

## REQUEST TO RESUME ACADEMIC AND PHYSICAL ACTIVITIES: CONCUSSION-RELATED INJURIES

The following student has been diagnosed with/is suspected of having a concussion. He/she must seek a diagnosis from a physician or nurse practitioner before resuming physical activities. If diagnosed as having a concussion, progression through Steps 1 – 7, including a second and third examination by a physician or nurse practitioner is required prior to resuming full physical activities.

**Student and Incident Information** (To be filled out by the school in a timely fashion. *The student's medical needs are priority*)

Student Name:			
Description of Incident:			
	If there is a loss of consciousness: initiate Emergency Action Plan and call 911. Assume there is a possible neck injury and, only if trained, immobilize the athlete before ambulance transportation to hospital. Otherwise, do NOT move athlete or remove athletic equipment (e.g. helmet)		
Description of Symptoms:			
Principal Signature:		Date:	

**Note 1:** After completing the above information, photocopy and provide one copy to parent/guardian and file one copy in the student's O.S.R.

### Physician Visit #1

Note to the physician/nurse practitioner: Please indicate and sign the box on the left (no concussion) or right (concussion).

<input type="checkbox"/> No concussion – student may return to: <ul style="list-style-type: none"> <li><input type="checkbox"/> regular physical education class activities</li> <li><input type="checkbox"/> intramural activities/clubs</li> <li><input type="checkbox"/> interschool sport activities</li> </ul> Medical signature: _____ Date: _____	<u>or</u>	<input type="checkbox"/> Concussion - no activity until symptoms and signs have gone  Student is to complete Steps 1-7 on the following page.  Medical signature: _____ Date: _____
Physician instructions: _____ _____ _____ _____ _____		

**Note 2:** The student/parent/guardian must show this form to the Principal, who will inform all teaching personnel of the school and provide a copy of this form to the student's classroom teachers, coaches and other relevant personnel.

**Note 3:** In the event of "no concussion" the doctor signed form must be filed in the student's O.S.R.

**If diagnosed as having a concussion:**

When diagnosed, the student and parents/guardians monitor symptoms and signs of the concussion. Ongoing communication between the teacher and parent/guardian throughout Steps 1-7 (on reverse) is essential. It is also very important that the student not do any physical activity if he/she shows any signs or symptoms.