



PROCEDURE

Title: **STUDENT CONCUSSION
PROTOCOL**

Procedure No.: 4004a
Effective Date: 2015 February 10

Department: **Learning Support Services**

Reference(s): - Ministry of Education PPM No. 158 September 2019
 - OPHEA – Ontario Physical and Health Education Association Safety Guidelines, 2019
 - OPHEA concussion protocol <http://safety.ophea.net>
 - Ontario Government web portal ontario.ca/page/rowans-law-concussion-awareness-resources#section-4

Overview

The Thames Valley District School Board is committed to helping all students succeed and lead safe, healthy, and active lives. As part of its commitment to student safety, injury prevention, and well-being, the Thames Valley District School Board supports concussion awareness, prevention, identification, management and tracking in schools through legislation, policy, and resources consistent with provincially approved concussion protocol.

Research demonstrates that a concussion can have a significant impact on an individual – cognitively, physically, emotionally, and/or socially. Most individuals with a concussion get better in one to four weeks, but, for some, the healing process may take longer.

The implementation of this procedure is an important step in creating safe and healthy learning environments. It also reinforces the knowledge, skills, and attitudes regarding injury prevention that are developed through expectations in various subjects and disciplines within the Ontario curriculum.

1.0 Definition

Concussion is the term for a clinical diagnosis that is made by a medical doctor or a nurse practitioner. The definition of concussion used in this procedure is the one provided by the *Ministry of Education, PPM No. 158*.

A concussion:

- is a brain injury that causes changes in the way in which the brain functions and that can lead to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty in concentrating or remembering), emotional/behavioural (e.g., depression, irritability), and/or related to sleep (e.g., drowsiness, difficulty in falling asleep);
- may be caused either by a direct blow to the head, face, or neck or by a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull;
- can occur even if there has been no loss of consciousness (in fact, most concussions occur without a loss of consciousness);
- cannot normally be seen by means of medical imaging tests, such as X-rays, standard computed tomography (CT) scans, or magnetic resonance imaging (MRI) scans.

2.0 Concussion Awareness Strategies

Schools will make approved government of Ontario and locally developed concussion resources available to staff, students, parent(s)/guardian(s) and appropriate community members. Annual concussion awareness events will be held on Rowan's Law Day on the last Wednesday in September. Ongoing support will be provided to integrate student learning about concussion within relevant curriculum.

3.0 Concussion Awareness Training

Schools will provide annual concussion training for relevant school staff about this procedure and the content of the approved concussion resources. On or before the last Wednesday in September, Rowan's Law day, staff will access, complete and confirm a review of the online materials provided by Learning Support Services. These online materials remain active and are to be accessed as new staff are on-boarded throughout the year.

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| Administered By: Learning Support Services Amendment Date(s): 2020 November 09 |
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Student Concussion Protocol

4.0 Concussion Prevention Strategies

As with all aspects of student safety, schools shall take a preventative approach, using education as an important tool to prevent and minimize risk of injury. Schools will utilize a range of strategies for minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site school events, promoting a culture of "safety-mindedness" for all.

4.1 Concussion Codes of Conduct

Concussion Codes of Conduct have been established for several groups participating in board-sponsored interschool sports. Concussion codes of conduct will be made available through school and board websites and by request at school offices.

Principals will ensure confirmation at the beginning of each school year or prior to the start of each sport season, that the relevant concussion code of conduct was reviewed by the following individuals prior to participation in board-sponsored interschool sports:

- students participating in board-sponsored interschool sports;
- parent(s)/guardian(s) of students under 18 years of age who are participating in board-sponsored interschool sports;
- coaches participating in board-sponsored interschool sports;
- team trainers participating in board-sponsored interschool sports.

Schools are required to retain a record confirming review of concussion codes of conduct.

5.0 Identification of a Suspected Concussion

Thames Valley District School Board adheres to the OPHEA concussion protocols when identifying suspected concussions.

5.1 Identification

Only a doctor or a nurse practitioner can diagnose a concussion.

The role of school personnel is to *identify a suspected concussion*. 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 student must be removed from participation. The individual (e.g., teacher/coach) responsible for that student must take immediate action. The individual may not defer to another adult or designate for follow up action, but must follow the process outlined in the "[Tool to Identify a Suspected Concussion](#)".

A copy of the completed "[Tool to Identify a Suspected Concussion](#)" and a copy of the "[Medical Concussion Assessment Form](#)" are to be provided to the

Student Concussion Protocol

parent(s)/guardian(s) in the event of a suspected concussion check, even if no immediate signs or symptoms are present.

A student who is suspected of having sustained a concussion, or the student's parent(s)/guardian(s), if the student is under 18 years of age, should be encouraged to provide confirmation that the student has undergone a medical assessment by a physician or nurse practitioner to support the student's return to learning.

A student who is suspected of having sustained a concussion, or the student's parent(s)/guardian(s), if the student is under 18 years of age, must provide confirmation that the student has undergone a medical assessment by a physician or nurse practitioner and has not been diagnosed with a concussion, along with confirmation that the student has been medically cleared, before the student can return to full participation in physical activity.

Once the parent(s)/guardian(s) has informed the school principal of the results of the medical concussion assessment, the school principal must

- Inform all school staff (e.g., classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the diagnosis; and,
- File written documentation ("[Tool to Identify a Suspected Concussion](#)" and a copy of the "[Medical Concussion Assessment Form](#)") of the results of the medical assessment in the student's OSR.

In the event that a medical assessment results in a diagnosis of concussion, the student will follow the return to school plan.

6.0 Return to School Plan

Thames Valley District School Board adheres to the OPHEA concussion protocols when developing return to school plan.

The ultimate responsibility to ensure that the Return to School Plan is followed lies with the school principal. The principal or designated staff lead will coordinate and communicate with parent(s)/guardian(s) and relevant school staff the details of the Return to School Plan.

Schools need to provide support to any student who has been diagnosed with a concussion, whether on board or school site, or at home or in the community. For a student with a diagnosed concussion, schools must develop an individualized and gradual "return to school and/or return to physical activity" plan. There is no pre-set formula or timeline for individual student plans; as with any school response to a student medical/physical need, the Return to School Plan needs to be differentiated to reflect the individual nature of student injury/recovery process.

Student Concussion Protocol

The Return to School Plan is an individualized, five stage recovery process; the details of which are outline in the "[School Concussion Management Form](#)" and in the OPHEA Concussion Protocol.

Throughout the development and implementation of the Return the School Plan, the Principal or designated lead shall inform parent(s)/guardian(s) of the importance of sharing with the school any medical advice or recommendations received in relation to the student's concussion diagnosis and their return to learning and physical activity. Parent(s)/guardian(s) are reminded of the importance of disclosing the concussion diagnosis to any relevant organizations with which the student is involved or registered (e.g., sport organizations).

7.0 Concussion Tracking

Tracking a student's progress, from removal from an activity due to a suspected concussion, to the return, through graduated steps, to school and to physical activity will be accomplished utilizing the tracking forms outlined in the OPHEA Concussion Protocol listed below:

- [Tool to Identify a Suspected Concussion](#);
- [Medical Concussion Assessment Form](#);
- [Home Concussion Management Form](#) (Return to School Plan);
- [School Concussion Management Form](#) (Return to School Plan);
- [Medical Concussion Clearance Form](#).

Completed copies of the above forms are to be retained in the student's OSR.

Tool to Identify a Suspected Concussion

This tool, completed by school staff, is used to identify the signs and/or symptoms of a suspected concussion, to respond appropriately and to communicate this information and follow-up requirements to parents/guardians. This tool may also be used for continued monitoring of the student. Complete the appropriate steps.

Student name: _____ Date: _____
 Time of incident: _____ A.M. P.M. Teacher/Coach: _____

Identification of Suspected Concussion: If after a jarring impact to the head, face or neck, or elsewhere on the body, an impulsive force is transmitted to the head (observed or reported), and the individual (for example, teacher/coach) responsible for that student suspects a concussion, the Steps within this tool must be taken immediately.

Step A: Red Flags Signs and Symptoms

Check for Red Flag sign(s) and/or symptom(s). If any one or more red flag sign(s) and/or symptom(s) are present, call 911, followed by a call to parents/guardians/emergency contact.

- | | | |
|--|--|--|
| <input type="checkbox"/> Neck pain or tenderness | <input type="checkbox"/> Severe or increasing headache | <input type="checkbox"/> Double vision |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Increasingly restless, agitated, or combative | <input type="checkbox"/> Deteriorating conscious state |
| <input type="checkbox"/> Seizure or convulsion | <input type="checkbox"/> Weakness or tingling/burning in arms or legs | <input type="checkbox"/> Loss of consciousness |

Step B: Other Signs and Symptoms

If Red Flag(s) are not identified, continue and complete the steps (as applicable) and Step E: Communication to Parent/Guardians.

| | | |
|--|---|---|
| Step B1: Other Concussion Signs Check visual cues (what you see). | | |
| <input type="checkbox"/> Balance, gait difficulties, motor coordination, stumbling, slow laboured movements <input type="checkbox"/> Blank or vacant look <input type="checkbox"/> Disorientation or confusion, or an inability to respond appropriately to questions <input type="checkbox"/> Facial injury after head trauma <input type="checkbox"/> Lying motionless on the playing surface (no loss of consciousness) <input type="checkbox"/> Slow to get up after a direct or indirect hit to the head | | |
| Step B2: Other Concussion Symptoms Reported (What the Student is Saying) Check what students report feeling. | | |
| <input type="checkbox"/> Balance problems <input type="checkbox"/> Blurred vision <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty remembering <input type="checkbox"/> Dizziness <input type="checkbox"/> "Don't feel right" <input type="checkbox"/> Drowsiness | <input type="checkbox"/> Fatigue or low energy <input type="checkbox"/> Feeling like "in a fog" <input type="checkbox"/> Feeling slowed down <input type="checkbox"/> Headache <input type="checkbox"/> More emotional <input type="checkbox"/> More irritable | <input type="checkbox"/> Nausea <input type="checkbox"/> Nervous or anxious <input type="checkbox"/> "Pressure in head" <input type="checkbox"/> Sadness <input type="checkbox"/> Sensitivity to light <input type="checkbox"/> Sensitivity to noise |

If any sign(s) and/or symptom(s) worsen, call 911.

Step B3: Conduct Quick Memory Function Check

Questions may need to be modified for very young students, the situation/activity/sport and/or students receiving special education programs and services. Failure to answer any one of the questions correctly may indicate a concussion. Record student responses.

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

Step C: Where sign(s) observed and/or symptom(s) are reported, and/or If the student fails to answer any of the Quick Memory Function Check questions correctly

Actions Required:

- A concussion should be suspected
- The student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better; and
- The student must not:
 - o leave the premises without parent/guardian (or emergency contact) supervision;
 - o drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner;
 - o take medications except for life-threatening medical conditions (for example, diabetes, asthma).

The teacher/coach informs parent/guardian that the student needs urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore, all students with a suspected concussion should undergo evaluation by one of these professionals. In rural or northern regions, a medical assessment may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner.

The parents/guardians must be provided with a completed copy of this form and a copy of a **Medical Assessment Form**. The teacher/coach informs the principal of incident.

Step D: If there are no signs observed, no symptoms reported, and the student answers all questions in the Quick Memory Function Check correctly but a possible concussion event was recognized by teacher/coach

Actions Required:

- The student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better. Principals must be informed of the incident.
- The teacher/coach informs the parent/guardian of the incident and that the student attends school and requires continued monitoring for 24 hours as signs and/or symptoms can appear hours or days after the incident:
 - o if any red flags emerge call 911 immediately
 - o If any other sign(s) and/or symptoms emerge, the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
 - o the parent/guardian communicate the results of the medical assessment to the appropriate school personnel using a **Medical Assessment Form**.
 - o If after 24 hours of monitoring no sign(s) and or symptom(s) have emerged, the parent/guardian communicate the results to the appropriate school official using the school's process and/or form. The student is permitted to resume physical activities. Medical clearance is not required.

Step E: Communication to Parent/Guardian

Summary of Suspected Concussion Check - Indicate appropriate results and follow-up requirements.

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 sign(s) were observed and/or symptoms reported and emergency medical services (EMS) called.
- Other concussion sign(s) were observed and/or symptom(s) reported and/or the student failed to correctly answer all the Quick Memory Function questions.
- No sign(s) or symptom(s) were reported and student correctly answered all of the questions in the Quick Memory Function Check but a possible concussion event was recognized. Student attends school, no physical activity, with continued monitoring at school and home for 24 hours. Continued monitoring is required (consult Step D).

Teacher/Coach/Intramural Supervisor signature (optional): _____

Forms for parents/guardians to accompany this tool:

- Medical Assessment Form

Parent/Guardian must communicate to principal/designate the results of 24 hour monitoring (using school process/form) period:

- Results of Medical Assessment
- No concussion sign(s) and/or symptom(s) were observed or reported after 24 hour monitoring period.

Notice of Collection: The personal information provided on this form and any other correspondence relating to involvement in Board programs is collected by the Thames Valley District School Board under the authority of the Education Act and Regulations (R.S.O. 1990 c.E.2) as amended. The information will be used to register the student in a school, for the collection of applicable student/activity fees, as well as for any consistent purpose information is shared with employees such that they may carry out their job duties. In addition, the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to law enforcement matters, or in accordance with any other Act. For questions about this collection, contact the Board's Freedom of Information Co-ordinator, Thames Valley District School Board, 1250 Dundas St., London, Ontario, N5W 5P2. Telephone 519-452-2000 ext 20218.

For questions about this form, please contact your child's school.

Medical Concussion Assessment Form

The Medical Concussion Assessment Form is provided to a student that demonstrates or reports concussion signs and/or symptoms. For more information, consult the Tool to Identify a Suspected Concussion.

Student Name: _____

Date: _____

The student must be assessed as soon as possible by a medical doctor or nurse practitioner. In Canada, only medical doctors and nurse practitioners are qualified to provide a concussion diagnosis. In rural or northern regions, a nurse with a pre-arranged access to a medical doctor or nurse practitioner may be used to assess the suspected concussion. Prior to returning to school, the parents/guardians must inform the school principal of the results of the medical assessment.

Results of Medical Assessment

- My child/ward has been assessed and a concussion has not been diagnosed and therefore may resume full participation in learning and physical activity without any restrictions.
- My child/ward has been assessed and a concussion has been diagnosed and therefore, must begin a medically supervised, individualized, and gradual Return to School (RTS) and Return to Physical Activity (RTPA) Plan. *For more information, consult the Home Concussion Management Form (RTS and RTPA).*
- My child/ward has been assessed and a concussion has not been diagnosed but the assessment led to the following diagnosis and recommendations:

Medical doctor/nurse practitioner

Name: _____

Phone Number: _____

Parent/Guardian

Signature: _____

Date: _____

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For questions about this form, please contact your child's school.



School Concussion Management Form (Return to School Plan)

The Return to Learning (RTL) and Return to Physical Activity (RTPA) Plans have been developed in partnership with Parachute and are based on the most recent research and recommendations of the expert scientific community on concussion, that is the Canadian Guidelines on Concussion in Sport, July 2017 and the Berlin Consensus Statement on Concussion in Sport, October 2016. The School Concussion Management Form (Return to School Plan) is for parents/guardians and the school Collaborative Team to communicate and track a student's progress through the stages of the Return to Learning and Return to Physical Activity plans following completion of the Home Concussion Return to School Plan for Return to Learning and Return to Physical Activity. The RTL and RTPA plans are used with the Concussion Protocol.

This section includes:

- Background Information on the Concussion Recovery Process
- General Procedures for a School Concussion Management Form (Return to School Plan)
- Instructions for a School Concussion Management Form (Return to School Plan)
- School Concussion Management Form (Return to School Plan)

Background Information on the Concussion Recovery Process

A student with a diagnosed concussion needs to follow a Return to School Plan which includes an individualized and gradual Return to Learning (RTL) plan and Return to Physical Activity (RTPA) plan. In developing the Return to School Plan, the RTL process is designed to meet the particular needs of the student, as there is not a pre-set plan of strategies and/or approaches to assist a student returning to their learning activities. In contrast the RTPA plan follows an internationally recognized graduated approach. The management of a student concussion is a shared responsibility, requiring regular communication, between the home, school (Collaborative Team) and sport organizations with which the student is involved and registered with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare providers (for example, nurses, physiotherapists, chiropractors and athletic therapists).

There are two parts to a student's RTL and RTPA plan. This first part occurs at home and prepares the student for the second part which occurs at school. The school part of the plan begins with:

- A meeting with the principal/designate to provide the parent(s)/guardian(s) information on:
 - the school part of the RTL and RTPA plan
 - the Collaborative Team participants and parent(s)/guardian(s) role on the team
- A student assessment to determine possible strategies and/or approaches for student learning

The home stages of the Return to School Plan for RTL and RTPA (Initial Rest to Stage 2 for RTS and Initial Rest to Stage 2b of RTPA) focuses on a student's progression through the home stages of the RTL and RTPA plan. It has been designed to provide direction for, and documentation of the stages of the RTL and RTPA plan.

General Procedures for a School Concussion Management Form (Return to School Plan)

Stages 3a to 4b of the Concussion Return to School Plan for Return to Learning (RTL) and stages 3 to 6 of the Concussion Return to School Plan for Return to Physical Activity (RTPA) focuses on a student's progression through the school stages of the Return to Learning (RTL) plan and Return to Physical Activity (RTPA) plan. It has been designed to provide direction for, and documentation of the stages of the RTL and RTPA Plan.

The school part of the plan begins with:

- A parent/guardian and principal/designate meeting (for example, in-person, phone conference, video conference, email) to provide information on:
 - The school part of the RTL and RTPA plan;
 - The Collaborative Team members and their role (for example, parent/guardian, student, principal/designate, team lead, teacher(s), medical doctor or nurse practitioner and/or appropriate licensed healthcare provider).
- A student conference to determine the individualized RTL plan and to identify:
 - the RTL learning strategies and/or approaches required by the student based on the post- concussion symptoms;
 - the best way to provide opportunities for the permissible activities

The general procedures for return to school are:

- Stages 3a to 4b of the Concussion Return to School Plan for Return to Learning (RTL) and Stages 3 to 6 of the Concussion Return to School Plan for Return to Physical Activity (RTPA) occur at school and where appropriate the RTPA part of the plan may occur at sport practices (for example, student is not enrolled in physical education)
- Inform parent/guardian/student of the importance to disclose a concussion diagnosis with any outside coach/sport organization(s) with which the student is involved or registered.
- Stages are not days – each stage must take a minimum of 24 hours and the length of time needed to complete each stage will vary based on the severity of the concussion and the student.
- Completion of the RTL and RTPA plans may take 1-4 weeks.
- A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- A student is tolerating an activity if their symptoms are not exacerbated (aggravated, intensified, made worse).
- While the RTL and RTPA stages are inter-related they are not interdependent. A student's progress through the stages of RTL is independent from their progression through the RTPA stages. However, students must have completed Stage 4a and 4b of RTL and Stage 4 of RTPA and have obtained Medical Clearance prior to beginning Stage 5 of RTPA.
- Until a student has successfully completed all stages in the RTL plan they must not participate in the following physical activities where the risk of re-injury is possible:
 - full participation in the physical education curricular program;
 - intramural activities
 - full participation in on-contact interschool activities; or
 - participation in practice for a contact sport.
- A student that has no symptoms when they return to school, must progress through all the RTL stages and RTPA stages and remain symptom free for a minimum of 24 hours in each stage prior to moving to the next stage.
- The plan does not replace medical advice.
- During all stages of RTP and in Stages 1-4 of RTPA:
 - If symptoms return or new symptoms appear, the student returns to previous stage for a minimum of 24 hours and only participates in activities that can be tolerated.
- During stages 5 and 6 of RTPA:
 - If symptoms return or new symptoms appear, the student must return to medical doctor/nurse practitioner to have the Medical Clearance re-assessed.

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- During all stages of RTL and RTPA if symptoms worsen over time, follow school (collaborative team procedures) for contacting parents/guardians to inform them that the student needs a follow-up medical assessment.
 - Progression through the plan is individual, timelines and activities may vary.
 - Upon completion of the RTL and RTPA plans, this form is returned to the principal/designate for filing as per school board's procedures.

Instructions for the School Concussion Management Form (Return to School Plan)

At each stage, the School Concussion Management Form (Return to School Plan) for Return to Learning (RTL) and Return to Physical Activity (RTPA) (hard copy/electronic) will go back and forth between the school and home.

- Review the activities (permitted and not permitted) at each stage prior to beginning the plan.
- The school (for example, teacher, collaborative team lead) provides appropriate activities and records student's progress by checking, dating, initialling completion of each stage and communicating information (form) to parent/guardian.
- Within each stage, the parent/guardian completes, checks, dates and signs the student's tolerance to those activities (that is, no returning, new or worsening symptoms) giving permission for the student to progress to the next stage and returns completed form to school.

School Concussion Management Form (Return to School Plan)

The Return to Learning (RTL) and Return to Physical Activity (RTPA) Plans have been developed in partnership with Parachute and are based on the most recent research and recommendations of the expert scientific community on concussion, that is the Canadian Guidelines on Concussion In Sport, July 2017 and the Berlin Consensus Statement on Concussion In Sport, October 2016. The RTL and RTPA plans are inter-related however, they are not interdependent. A student's progress through the stages of RTL is independent from their progression through the RTPA stages. Different students will progress at different rates. Before using the School Concussion Management Form (Return to School Plan), consult the General Procedures and the instructions for the School Concussion Management Form (Return to School Plan). The School Concussion Management Form (Return to School Plan) derives from stages 3a to 4b of the Concussion Return to School Plan for Return to Learning and the stages of 3 to 6 of the Concussion Return to School Plan for Return to Physical Activity.

Student Name: _____

Date: _____

Return to Learning (RTL)

Stage 3a

- The student begins with an initial time at school of 2 hours.
- The individual RTL plan is developed by Collaborative Team following the student conference and assessment of the student's individual needs determining possible strategies and/or approaches for student learning.
 - Activities permitted if tolerated by student:
 - Activities from previous stage (consult the Concussion Return to School Plan for Return to Learning and the Concussion Return to School Plan for Return to Physical Activity.)
 - School work for up to 2 hours per day in smaller chunks (completed at school) working up to a 1/2 day of cognitive activity
 - Adaptation of learning strategies and/or approaches
 - Activities that are not permitted at this stage:
 - Tests/exams/homework
 - Music class
 - Assemblies
 - Field trips

School Responsibility

- The student has demonstrated they can tolerate up to a half day of cognitive activity.
- The School Concussion Management Form (Return to School Plan) is sent home to parents/guardians.

School Initial (for example, collaborative team lead/designate): _____ Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian Signature: _____ Date: _____

Comments: _____

Stage 3b

- The student continues attending school half time with gradual increase in school attendance time, increased school work and a decrease in the adaptation of learning strategies and/or approaches.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - School work for 4-5 hours per day, in smaller chunks (for example, 2-4 days of school/week)
 - Homework – up to 30 minutes per day
 - Decrease adaptation of learning strategies and/or approaches
 - Classroom testing with accommodations
 - Activities that are not permitted at this stage:
 - Standardized tests/exams

School Responsibility

- The student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed.
- The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): _____ **Date:** _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian Signature: _____ **Date:** _____

Comments: _____

Stage 4a

- Full day school, minimal adaptation or learning strategies and/or approaches
- Nearly normal workload.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - Nearly normal cognitive activities
 - Routine school work as tolerated
 - Minimal adaptation of learning strategies and/or approaches (start to eliminate adaptation of learning strategies and/or approaches; increase homework to 60 minutes per day; limit routine testing to one test per day with accommodations (for example, supports, such as more time)
 - Activities that are permitted at this stage:
 - Standardized tests/exams

School Responsibility

- The student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches.
- The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): _____ **Date:** _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian Signature: _____ **Date:** _____

Comments: _____

Stage 4b

- At school: full day, without adaptation of learning strategies and/or approaches
 - Activities permitted if tolerated by student:
 - Normal cognitive activities
 - Routine school work
 - Full curriculum load (attend all classes, all homework, tests)
 - Standardized tests/exams
 - Full extracurricular involvement (non-sport/non-physical activity, for example, debating club, drama club, chess club)

School Responsibility

- The student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches.
- The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): _____ **Date:** _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.

Parent/Guardian Signature: _____ **Date:** _____

Comments: _____

Return to Physical Activity (RTPA)

Stage 3

- Simple locomotor activities/sport-specific exercise to add movement
 - Activities permitted if tolerated by student:
 - Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace)
 - Simple individual drills (for example, running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury
 - Restricted recess activities (for example, walking)
 - Activities that are not permitted at this stage:
 - Full participation in physical education or Daily Physical Activity, participation in intramurals
 - Full participation in interschool practices
 - Interschool competitions
 - Resistance or weight training
 - Body contact or head impact activities (for example, heading a soccer ball)
 - Jarring motions (for example, high speed stops, hitting a baseball with a bat)

School Responsibility

- The student has demonstrated they can tolerate simple individual drills/sport specific drills as listed in permitted activities.
- The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): _____ Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian Signature: _____ Date: _____

Comments: _____

Stage 4

- Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - More complex training drills (for example, passing drills in soccer and hockey)
 - Physical activity with no body contact (for example, dance, badminton)
 - Participation in practices for non-contact interschool sports (no contact)
 - Progressive resistance training may be started
 - Recess – physical activity running/games with no body contact, Daily Physical Activity

- Activities that are not permitted at this stage:
 - Full participation in physical education
 - Participation in intramurals
 - Body contact or head impact activities (for example, heading a soccer ball)
 - Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)

School Responsibility

- The student has completed the activities in Stage 4 as applicable.
- The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.
- A Concussion Medical Clearance Form is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): _____ Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian Signature: _____ Date: _____

Comments: _____

- Before progressing to Stage 5, the student must:
 - have completed Stage 4a and 4b of RTL (full day at school without adaptation of learning strategies and/or approaches)
 - have completed Stage 4 of RTPA and be symptom-free; and
 - obtain a signed medical clearance from a medical doctor or nurse practitioner.
- Please Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery

Stage 5

- Following medical clearance, full participation in all non-contact physical activities (that is, non-intentional body contact) and full contact training/practice in contact sports.
 - Activities permitted if tolerated by student:
 - Physical Education
 - Intramural programs
 - Full contact training/practice in contact interschool sports
 - Activities that are not permitted at this stage
 - Competition (for example, games, meets, events) that involves body contact

School Responsibility

- The student has completed the applicable physical activities in Stage 5.
- The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): _____ **Date:** _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms.
- The student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for a Medical Clearance reassessment.
- The School Concussion Management Form (Return to School Plan) is sent back to school.

Parent/Guardian Signature: _____ **Date:** _____

Comments: _____

Stage 6

- Unrestricted return to contact sports. Full participation in contact sport games/competitions.

School Responsibility

- The student has successfully completed full participation in contact sports.
- The School Concussion Management Form (Return to School Plan) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): _____ **Date:** _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms or new symptoms.
- The student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for a Medical Clearance reassessment.
- The School Concussion Management Form (Return to School Plan) is sent back to school for documentation purposes.

Parent/Guardian Signature: _____ **Date:** _____

Comments: _____

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For questions about this form, please contact your child's school.



Medical Concussion Clearance Form

The Medical Concussion Clearance Form is for students who have completed Stage 4b of the Concussion Management Plan for Return to School (RTS) and Stage 4 of the Concussion Management Plan for Return to Physical Activity (RTPA). 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 Stage 5).

Student Name: _____

Date: _____

I have examined this student and confirm they are medically cleared to participate in the following activities:

- Full participation in Physical Education classes
- Full participation in Intramural physical activities (non-contact)
- Full participation in non-contact Interschool Sports (practices and competition)
- Full-contact training/practice in contact Interschool Sports

Other Comments:

Medical Doctor/Nurse Practitioner

In rural or northern regions, the Medical Clearance Form may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not be otherwise accepted.

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.

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For questions about this form, please contact your child's school.



Concussion Code of Conduct for Interschool Sports (Coach/Team Trainer)

As a coach/team trainer at _____ for the 20__ - 20__ school year, I am committed to:
(school)

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.tvdsb.ca/en/our-board/concussion-resources.aspx>)
- 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 this code of conduct.

Signature: _____

Date: _____

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For questions about this form, please contact the school.



(This document will be retained for one (1) year.)

Concussion Code of Conduct for Interschool Sports (Officials)

As an official with _____ for the 20__ - 20__ school year, I am committed to:
(school board)

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 an official.

Fair play and respect for all

- I will demonstrate a commitment to fair play and will respect athletes, coaches/trainers, and spectators.

Concussion recognition and reporting

- I have read and am familiar with the approved Concussion Awareness Resource identified by the school board. (<https://www.tvdsb.ca/en/our-board/concussion-resources.aspx>)
- I understand the Concussion Awareness Resource identified by the school board must be reviewed once a year.

I, _____, have read and understand this code of conduct.

Signature: _____

Date: _____

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For questions about this form, please contact the school.



(This document will be retained for one (1) year.)

Concussion Code of Conduct for Interschool Sports (Parent/Guardian)

As a parent/guardian of _____ at _____ for the 20__ - 20__ school year, I am committed to:
(student name) (school)

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 are unsure of.

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.tvdsb.ca/en/our-board/concussion-resources.aspx>)
- 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 this code of conduct.

Signature: _____

Date: _____

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For questions about this form, please contact your child's school.



Concussion Code of Conduct for Interschool Sports (Students)

As a student at _____ for the 20__ - 20__ school year, I am committed to:
(school)

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.tvdsb.ca/en/our-board/concussion-resources.aspx>)
- 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 this code of conduct.

Signature: _____

Date: _____

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For questions about this form, please contact your child's school.



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