in the head <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Blurry or Double Vision <input type="checkbox"/> Balance problems or dizziness <input type="checkbox"/> Sensitivity to light or noise <input type="checkbox"/> Fatigue <input type="checkbox"/> Numbness/tingling
<p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is confused about events <input type="checkbox"/> Answers questions slowly <input type="checkbox"/> Can't recall events prior to injury <input type="checkbox"/> Can't recall events after injury <input type="checkbox"/> Does not know time, ate, place, type of activity in which he/she was participating 	<p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty remembering <input type="checkbox"/> Feeling hazy, foggy, or groggy <input type="checkbox"/> Feeling slowed down
<p>Emotional</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shows behaviour or personality changes 	<p>Emotional</p> <ul style="list-style-type: none"> <input type="checkbox"/> Irritable <input type="checkbox"/> Sad <input type="checkbox"/> Anxious <input type="checkbox"/> Nervous

If any observed signs or symptoms worsen call 911

Possible questions to ask for observing cognitive signs

What activity/sport/game are you playing right now? What school do you go to? When is your birthday? What is your brother's or sister's name?	What is the name of your teacher/coach? Did your team win the last game? What day of the week is it today? Do you walk home or take the bus to go home?
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This completed form must be copied, with the original filed as per school board policy and the copy provided to

Actions to be taken

No signs or symptoms observed/reported:

1. A concussion is not suspected.
2. The student may return to physical activity.
3. Contact parent/guardian and inform them of the incident.
4. Provide the following information to the parent/guardian:
 - a. signs and symptoms may not appear immediately and may take hours or days to emerge
 - b. the student should be monitored for 24-48 hours following the incident
 - c. if any signs or symptoms emerge, the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day
5. Send copy of **Concussion Signs and Symptoms Form** home with student for parents' reference.

One or more signs or symptoms observed/reported:

1. A concussion should be suspected.
2. Remove student from play for rest of day even if the student states that he/she is feeling better.
3. Contact parent/guardian and inform them of the incident.
4. The student must not leave the premises without parent/guardian (or emergency contact) supervision.
5. Give parent copy of **Concussion Signs and Symptoms Form** and inform parent/guardian that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
6. Give parent copy of **Suspected Concussion Injury Form** and inform parent/guardian that they need to communicate to the school principal the results of the medical examination.
7. Inform principal/designate of the incident.
8. Complete and submit OSBIE Incident Report to office.



Parent/Guardian: Concussion Signs/Symptoms Present Form

This form is to be completed by the parent/guardian of the student named in this document and returned to the school Principal/Vice Principal (school staff should contact school administration when they give this to a parent)

Name of Student:	Grade:
Name of School:	Date of Injury:

As a result of my child's head injury (signs/symptoms of concussion observed and reported by school personnel), I have consulted with a medical doctor/nurse practitioner to assess the head injury and determine if a concussion was sustained.

Name of Medical Doctor/Nurse Practitioner:	
Address of treatment centre:	Date of appointment:
Phone Number of treatment centre:	
Results of the medical appointment:	
<input type="checkbox"/> No concussion was diagnosed and my child/ward may resume full participation in physical and classroom activities. <input type="checkbox"/> A concussion was diagnosed (See below)	
Medical Recommendations For Return to School (consider classroom learning, recess, physical education class, extracurricular sports and activities)	
Note: A signed doctor's note will be required before the child can return to activities that involve physical contact.	

Immediate actions when a concussion has been diagnosed

<input type="checkbox"/> The child should remain at home for at least 24 hours until symptoms have shown signs of improvement. <input type="checkbox"/> The parent/guardian should contact the school to set up a return-to-learn/return-to-play plan with the principal/vice-principal.

I am aware that my child sustained a head injury and that signs/symptoms of a concussion were observed/reported. I have observed my child and have **chosen not to seek medical advice**. My child is returning to regular school activities (classroom, recess, physical education class and extracurricular sports and activities)

 Parent/Guardian name (printed) Parent/Guardian (signature) (Date)

Please attach additional information if it is available.

Please refer to the OCSB website for the full concussion protocol: www.ocsb.ca

Return to Learn/Return to Physical Activity Plan Student Name _____

There must be a minimum of 24 hours symptom free between each step.
If at any point symptoms return the student MUST return to Step 1 and begin again.

Steps and Required Forms	Date Completed	P/VP Initials
Step 1-Complete Cognitive and Physical Rest at Home NO screen time or physical activity	Informed school of completion of Step 1	
Step 2A Return to Learn –Some Symptoms present Student returns to learn with individualized learning plan including quiet location as needed	Completion of Step 2A Diagnosed Concussion Form 1 returned	
Step 2B Return to Learn -No Symptoms Student returns to regular learning activities	Informed school of completion of Step 2B	
Note: A student not involved in any physical activities at school may end the plan after 2B		
Step 3- Return to light/aerobic activity – No Symptoms e.g. walking, non-contact games – limited running, lifting or strenuous exercise	Informed school of completion of Step 3	
Step 4 -Return to light physical activity e.g. skating, exercise programs, non-contact drills, play structures	Informed school of completion of Step 4	
Step 5-Return to moderate physical activity e.g. non-contact sports (badminton, sledding, snowshoeing)	Completion of Step 5 Diagnosed Concussion Form 2 returned Medical clearance received	
Medical Examination required before returning to physical activities with contact		
Step 6 Return to full contact physical activities (non-competitive) e.g. sport team practices, track and field, fitness games, Frisbee	Informed school of completion of Step 6	
Step 7 Return to full contact activities (competitive sports) e.g. soccer, rugby, hockey, basketball, dodge ball	Informed school of completion of Step 7	



Diagnosed Concussion Injury Form 1

Return to Learn Step 2B Return to Physical Activity Step 3

This form is to be completed by the parent/guardian of the student named in this document before the student is permitted to proceed to Step 2B/Step 3 and returned to the school Principal/designate.

Name of Student _____

Grade _____ School _____

Please indicate your acknowledgement and agreement by checking all boxes confirming the following:

Parental Consent

Step	Date	Parent/Guardian Signature
<input type="checkbox"/> My child/ward has completed Step 1 (at least 24 hours of rest at home). His/her symptoms have improved. I have communicated this information to the school. I agree that my child can proceed to Step 2A: Return to Learn.		
<input type="checkbox"/> My child/ward has now completed Step 2A and no symptoms are present . I agree that he/she can proceed to Step 2B: Return To Learn . I agree that my child/ward can proceed to Step 3: Return to Light Aerobic Activity .		

If my child/ward experiences a return of concussion-like symptoms, I agree to remove my child/ward from the school for at least 24 hours and to seek the advice of my child's/ward's medical doctor/nurse practitioner for their recommendation to return to the appropriate step in the return to learn/return to play process and to advise the Principal of this medical decision.

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____ Date _____

Please attach additional information if available.



Diagnosed Concussion Injury Form 2

Return to Physical Activity: Completion of Steps 3-5

This form is to be completed by the parent/guardian of the student named in this document before the student is permitted to proceed to Step 5 and returned to the school Principal/designate.

Name of Student _____

Grade _____ School _____

Please indicate your acknowledgement and agreement by checking all boxes confirming the following:

- My child/ward has completed **Steps 3, 4 and 5** for at least 24 hours for each step, is symptom free and may proceed to **Step 6 (Return to contact for training/practices and full participation in non-contact competitive sports)**

- I have consulted with my child's/ward's medical doctor/nurse practitioner and agree with the medical recommendation **made on the Medical Assessment for Return to Learn/Play Readiness Form.**

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____ Date _____



Medical Assessment for Return to Learn/Play Readiness

To be given to the parent/guardian of the student named in this document for completion by a medical doctor or a nurse practitioner before the student is permitted to return to physical activity.

Name of Student:	Grade:
Name of School:	Date of Injury:

As a result of my child's head injury (signs/symptoms of concussion observed and reported by school personnel), I have consulted with a medical doctor/nurse practitioner to assess the head injury to determine the readiness of my child to return to learning and play activities.

Name of Medical Doctor/Nurse Practitioner:	
Address of treatment centre:	Date of appointment:
Phone number of treatment centre:	
Results of the medical appointment:	
<input type="checkbox"/> I have examined my patient named above and confirm he/she is concussion symptom free and he/she is able to return to regular physical education class/intramural activities and non-contact sports teams and for training/practices for contact competitive sports at this time.	
<input type="checkbox"/> Some symptoms are still present and the student may return to light aerobic activities (Step 3)	
Medical Recommendations For Return to Physical Activity	
<p><i>Note: A signed doctor's note will be required before the child can return to activities that involve physical contact. Please attach additional information if the student is able to return to full contact competitive sports immediately.</i></p>	

- I have observed and monitored my child and have determined that there are no concussion-like signs or symptoms. **I have chosen not to consult with a medical doctor or a nurse practitioner and am permitting my child to return to light physical activity (Step 3).**
- I have observed and monitored my child and have determined that there are no concussion-like symptoms. **I have chosen not to consult with a medical doctor or a nurse practitioner. I am permitting my child to return to full learning and play activities (Step 4).**

(Parent/Guardian name printed)

(Parent/Guardian signature)

(Date)