

Concussion – Documentation of Medical Examination

THIS FORM MUST BE PROVIDED TO ALL STUDENTS SUSPECTED OF HAVING A CONCUSSION

_____ sustained a suspected concussion on _____.
(Student's Name) (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:

- No concussion** has been diagnosed.
- A concussion has been diagnosed**, and therefore, the student must begin a medically supervised, individualized, and gradual Return to Learn/Return to Physical Activity Plan.

Medical Doctor/ Nurse Practitioner Name: _____
(Please Print)

Medical Doctor/ Nurse Practitioner Signature: _____

Date: _____

Comments:

Information Collection Authorization: The personal information contained on this form has been collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and Policy and Program Memorandum 158, titled School Board Policies on Concussion. This information is collected to confirm whether or not a student has suffered a concussion. Questions regarding the information contained on this form should be directed to the parent/guardian.

USER: PRINCIPAL, TEACHERS

ORIGINAL: OSR COPIES: 1. PARENT/GUARDIAN/STUDENT, IF OVER THE AGE OF 18