

Appendix A1 – Roles and Responsibilities

CONCUSSION TOOLKIT

Roles and responsibilities of parents and athletes

For further information please visit www.parchutecanada.org/active-and-safe

Enrolling your child in a team sport program at school or in the community can be a very rewarding experience for everyone. From lacing up your child's first pair of skates to running the team jersey through the washing machine, it all amounts to being part of an active lifestyle. As parents, it is important for children to play safe and have fun.

When it comes to concussion, prevention is key. Prevention involves respect for self in terms of your own conduct as a spectator and good understanding of the rules of the sport. Equally important is the role of protective equipment:

Encourage your child to play fair and engage in fair play, within the rules, and within his or her abilities.

Teach your child to have respect for his or her brain and the brains of their opponents.

Reinforce wearing the right gear for the right sport, and the importance of having equipment that fits well and is in good condition.

Helmets prevent skull fractures, brain contusions, lacerations, and blood clots in and around the brain. They do not prevent concussion.

There is no scientific evidence that mouthguards prevent concussions, but they do prevent dental fractures and jaw fractures.

Ask Questions!

In the event of concussion, asking questions about your child's concussion is important. There are a number of questions to consider when it comes to the overall sport experience. These questions may address program organization, psychological and developmental factors, adult leadership and, of course, safety. Here are some examples of [questions for parents and athletes](#).

The purpose of this Tool Kit is to help guide your actions, with respect to home, school and play when your child has had a concussion.

As a parent, you already know it takes a village to raise a child. This is particularly true with respect to ensuring the safe return of your child to his/her normal routines after a concussion. In anticipation of [meeting with your child's physician](#), creating a list of questions and concerns that you have, as well as anticipating what the doctor might ask,

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will help paint a clearer picture for both yourself and the doctor of your child's concussion. You may find this list of questions helpful, as they contribute to your level of confidence with respect to ensuring you have all the information you need at the conclusion of the appointment(s).

Returning to Home, School and Sport

Returning to normal activity at home, school and sport also requires planning. Following the physician's recommendations is important to help your child with each of these environments. Here is an example of a home, school and physical activity work plan:

We encourage you to take time to meet with your child's teacher for the purpose of establishing a safe and rewarding return to learn plan.

Do not assume that your child's [teacher](#) or [coach](#) has all the tools they need to manage a concussed student/athlete.

In the case of an older child, it makes good sense to engage their participation as part of the overall return to learn and return to play experience. Help your children help themselves by providing them with [Concussion Guidelines for the Athlete](#).

When children suffer from concussion, their social, physical and learning environments are affected. The concussion experience may result in your child being unable to return to sport or school for a period of time, which may cause them stress and pressure. Children might not have enough knowledge to recognize when they have been concussed, and so providing concussion education is important. They might also choose not to report their injury or de-emphasize symptoms because they want to play their sport, and not let their team, coach or parents down.

When it comes to the learning environment, it is important to provide your son or daughter's teacher with the right concussion information. The stress and pressure that a child might experience in trying to return to school faster than they should might be lessened if the teacher has knowledge of concussion and its impact.

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Appendix A2 – Roles and Responsibilities

CONCUSSION GUIDELINES: THE PARENTS/CAREGIVERS

WHAT IS A CONCUSSION?

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way your child may think and remember things, and can cause a variety of symptoms.

WHAT ARE THE SYMPTOMS AND SIGNS OF CONCUSSION? YOUR CHILD DOES NOT NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.

THINKING PROBLEMS	CHILD'S COMPLAINTS	OTHER PROBLEMS
<p>Does not know time, date, place, period of game, opposing team, score of game</p> <p>General confusion</p> <p>Cannot remember things that happened before and after the injury</p> <p>Knocked out</p>	<ul style="list-style-type: none"> • Headache • Dizziness • Feels dazed • Feels “dinged” or stunned; “having my bell rung” • Sees stars, flashing lights • Ringing in the ears • Sleepiness • Loss of vision • Sees double or blurry • Stomachache, stomach pain, nausea 	<ul style="list-style-type: none"> • Poor coordination or balance • Blank stare/glassy eyed • Vomiting • Slurred speech • Slow to answer questions or follow directions • Easily distracted • Poor concentration • Strange or inappropriate emotions (ie. laughing, crying, getting mad easily) • Not playing as well

WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (ie. a ball to the head, being checked into the boards in hockey).

WHAT SHOULD YOU DO IF YOUR CHILD GETS A CONCUSSION?

YOUR CHILD SHOULD STOP PLAYING THE SPORT RIGHT AWAY. They should not be left alone and should be seen by a doctor as soon as possible that day. If your child is knocked out, call an ambulance to take him/her to a hospital immediately. Do not move your child or remove any equipment such as helmets until the paramedics arrive.

HOW LONG WILL IT TAKE FOR MY CHILD TO GET BETTER?

The signs and symptoms of a concussion often last for 7-10 days but may last much longer. In some cases, athletes may take many weeks or months to heal, even after all symptoms have disappeared. Having had previous concussions may increase the chance that a person may take longer to heal.

HOW IS A CONCUSSION TREATED?

THE MOST IMPORTANT TREATMENT FOR A CONCUSSION IS REST. The child should not exercise, go to school or do any activities that may make them worse, like riding a bike, play wrestling, reading, working on the computer or playing video games. If your child goes back to activities before they are completely better, they are more likely to get worse, and to have symptoms longer. Even though it is very hard for an active child to rest, this is the most important step.

Once your child is completely better at rest (all symptoms have resolved), they can start a step-wise increase in activities. It is important that your child is seen by a doctor before he/she begins the steps

needed to return to activity, to make sure he/she is completely better. If possible, your child should be seen by a doctor with experience in treating concussions.

WHEN CAN MY CHILD RETURN TO SCHOOL?

Sometimes children who have a concussion may find it hard to concentrate in school and may get a worse headache or feel sick to their stomach if they are in school. Children should stay home from school if their symptoms get worse while they are in class. Once they feel better, they can try going back to school part time to start (eg. for half days initially) and if they are okay with that, then they can go back full time.

WHEN CAN MY CHILD RETURN TO SPORT?

IT IS VERY IMPORTANT THAT YOUR CHILD NOT GO BACK TO SPORTS IF HE/SHE HAS ANY CONCUSSION SYMPTOMS OR SIGNS. Return to sport and activity must follow a step-wise approach:

STEP 1) No activity, complete rest. Once back to normal and cleared by a doctor, go to step 2.

STEP 2) Light exercise such as walking or stationary cycling, for 10-15 minutes.

STEP 3) Sport specific aerobic activity (ie. skating in hockey, running in soccer), for 20-30 minutes. NO CONTACT.

STEP 4) "On field" practice such as ball drills, shooting drills, and other activities with NO CONTACT (ie. no checking, no heading the ball, etc.).

STEP 5) "On field" practice with body contact, once cleared by a doctor.

STEP 6) Game play.

NOTE: EACH STEP MUST TAKE A MINIMUM OF ONE DAY. If your child has any symptoms of a during activity, or later that day, your child should stop the activity immediately and rest until symptoms resolve, for a minimum of 24 hours. Your child should be seen by a doctor and cleared again before starting the step wise protocol again. Concussion (e.g. headache, feeling sick to his/her stomach) that come back either

WHEN SHOULD I TAKE MY CHILD TO THE DOCTOR?

Every child who gets a head injury should be seen by a doctor as soon as possible. Your child should go back to the doctor IMMEDIATELY if, after being told he/she has a concussion, he/she has worsening of symptoms such as:

1. being more confused
2. headache that is getting worse
3. vomiting more than twice
4. Strange behaviour
5. not waking up
6. having any trouble walking
7. having a seizure

Problems caused by a head injury can get worse later that day or night. The child should not be left alone and should be checked throughout the night. If you have any concerns about the child's breathing or how they are sleeping, wake them up. Otherwise, let them sleep. If they seem to be getting worse, you should see your doctor immediately. **NO CHILD SHOULD GO BACK TO SPORT UNTIL THEY HAVE BEEN CLEARED TO DO SO BY A DOCTOR**

Appendix A3 – Roles and Responsibilities

CONCUSSION GUIDELINES: THE TEACHERS/COACHES

WHAT IS A CONCUSSION?

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way your child may think and remember things, and can cause a variety of symptoms.

WHAT ARE THE SYMPTOMS AND SIGNS OF

CONCUSSION? THE STUDENT DOES NOT NEED TO BE KNOCKED OUT (LOSE CONSCIOUSNESS) TO HAVE HAD A CONCUSSION.

THINKING PROBLEMS	STUDENT'S COMPLAINTS	OTHER PROBLEMS
Does not know time, date, place, period of game, opposing team, score of game General confusion Cannot remember things that happened before and after the injury Knocked out	<ul style="list-style-type: none">• Headache• Dizziness• Feels dazed• Feels “dinged” or stunned; “having my bell rung”• Sees stars, flashing lights• Ringing in the ears• Sleepiness• Loss of vision• Sees double or blurry• Stomachache, stomach pain, nausea	<ul style="list-style-type: none">• Poor coordination or balance• Blank stare/glassy eyed• Vomiting• Slurred speech• Slow to answer questions or follow directions• Easily distracted• Poor concentration• Strange or inappropriate emotions (ie. laughing, crying, getting mad easily)• Not playing as well

WHAT CAUSES A CONCUSSION?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion (ie. a ball to the head, being checked into the boards in hockey).

WHAT SHOULD YOU DO IF A STUDENT GETS A CONCUSSION?

You will most often have students who have sustained a concussion outside of school, but it is important to know how to deal with a student whom you suspect has sustained a concussion while participating in a sport or activity at school. **IF YOU SUSPECT A CONCUSSION, THE STUDENT SHOULD STOP PLAYING THE SPORT OR ACTIVITY RIGHT AWAY.** He/she should not be left alone and should be seen by a doctor as soon as possible that day. If a student is knocked out for more than a minute, call an ambulance to take him/her to a hospital immediately. Do not move him/her or remove athletic equipment like a helmet; wait for paramedics to arrive.

Anyone with a concussion should not go back to play that day, even if he/she says he/she is feeling better. Problems caused by a head injury can get worse later that day or night. He/she should not return to activity until he/she has been seen by a doctor.

HOW LONG WILL IT TAKE FOR THE STUDENT TO GET BETTER?

The signs and symptoms of a concussion often last for 7-10 days but may last much longer. In some cases, children may take many weeks or months to heal. Having had previous concussions may increase the chance that a person may take longer to heal.

HOW IS A CONCUSSION TREATED?

IT IS CLEAR THAT EXERTION, BOTH PHYSICAL AND MENTAL, WORSENS CONCUSSION SYMPTOMS AND MAY DELAY RECOVERY. THUS, THE MOST IMPORTANT TREATMENT FOR CONCUSSION IS REST. Many students find that attending school aggravates their symptoms, and may have to stay home and rest. It is not possible to know when symptoms will improve, as each concussion is unique. Therefore, a specific return date to school may not initially be possible for the student, their parents, or doctor to provide. Once they feel better, they can try going back to school, initially part time (e.g. half days at first) and, if their symptoms do not return, then they can go back full time. Remember that mental exertion can make symptoms worse, so the student's workload may need to be adjusted accordingly.

IT IS VERY IMPORTANT THAT A STUDENT DOES NOT GO BACK TO ACTIVITY IF HE/SHE HAS ANY CONCUSSION SYMPTOMS OR SIGNS.

Return to sport and activity must follow a step-wise approach:

STEP 1) No activity, complete rest. Once back to normal and cleared by a doctor, go to step 2.

STEP 2) Light exercise such as walking or stationary cycling, for 10-15 minutes.

STEP 3) Sport specific aerobic activity (ie. skating in hockey, running in soccer), for 20-30 minutes. NO CONTACT.

STEP 4) "On field" practice such as ball drills, shooting drills, and other activities with NO CONTACT (ie. no checking, no heading the ball, etc.).

STEP 5) "On field" practice with body contact, once cleared by a doctor.

STEP 6) Game play.

NOTE: EACH STEP MUST TAKE A MINIMUM OF ONE DAY. If a student has any symptoms of a concussion (e.g. headache, feeling sick to his/her stomach) that come back either during activity, or later that day, he/she should stop the activity immediately and rest for a minimum of 24 hours. The student should be seen by a doctor and cleared again before starting the step wise protocol again. The protocol needs to be individualized to the patient: their injury, and the types of activities they are returning to. This protocol is used for all physical activities, including Physical Education classes. Therefore P.E. teachers should speak with the child's parents in order to determine what kind of participation the child can have in class.

WHEN CAN A STUDENT WITH A CONCUSSION RETURN TO SPORT?

It is very important that a student not play any sports, including P.E. class activities if he/she has any signs or symptoms of concussion. The student must rest until he/she is completely back to normal. When he/she has been back to normal and has been seen by a doctor, he/she can then go through the steps of increasing activity described above. When the student has progressed through these steps with no symptoms or problems, and has received clearance from a doctor, he/she may return to play. If you are unsure if a student should participate, remember... **when in doubt, sit them out!**

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Appendix B – Return To Learn Strategies/Approaches

Return to Learn Strategies/Approaches

COGNITIVE DIFFICULTIES		
Post Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Headache and Fatigue	Difficulty concentrating, paying attention or multitasking	<ul style="list-style-type: none"> • ensure instructions are clear (e.g., simplify directions, have the student repeat directions back to the teacher) • allow the student to have frequent breaks, or return to school gradually (e.g., 1-2 hours, half-days, late starts) • keep distractions to a minimum (e.g., move the student away from bright lights or noisy areas) • limit materials on the student's desk or in their work area to avoid distractions • provide alternative assessment opportunities (e.g., give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology)
Difficulty remembering or processing speed	Difficulty retaining new information, remembering instructions, accessing learned information	<ul style="list-style-type: none"> • provide a daily organizer and prioritize tasks • provide visual aids/cues and/or advance organizers (e.g., visual cueing, non-verbal signs) • divide larger assignments/assessments into smaller tasks • provide the student with a copy of class notes • provide access to technology • repeat instructions • provide alternative methods for the student to demonstrate mastery
Difficulty paying attention/ concentrating	<p>Limited/short-term focus on schoolwork</p> <p>Difficulty maintaining a regular academic workload or keeping pace with work demands</p>	<ul style="list-style-type: none"> • coordinate assignments and projects among all teachers • use a planner/organizer to manage and record daily/weekly homework and assignments • reduce and/or prioritize homework, assignments and projects • extend deadlines or break down tasks • facilitate the use of a peer note taker • provide alternate assignments and/or tests • check frequently for comprehension • consider limiting tests to one per day and student may need extra time or a quiet environment

Return to Learn Strategies/Approaches

EMOTIONAL/BEHAVIOURAL DIFFICULTIES		
Post Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Anxiety	Decreased attention/concentration Overexertion to avoid falling behind	<ul style="list-style-type: none"> inform the student of any changes in the daily timetable/schedule adjust the student's timetable/schedule as needed to avoid fatigue (e.g., 1-2 hours/periods, half-days, full-days) build in more frequent breaks during the school day provide the student with preparation time to respond to questions
Irritable or Frustrated	Inappropriate or impulsive behaviour during class	<ul style="list-style-type: none"> encourage teachers to use consistent strategies and approaches acknowledge and empathize with the student's frustration, anger or emotional outburst if and as they occur reinforce positive behaviour provide structure and consistency on a daily basis prepare the student for change and transitions set reasonable expectations anticipate and remove the student from a problem situation (without characterizing it as punishment)
Light/Noise sensitivity	Difficulties working in classroom environment (e.g., lights, noise, etc.)	<ul style="list-style-type: none"> arrange strategic seating (e.g., move the student away from window or talkative peers, proximity to the teacher or peer support, quiet setting) where possible provide access to special lighting (e.g., task lighting, darker room) minimize background noise provide alternative settings (e.g., alternative work space, study carrel) avoid noisy crowded environments such as assemblies and hallways during high traffic times allow the student to eat lunch in a quiet area with a few friends where possible provide ear plugs/headphones, sunglasses
Depression/Withdrawal	Withdrawal from participation in school activities or friends	<ul style="list-style-type: none"> build time into class/school day for socialization with peers partner student with a "buddy" for assignments or activities

Appendix C – [Tool](#) To Identify A Suspected Concussion Tool

This tool is to be used as a quick reference in helping to identify a suspected concussion. In all cases of a suspected concussion, the student must be examined by a medical doctor or nurse practitioner for diagnosis and must follow Concussion Management Procedures – Return to Learn and Return to Physical Activity.

An incident occurred involving (student/athlete name) _____ (date) _____

He/She was observed for signs and symptoms of a concussion: (CHECK APPROPRIATE BOX)

- No signs or symptoms described below were noted at the time. **Note: Continued monitoring of the student is important as signs and symptoms of a concussion may appear hours later**
- The following signs were observed or symptoms reported:

Following a blow to the head, face or neck, or a blow to the body that transmits a force to the head, a concussion must be suspected in the presence of any one or more of the following signs or symptoms (check all observed or reported symptoms that apply)

Signs and symptoms of suspected concussion	
Possible Signs Observed (CHECK APPROPRIATE BOX)	Possible Symptoms Reported (CHECK APPROPRIATE BOX)
<i>A sign is something that will be observed by another person (e.g., parent/guardian, teacher, coach, supervisor, peer).</i>	<i>A symptom is something the student will feel/report.</i>
<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> vomiting <input type="checkbox"/> slurred speech <input type="checkbox"/> slowed reaction time <input type="checkbox"/> poor coordination or balance <input type="checkbox"/> blank stare/glassy-eyed/dazed or vacant look <input type="checkbox"/> decreased playing ability <input type="checkbox"/> loss of consciousness or lack of responsiveness <input type="checkbox"/> lying motionless on the ground or slow to get up <input type="checkbox"/> amnesia <input type="checkbox"/> seizure or convulsion <input type="checkbox"/> grabbing or clutching of head <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating <input type="checkbox"/> easily distracted <input type="checkbox"/> general confusion <input type="checkbox"/> cannot remember things that happened before and after the injury (see Quick Memory Function Assessment) <input type="checkbox"/> does not know time, date, place, class, type of activity in which he/she was participating <input type="checkbox"/> slowed reaction time (e.g., answering questions or following directions) <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> strange or inappropriate emotions (e.g., laughing, crying, getting angry easily) 	<p>Physical</p> <ul style="list-style-type: none"> <input type="checkbox"/> headache <input type="checkbox"/> pressure in head <input type="checkbox"/> neck pain <input type="checkbox"/> feeling off/not right <input type="checkbox"/> ringing in the ears <input type="checkbox"/> seeing double or blurry/loss of vision <input type="checkbox"/> seeing stars, flashing lights <input type="checkbox"/> pain at physical site of injury <input type="checkbox"/> nausea/stomach ache/pain <input type="checkbox"/> balance problems or dizziness <input type="checkbox"/> fatigue or feeling tired <input type="checkbox"/> sensitivity to light or noise <p>Cognitive</p> <ul style="list-style-type: none"> <input type="checkbox"/> difficulty concentrating or remembering <input type="checkbox"/> slowed down, fatigue or low energy <input type="checkbox"/> dazed or in a fog <p>Emotional/Behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> irritable, sad, more emotional than usual <input type="checkbox"/> nervous, anxious, depressed <input type="checkbox"/> other <p><input type="checkbox"/> other signs and/or symptoms: _____</p>
If any observed signs or symptoms worsen, call 911.	

Quick Memory Function Assessment - Failure to answer any of these questions correctly may indicate a concussion:

What room are we in right now? Answer: _____ What part of the day is it? Answer: _____

What activity/sport/game are we playing now? Answer: _____ What is the name of your teacher/coach? Answer: _____

What field are we playing on today? Answer: _____ What school do you go to? Answer: _____

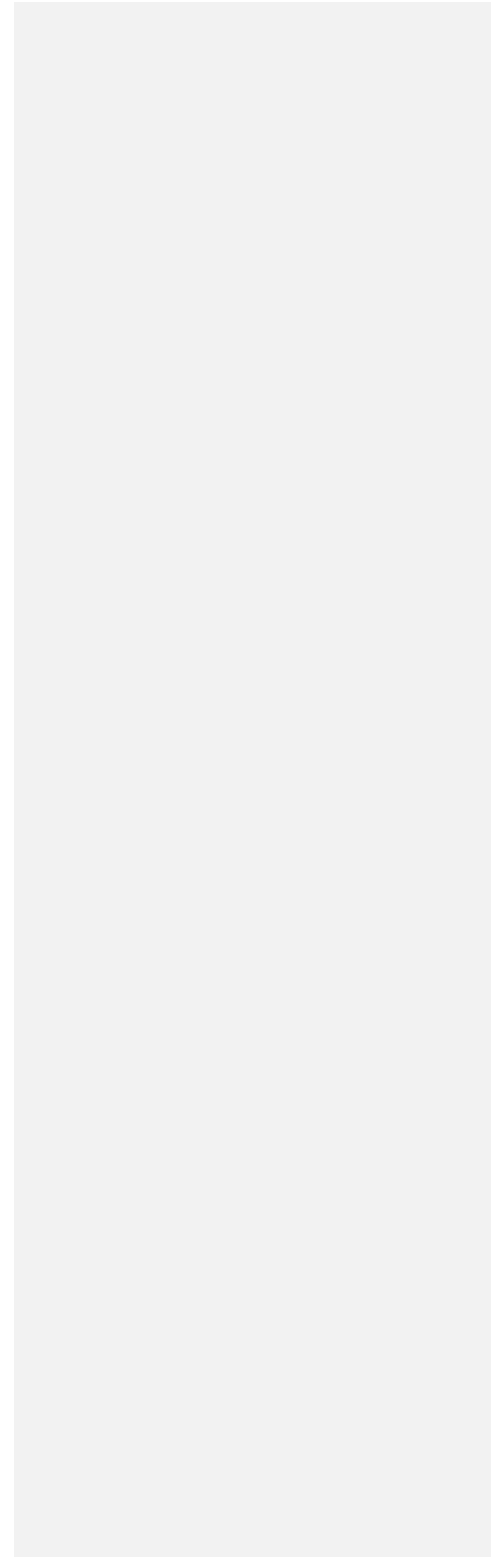
If there are any signs observed or symptoms reported, or if the student fails to answer any of the above questions correctly, a concussion should be suspected and the student must be immediately removed from play and must not be allowed to return to play that day even if the student states that he/she is feeling better. Students with a suspected concussion should not be left alone and must not leave the premises without parent/guardian (or emergency contact) supervision.

Continued Monitoring

Students should be monitored for 24 - 48 hours following the incident as signs and symptoms can appear immediately after the injury or may take hours or days to emerge. If any signs or symptoms emerge, the student needs to be examined by a medical doctor or nurse practitioner.

Principal/Coach/Teacher Name: _____ Signature: _____ Date: _____

****This form must be copied, with the original filed as per school board policy and the copy provided to parent/guardian****



Appendix D 1 – Initial Response Identification

(Example: Emergency Action Plan)

If a student receives a blow to the head, face or neck, or a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull, and as a result may have suffered a concussion, the individual (e.g., teacher/coach) responsible for that student must take immediate action as follows:

Unconscious Student (or where there was any loss of consciousness)

- Stop the activity immediately – assume there is a concussion.
- Initiate Emergency Action Plan and call 911.
- Assume there is a possible neck injury and, only if trained, immobilize the student before emergency medical services arrive.
 - Do not remove athletic equipment (e.g., helmet) unless there is difficulty breathing.
- Stay with the student until emergency medical services arrive.
- Contact the student's parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- Monitor and document any changes (i.e., physical, cognitive, emotional/behavioural) in the student. Refer to your board's injury report form for documentation procedures.
- If the student regains consciousness, encourage him/her to remain calm and to lie still. Do not administer medication (unless the student requires medication for other conditions – e.g., insulin for a student with diabetes).

Conscious Student

- Stop the activity immediately.
- Initiate Emergency Action Plan.
- When the student can be safely moved, remove him/her from the current activity or game.
- Conduct an initial concussion assessment of the student (i.e., check for common signs and symptoms of concussion using "Tool to Identify a Suspected Concussion")

If Signs are Observed or Symptoms are Reported:

- A concussion should be suspected – do not allow the student to return to play in the activity, game or practice that day even if the student states that he/she is feeling better.
- Contact the student's parent/guardian (or emergency contact) to inform them:
 - of the incident;
 - that they need to come and pick up the student; and,
 - that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
- Monitor and document any changes (i.e., physical, cognitive, emotional/behavioural) in the student. If any signs or symptoms worsen, call 911.
 - Refer to your board's injury report form for documentation procedures.
- Do not administer medication (unless the student requires medication for other conditions – e.g., insulin for a student with diabetes).
- Stay with the student until her/his parent/guardian (or emergency contact) arrives.
- **The student must not leave the premises without parent/guardian (or emergency contact) supervision.**

If Signs are Not Observed or Symptoms are Not Reported:

- A concussion is not suspected – [precautionary removal from physical activity is recommended](#) ~~the student may return to physical activity.~~
- However the student's parent/guardian (or emergency contact) must be contacted and informed of the incident.

Appendix D 2 – Documentation of Medical Examination Form

Documentation of Medical Examination

This form to be provided to all students suspected of having a concussion. For more information see [Concussion Management Flow Chart](#) or [Appendix E: Return to Learn and Return to Physical Activity](#).

_____ (student name) sustained a suspected concussion on _____ (date). As a result, this student must be seen 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 examination by completing the following:

Results of Medical Examination

- My child has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- My child has been examined and **a concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

Parent/Guardian signature: _____ Date: _____

Physician signature: _____ Date: _____

Comments:

Appendix E – Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan

The Return to Learn/Return to Physical Activity Plan is a combined approach. Step 2a - Return to Learn must be completed prior to the student returning to physical activity. Each step must take a minimum of 24 hours (Note: Step 2b – Return to Learn and Step 2 – Return to Physical Activity occur concurrently).

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 has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and his/her **symptoms have shown improvement**. My child/ward will proceed to Step 2a – Return to Learn.

My child 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 will proceed directly to Step 2b – Return to Learn and Step 2 – Return to Physical Activity.

Parent/Guardian signature: _____ Date: _____

Comments:

If at any time during the following steps symptoms return, please refer to the “Return of Symptoms” section on page 2 of this form.

Step 2a – Return to Learn

- Student makes gradual return to instructional day.
- Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity.
- Physical rest– includes restricting recreational/leisure and competitive physical activities.

If symptoms persist or worsen return to Step 1 and consult a physician (see page 2 of this form)

My child has made a gradual return to his/her instructional day and has been receiving individualized classroom strategies and/or approaches and is **symptom free**. My child will proceed to Step 2b – Return to Learn and Step 2 – Return to Physical Activity.

Parent/Guardian signature: _____ Date: _____

Comments:

Step 2b – Return to Learn

- Student returns to regular learning activities at school.

Step 2 – Return to Physical Activity

- Student can participate in individual light aerobic physical activity only.
 - Student continues with regular learning activities.
- My child is symptom free after participating in light aerobic physical activity. My child will proceed to Step 3 – Return to Physical Activity.
- Appendix E will be returned to the teacher to record progress through steps 3 and 4**

Parent/Guardian signature: _____ Date: _____

Comments:

Step 3 – Return to Physical Activity

- Student may begin individual sport-specific physical activity only.

Step 4 – Return to Physical Activity

- *Student may begin activities where there is no body contact (e.g., dance, badminton);*

light resistance/weight training; non-contact practice; and non-contact sport-specific drills.

- Student has successfully completed Steps 3 and 4 and is symptom free.**
- Appendix E will be returned to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature.**

Teacher signature: _____ Date: _____

Medical Examination:

- I, _____ (medical doctor/nurse practitioner name) have examined _____ and confirm he/she continues to be symptom free and is able to return to regular physical education class/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner Signature: _____ Date: _____

Comments:

Step 5 – 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 6 – Return to Physical Activity

Student may resume full participation in contact sports with no restrictions.

Return of Symptoms

- My child 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:

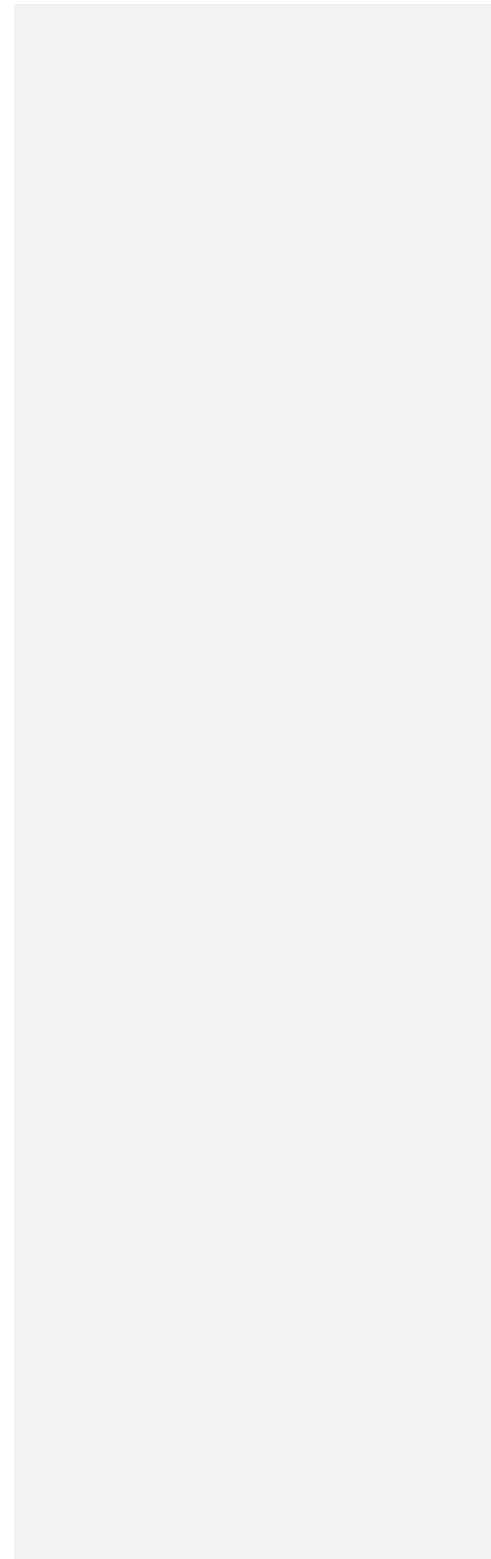
Step _____ of the Return to Learn/Return to Physical Activity Plan

Parent/Guardian signature: _____ Date: _____

Physician signature: _____ Date: _____

Comments:

Reproduced and adapted with permission from Ophea, Ontario Physical Education Safety Guidelines, Appendix C-4 Documentation for a Diagnosed Concussion – Return to Learn/Return to Physical Activity Plan, 2013.



Appendix F – Parent Sport Risk Consent Form

(All Physical Education Classes, School Sports and Intramurals)

Elementary/Secondary Interschool Athletic Participation Form

This form is to be completed on behalf of an athlete who wishes to participate in interschool sport and must be returned to the coach prior to the athlete's first team tryout.

Athlete Name _____ Health Card # (optional) _____

Home Address _____ Physician Name _____

Home Phone # _____ Physician Phone # _____

Parent/Guardian Name _____ Emergency Contact Name _____

Work Phone # _____ Emergency Contact Phone # _____

Note: An annual medical examination is recommended. Medical Information

1. Date of last complete examination _____
2. Date of last tetanus immunization _____
3. Is your son/daughter allergic to any drugs, food or medication/other? Y__ N__ If yes, provide details _____
4. Does your son/daughter take any prescription drugs? Y__ N__ If yes, provide details _____
5. What medication(s) should the participant (son/daughter) have available during the sport Activity _____
6. Who should administer the medication? _____
7. Does your son/daughter wear a medical alert bracelet, neck chain, or carry a medical alert card? Y__ N__
8. Has your son/daughter been identified as being anaphylactic? Y__ N__
If yes, does he/she carry an EpiPen? Y__ N__
9. Does your son/daughter wear eyeglasses? Y__ N__
Contact lenses? Y__ N__
10. Please indicate if your son/daughter has been subject to any of the following and provide pertinent Details:
epilepsy, diabetes, orthopaedic problems, deafness, hearing loss, asthma, allergies,

Any history (age 5 to present) of head (including concussions) or back conditions or injuries

arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, hernia, swollen or hyper mobile or painful joints, trick or lock knee _____

Please indicate any other medical condition that will limit participation

Reproduced and adapted with permission from Ophea, *Ontario Physical Education Safety Guidelines, Appendix A – Elementary/Secondary Interschool Athletic Participation Form, 2012.*

11. If a concussion has been diagnosed over the summer break, during non-school related activities and during school related activities, the Request to Resume Participation - Concussion Related Injuries form (OPHEA) must be completed by a physician before the student returns to class/intramural and interschool activities.

Should your son/daughter sustain an injury, concussion or contract an illness requiring medical attention during the competitive season, notify the coach and complete the "Request to Resume Athletic participation Form."

Medical Services Authorization (optional)

In a situation when emergency medical or hospital services are required by the above listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes medical personnel and/or hospital to administer medical and/or surgical services, including anesthesia and drugs. I understand that any cost will be my responsibility.

Signature of Parent/Guardian _____ Date _____

Student Accident Insurance Notice:

The _____ Board does not provide any accidental death, disability, dismemberment/medical/dental expense insurance on behalf of the athletes participating in the activity. For coverage of injuries, you are encouraged to consider the Student Accident Insurance Plan made available by the school to parents at the beginning of, and throughout, the school year. *School/Board athlete procedure/expectation may be included here.*

Transportation Insurance Notice: (_____)

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 (**Concussions**), 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. The following is a sampling of activities that have the potential for more serious consequences: alpine skiing, snowboarding, broomball, cheerleading (acrobatic), field hockey, gymnastics, ice hockey, ringette (ice), swimming, and wrestling. 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 _____ Board attempts to manage, as effectively as possible, the risk involved for students while participating in school athletics.

Acknowledgement of Risks/Request to Participate/Informed Consent Agreement

I/We have read and understand the notices of Accident Insurance. ____ (initials of Parent/Guardian)

I/We have read and understand the notice of Elements of Risk. ____ (initials of Parent/Guardian)

I/We give permission for my son/daughter/ward to try out/participate on the _____ team during the _____ school year.

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

Signature of Parent/Guardian _____ Date _____

Freedom of Information Notice

The information provided on this form is collected pursuant to the school 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**, and will be utilized only for the purposes related to the **Board's policy on Risk Management for Interschool Athletics**. Any questions with respect to this information should be directed to your school principal.

Reproduced and adapted with permission from Ophea, *Ontario Physical Education Safety Guidelines, Appendix A – Elementary/Secondary Interschool Athletic Participation Form, 2012.*

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SAMPLE Active & Safe Pledge

Team Name: _____

By signing this paper, as a team and as individuals we pledge:

- To work towards a safer and better sport.
- To be honest with myself and my teammates with regards to signs and symptoms.
- To give 100% commitment to myself, my team and my sport.
- To report any suspected incidence of brain injury or concussion.
- To follow the proper action steps in the incidence of suspected injury.
- To follow the six steps of the Return-to-Play Guidelines.
- To commit myself to True Sport, ensuring sport can have a positive impact on all.

Appendix G2 – Sample of an Active and Safe Pledge for Student Athletes, Coaches and Parents

Player Code Of Conduct

Respect yourself:

- I will wear the proper equipment and wear it correctly
- I will develop my skill and body strength so that I can play the game to the best of my abilities.
- I understand that a concussion is a serious brain injury that has both short- and long-term effects.
- I understand that I don't need to lose consciousness to have had a concussion.
- I understand that any blow to the head, face, or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion
- I understand that if I suspect I might have a concussion I should stop playing the sport **immediately**
- I understand that continuing to play with a suspected concussion increases my risk of more severe, longer lasting concussion symptoms, as well as increases my risk of other injury
- I will not hide my symptoms_ I will tell my coach, trainer, parent, or other responsible person if I am concerned I have had a concussion and/or experience **any** signs and symptoms of concussion following a collision.
- I understand I will not be able to return to play following a collision where I experience signs and symptoms of concussion.
- I understand I will have to be cleared by a physician or qualified medical professional, preferably one with experience in concussion management, prior to returning to play.
- I understand I will have to follow the 6-stop Return to Play guidelines when returning to activity.

Respect Others:

- I will respect the rules of the game
- I will respect my opponents and play fair
- I will not fight or attempt to injure anyone on purpose.
- I will respect my coaches, trainers, parents and the medical professionals and any decisions made with regards to my health and safety.

Team: _____

Player: _____

Parent/Caregiver: _____

Coach: _____ Date: _____

Student:
Receives a blow to the head, face or neck, or a blow to the body that transmits a force to the head, and as a result may have suffered a concussion

Student:
CONSCIOUS

Student:
UNCONSCIOUS

Teacher/Coach/Supervisor/Volunteer:
Stop Activity: Initiate Emergency Action Plan **Appendix D1**

Teacher/Coach/Supervisor/Volunteer:
Stop Activity: Initiate Emergency Action Plan **Appendix D1** and call 911

Teacher/Coach/Supervisor/Volunteer:
Conduct Initial Concussion Assessment (Appendix C Tool to Identify Suspected Concussion or Clipboard/Pocket Concussion recognition Tool)

Student:
Concussion **NOT** Suspected

Student:
Concussion

Student:
Recommend precautionary withdrawal from Physical Activity

Student:
Does **NOT** Return to Play That Day

Teacher/Coach/Supervisor/Volunteer:
Contact Parent/Guardian re: the injury and of the need to pick up the student. Provide a signed copy of Appendix C (Tool to Identify a Suspected Concussion) and Appendix D2 (Documentation of Medical Examination) and inform principal of suspected concussion

Principal: Informs school staff of concussion and identifies school staff to contact parent/guardian and classroom teacher(s) to identify suspected concussion. Provide signed copy of Appendix B to identify suspected concussion.

Teacher/Coach/Supervisor/Volunteer: Contact Parent/Guardian and provide signed copy of Appendix C and Appendix D2 to identify suspected concussion.

Parent/Guardian:
Continued Monitoring for 24-48 Hours

Parent/Guardian:
Informed that student is to be examined by medical doctor or nurse practitioner as soon as possible that day (School may need to cover cost)

Student: Complete cognitive and physical examination by school/classroom teacher(s), coaches and acute supervisors (SERTs, EAS) of suspected concussion

Student is monitored for the return of concussion signs and/or symptoms and/or deterioration of work habits or performance. If at any time

Symptoms Are Improving

Student: Return to Learn Step 2a (school): Student returns to school to learn. Student requires individualized classroom accommodations (Appendix E) and monitoring by principal, Concussion Liaison, SERTs and classroom teacher(s) and parent/guardian. **Student remains in Step 2a until asymptomatic**

Parent/Guardian:
Report to school principal using Appendix D2 and obtain copy of Appendix E: Documentation for a Diagnosed Concussion

Student: Concussion Diagnosed

Parent/Guardian: Report back to school principal

Symptom Free

DISTRICT SCHOOL BOARD
Student Concussion Diagnosis Report
 January 30 June 28

School: _____
Principal: _____

Surname	Given Name	YYYY/Month/Day	in Place	Completed (Y) Ongoing (N)
1.			<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____
Date/Location of incident:		Circumstances causing concussion:		
2.			<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____
Date/Location of incident:		Circumstances causing concussion:		
3.			<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____
Date/Location of incident:		Circumstances causing concussion:		
4.			<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____
Date/Location of incident:		Circumstances causing concussion:		
5.			<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____
Date/Location of incident:		Circumstances causing concussion:		
6.			<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____
Date/Location of incident:		Circumstances causing concussion:		

Concussion Awareness Training

Staff Completed on (Date): _____

Comments: _____

