

Parent/Guardian Code of Conduct & Concussion Resource for Interschool Sports

Please sign and return to the school

This code of conduct is to be completed by all parents of students under the age of 18 participating in board sponsored interschool sports.

As a parent/guardian of _____ who is attending
(Student's name)

_____ for the 20__ - 20__ school year, I am committed to:
(School name)

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/supervisor.
- 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 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.
- I will encourage my child to learn and follow the rules of the sport and follow the coach's/supervisor's instructions about prohibited play.
- I will support the coach's/supervisor'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/supervisor's instructions about the proper progression of skills and strategies of the sport and to ask questions and seek clarity regarding skills and strategies of which they are unsure.

Concussion recognition and reporting

- I will encourage my child to participate in discussions/conversations related to concussions, including signs and symptoms, with the coach/supervisor or caring adult.

- I will encourage my child to talk to their coach/supervisor/caring adult if they have any concerns about a suspected or diagnosed concussion or about their safety in general.
- I have read and am familiar with the Board's Concussion Policy and Support Document found on www.pvnccdsb.on.ca
- 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/supervisor 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 must 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.
- 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".
- 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 reviewed the board approved [Concussion Awareness Resources](#) within this school year (either through school or through my child's amateur competitive sports organization) prior to participation in the board sponsored interschool sport activity

Parent/Guardian Name: _____
(Please print)

Signature: _____ Date: _____

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.

USER: PRINCIPAL, TEACHERS, SPECIAL EDUCATION RESOURCE TEACHER, COACHES

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