

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**, and the student can resume full participation in school, sports, and physical activity without restrictions.
- A concussion has been diagnosed**, and therefore, the student must begin the Return to School (RTL) and Return to Physical Activity (RTPA) plans. **NOTE:** The student may return to school with support (RTL Stage 2) as tolerated. A second medical clearance will be required after RTPA Stage 3 before the student is permitted to participate in contact drills or competition.

Medical Doctor/ Nurse Practitioner Name: _____

Medical Doctor/ Nurse Practitioner Signature: _____

Date: _____

Comments:

¹ Parachute. (2024). Canadian Guideline on Concussion in Sport. (2nd edition) parachute.ca/guideline

Information Collection Authorization: Notice of Collection — In accordance with Section 29(2) of the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA). This information is collected under the legal authority of Section 265(1)(d) of the *Education Act* (R.S.O. 1990 c.E.2) as amended and may be used as necessary for administrative purposes related to: the Board's operation, school programs and educational services, student records (OSR), and requirements of the Ministries of the Government of Ontario.

The Board's 'Notice of Collection, Use and Disclosure' and 'Privacy Policy' may be viewed on the Board's website at www.pvnccdsb.on.ca. Questions about the privacy of student information should be directed to your school Principal or the Board's FOI and Privacy Officer at 705-748-4861 or via email at communications@pvnccdsb.on.ca.

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

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