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Bloorview
SCHOOL AUTHORITY

Title: **CONCUSSIONS**

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Authorization: Rowan's Law (Bill 193)
Ontario Ministry of Education PPM 158

PURPOSE

In accordance with Rowan's Law (Bill 193) (Concussion Safety), 2018 it is the responsibility of the Bloorview School Authority (BSA) to establish and maintain a policy for students diagnosed with a concussion.

The safety of students with a medical condition such as concussion is a shared responsibility of the school, health care provider and parents. BSA will help protect the safety of students from concussions and head injuries. This policy sets out procedures and guidelines:

- Respecting the distribution of information to students, parents, guardians, school staff and volunteers about the prevention of head injuries, the identification of symptoms of concussions and the management of concussions;
- Respecting when a student who is suspected of having sustained a concussion is to be removed from school activities
- Respecting the return of a student who has or may have sustained a concussion to school activities
- Respecting the responsibilities of school staff in the identification of symptoms of concussions and the management of concussions.

The BSA Concussion Policy was developed in collaboration with the Concussion Centre from Holland Bloorview Kids Rehabilitation Hospital.

BSA's Concussion Policy and Protocol has eight components:

1. Prevention
2. Awareness, concussion code of conduct and training
3. Recognize a suspected concussion
4. Remove-from-activity protocol
5. Initial medical assessment
6. Recovery and clinical support
7. Gradual return-to-school and physical activity
8. Medical clearance for unrestricted physical activity

1. CONCUSSION PREVENTION:

School staff, hospital staff and volunteers are responsible for ensuring student safety during school activities through appropriate application of policies in all situations.

2. ANNUAL AWARENESS, TRAINING AND CODE OF CONDUCT:

a) **Concussion Awareness:** All students, parents, school staff and hospital staff working at BSA must review the government's concussion awareness resources as may be prescribed under Rowan's Law (Ontario.ca/concussion) at the start of each school year annually. Parents/Guardians must sign Receipt of Review of a Concussion Awareness Resource to confirm their review. (Appendix A)
b) **Concussion Code of Conduct**: All school staff members must review and sign the Concussion Code of Conduct at the start of the school year annually (Appendix B)
c) **Training:** The school will provide annual training on concussion awareness, prevention, identification, and management for all school staff.

3. RECOGNIZE A SUSPECTED CONCUSSION

a) **What is a concussion?** Concussion is a form of a traumatic brain injury induced by biomechanical forces that results in signs and symptoms after a blow to the head or the body that typically resolve spontaneously within 1-4 weeks of injury. A concussion can result in non-specific physical, cognitive, sleep and emotional symptoms.

b) **When should a concussion be suspected?** All students who experience any concussion reported signs and symptoms *(Figure 1)* or visual/observation symptoms *(Figure 2)* following a blow to the head or another part of the body is considered to have a suspected concussion and must stop participation in the sport or school activity immediately. School activities could include: Phys Ed, playground, field trips, bus trips, classroom, assembly, etc. Symptoms of concussion typically appear immediately but may be delayed and evolve within the first 24-48 hours.

c) **A suspected concussion can be identified through:**
   i. Self-reported signs and symptoms by a student– Even if only one symptom *(Figure 1)*
   ii. Observable signs and symptoms from any school staff member *(Figure 2)*
   iii. School Staff must notify the BSA school nurse if a student experiences any signs or symptoms from Figure 1, 2 3
   iv. If a student experiences a sudden onset of any of the "red flag symptoms" 911 and code blue should be called immediately *(Figure 3).*

Figure 1: GENERAL CONCUSSION SYMPTOMS		
Headache	Feeling mentally foggy	Sensitive to light
Nausea	Feeling slowed down	Sensitive to noise
Dizziness	Difficulty concentrating	Irritability
Vomiting	Difficulty remembering	Sadness
Visual problems	Drowsiness	Nervous/anxious
Balance problems	Sleeping more/less than usual	More emotional
Numbness/tingling	Trouble falling asleep	Fatigue

FIGURE 2: VISUAL/OBSERVABLE SIGNS
Lying down motionless on the playing surface
Slow to get up after a direct or indirect hit
Disorientation or confusion, or inability to response appropriately to questions
Blank or vacant look
Balance, gait difficulties motor incoordination, stumbling, slow labored movements
Facial injury after head trauma

Figure 3: RED FLAG SYMPTOMS – 911 and Code Blue	
Headaches that worsen	Cannot recognize people or places
Seizures or convulsion	Increasing confusion or irritability
Repeated vomiting	Weakness/tingling/burning in arms or legs
Loss of consciousness	Persistent or increasing neck pain
Looks very drowsy/can't be awakened	Unusual behavioural change
Slurred speech	Focal neurologic signs (e.g., paralysis, weakness)

Note: The Concussion Recognition Tool 5 is valuable for all first responders in recognizing suspected concussions and responding to more severe brain injury or potential neck injury.

3. REMOVE-FROM-ACTIVITY PROTOCOL

a) **Onsite remove-from-activity protocol:** All school staff hold a responsibility to recognize the signs and symptoms of concussion. If there is doubt whether a concussion has occurred, it is to be assumed that it has and the student is to be removed from school activities. **If in doubt, sit them out.** Once a concussion is suspected, the most responsible school staff member present/on-site at the time must follow the remove-from-activity protocol:
   i. Remove the student from the current activity and do not let them return.
   ii. Contact the BSA school nurse who will assess the student for signs of a suspected concussion.
   iii. Staff member to monitor the student with a suspected concussion until transferred care to parent. Do not leave the student alone.
   iv. The BSA school nurse will inform the parent/guardian about the suspected concussion; and that they must take their child to be assessed by a medical doctor or nurse practitioner as soon as possible.
   v. The staff member who suspected the concussion injury must fill in and submit the ***Suspected Concussion Report Form (Appendix C)*** on the day of the injury and provide to school administer.

b) **Offsite or outside school hour's protocol:** If a student is suspected to have sustained a concussion while travelling with the school (i.e., school bus or field trip) it is the responsibility of the school staff member to complete the above steps.

c) **Non-school related activities protocol:** If a student is suspected to have sustained a concussion from non-school related activities, it is the responsibility of the parent/guardian providing care to report the incident to the school administer. The parent/guardian must provide documentation confirming the diagnosis of a concussion from a medical assessment administer. Since the concussion did not occur during a BSA activity, no Suspected Concussion Report Form is needed.

d) **Emergency medical assessment:** If there are any signs or suspicion of a more serious head, neck, or spine injury (i.e., red flag symptoms in Figure 3) then the emergency action plan should be initiated by calling 911 and calling a Code Blue. School staff, hospital staff and volunteers should

not make any effort to remove equipment or move the student until the ambulance has arrived. The student should not be left alone until the ambulance arrives. If any red flags symptoms are observed or reported within 48 hours of an injury, then the student should be transported for urgent medical assessment at the nearest emergency department.

4. INITIAL MEDICAL ASSESSMENT

If a student is suspected of having sustained a concussion, the parents and the School Nurse will be advised. The student will not be permitted to return to any school activities until after the School Nurse has made an assessment and has either cleared the student to return or has required further medical attention from a medical doctor or a nurse practitioner. This is to ensure all students with suspected concussions seek medical assessment for proper diagnosis and follow a gradual return to school and return to physical activity plan if diagnosed with a concussion. Written positive or negative diagnosis must be obtained at this appointment and provided to the school administrator. Written documentation by a medical doctor or nurse practitioner may be provided in any format from the medical assessment. A recommended *Medical Assessment Letter* can be found in *Appendix D.*

a) No Concussion Diagnosed (determined by a medical doctor or nurse practitioner):

- Medical doctor or nurse practitioner checks the box “No Concussion Diagnosed:”
  - Plus any other recommendations and signs and dates the form.
- The student/parent/guardian must show this form to the school administrator who will inform all relevant personnel. Form will be stored with our medical documents.
- Parent/guardian should continue to monitor the student for at **least 24-48 hours** after the injury event, as signs and symptoms may take hours appear.

b) Concussion Diagnosed (determined by a medical doctor or nurse practitioner):

- Medical doctor or nurse practitioner checks the box “Concussion Diagnosed” plus any other recommendations and signs and dates the form.
- The student/parent/guardian must show this form to the school administrator.
- Communication and coordination plan around return-to-school and return-to-physical activity will be initiated.

5. RECOVERY AND CLINICAL SUPPORT

a) Recovery: An initial period of 24-48 hours of rest is recommended following a concussion with limited physical and cognitive activity. After an initial period of rest, it is recommended that low to moderate level physical and cognitive activity be gradually started at a level that does not result in exacerbation of symptoms. **Activities that pose no/low risk of sustaining a concussion should be resumed even if mild residual symptoms are present or whenever acute symptoms improve sufficiently to permit activity**. **Prolonged rest is not recommended for concussion recovery. However, students must avoid activities associated with a risk of contact, fall, or collisions such as high speed and/or contact activities and full-contact sport that may increase the risk of sustaining another concussion during the recovery period until clearance by a medical doctor or nurse practitioner.**
Most students (70%) who sustain a concussion will be able to return to full school and physical activities, generally within four weeks of injury. However, approximately 15-30% will experience symptoms that persist beyond that timeframe. Students who have several delayed modifiers

benefit most from early referral to specialized concussion care <4 weeks (recommendation 2.1b). Students who experience prolonged concussion symptoms for >4 weeks require referral to medically supervised multidisciplinary concussion services.

b) Clinical Support: If a student experiences concussion symptoms for longer than 4 weeks and the student requires ongoing support for concussion symptom management, they can be referred to the persistent concussion clinic at Holland Bloorview for continued care The referral form can be found online (www.hollandbloorview.ca/concussion) and also found in *Appendix E*.

6. GRADUAL RETURN-TO-SCHOOL AND PHYSICAL ACTIVITY

After the initial rest period of 24-48 hours, the student should commence stage 1 of the return-to-school and physical activity protocol which includes symptom-limited activities. An individualized and gradual "return-to-school and/or return to physical activity" plan should be developed for each student. These protocols may happen simultaneously with different progression timelines, however all students should return to full school schedule and workload prior to returning to unrestricted physical activity.

a) Return-to-school protocol

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the child symptoms	Typical activities of the child during the day as long as they do not increase symptoms (e.g., reading, texting, screen time). Start with 5–15 min at a time and gradually build up	Gradual return to typical activities
2	School activities	Homework, reading or other cognitive activities outside of the classroom	Increase tolerance to cognitive work
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day	Increase academic activities
4	Return to school full time	Gradually progress school activities until a full day can be tolerated	Return to full academic activities and catch up on missed work

McCrory P, et al. Br J Sports Med 2017;**0**:1–10. doi:10.1136/bjsports-2017-097699

A student who has been medically assessed may return to school with accommodations as needed. The school nurse will serve as the main point of contact for the student, the parents/guardians, teachers, school staff, volunteers and Holland Bloorview staff to coordinate return-to-school supports. The school nurse will work with staff to ensure consistency through return-to-school support. This may include identification of the student's symptoms and how the student responds to various activities in order to develop and/or modify appropriate strategies and approaches that meet the changing needs of the student

Prolonged absence from school and cognitive activities is not recommended for recovery. Students who return to school may require individualized classroom strategies and/or approaches to return to learning activities, which will need to be adjusted throughout recovery. The school nurse will support the student and make teachers aware of the possible difficulties (i.e. cognitive, emotional, or behavioural) and accommodations the student may require in additional to pre-existing accommodations when returning to learning activities following a concussion. These difficulties may be subtle and temporary, but may significantly impact a student's performance. When required and available, students may also work with trained healthcare professionals on return-to-school strategies.

c) Return-to-physical activity protocol

Stage	Aim	Activity	Goal of each step
1	Symptom-limited activities	After an initial short period of rest of 24-48 hours, light cognitive and physical activity can begin. Starting with daily activities around the house, simple chores, and gradually introducing school work at home.	Gradual reintroduction of activities
2	Light aerobic activity	Light exercise that increases heart rate for 15-30 minutes. The duration and intensity of the aerobic exercise can be gradually increased over time if symptoms do not worsen and no new symptoms appear during or after the exercise. No resistance training. • Playground use/Phys Ed: Low risk activities in more controlled environments is appropriate. • Students must avoid activities associated with a risk of contact, falling, or collisions	Increase heart rate
3	Individual exercise	Aerobic exercise with more movement and coordination done individually in a controlled environment. No resistance training. • Playground use/Phys Ed: Low risk activities in more controlled environments is appropriate. • Students must avoid activities associated with a risk of contact, falling, or collisions	Add movement
4	Group based exercise	Aerobic exercise with more movement and coordination done with classmates in a controlled environment. Start to add in resistance training (if applicable). • Playground use/Phys Ed: Low risk activities in more controlled environments is appropriate • Students must avoid activities associated with a risk of contact, falling, or collisions	Exercise, coordination and increased thinking
Medical Clearance Required			
5	Unrestricted physical activity	Unrestricted playground, physical education and physical activity participation, which includes risk of contact, falling, or collisions. Following clearance by a medical doctor or nurse practitioner.	Restore confidence and assess functional skills

McCrory P, et al. Br J Sports Med 2017;0:1–10. doi:10.1136/bjsports-2017-097699

The school nurse will serve as the main point of contact for the student, the parents/guardians, school staff, hospital staff and volunteers to coordinate return-to-physical activity in the school environment. The school nurse will work with staff to ensure consistency through return-to-physical activity and return-to-school. Students should complete each stage of the return-to-physical activity protocol for a

minimum of 24 hours without new or worsening symptoms before progressing to the next stage. If a student experiences, new or worsening symptoms at a particular stage they should return to the previously successful stage. Students may work with a trained healthcare professional to provide guidance or more individualized recommendations when increasing physical activity and exercise during recovery.

7. MEDICAL CLEARANCE FOR UNRESTRICTED PHYSICAL ACTIVITY (STAGE 5)

Prior to returning to unrestricted physical activity within the school environment (i.e., Stage 5), each student must provide a medical clearance letter that specifies that a medical doctor or nurse practitioner has personally evaluated the student and has cleared the student to return to unrestricted physical activity. This is to ensure all students with diagnosed concussions have been medically cleared before participating in activities associated with falls or collisions such as high speed and/or contact that may increase the risk of sustaining another concussion.
Written clearance by a medical doctor or nurse practitioner may be provided in any format from the medical appointment. A recommended *Medical Clearance Letter* template can be found in *Appendix F*.

a) Letter must state the student has completed stages 1-4 of the return-to-physical activity protocol without concussion symptoms and is cleared to return to unrestricted physical activity participation (i.e., stage 5)
b) A student must have successfully returned to all school activities without symptoms above their previous pre-injury level or require accommodations related to their concussion/post-concussion symptoms, (e.g., child/adolescent may have pre-existing accommodations or new accommodations related to something other than their concussion).
c) The student/parent/guardian must show this form to the school administrator who will notify the involved staff to allow the student to progress to unrestricted physical activity participation in the school environment.

APPENDIX A - March 2023

Informed Consent for Student Participation and Acknowledgment of Risks
Review of Concussion Information and Awareness Resource

Child's Name: _____ Date of Birth:_____

1.0 Elements of Risk Notice

The risk of injury exists in every activity with a possibility of contact, falling, or collisions. Due to the nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back. Injuries as a result of participation in an activity can occur without fault on either the part of the student, or the school board and its employees or agents, or the facility where the activity is taking place. Students are required to participate in a variety of physical activities as part of their educational programming. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The school attempts to manage, as effectively as possible, the risk involved for students while participating in school activities.

2.0 Concussion Information

At BSA, concussion health and safety is a priority. All school staff, Holland Bloorview staff, and volunteers are committed to modeling and facilitating safe physical activity, and follow all guidelines in the BSA concussion policy. Anytime a student is involved in physical activity, there is a chance of sustaining a concussion. The Bloorview School Authority follows the safety procedures and protocols for concussions outlined in the Bloorview School Authority Policy on Concussion awareness, prevention and management created in consultation with Holland Bloorview's Concussion Centre.

3.0 Concussion Code of Conduct for Parents

In order to help minimize and manage potential concussions, it is imperative for staff to know about any current/previous hits to the head/neck/body whereby the student sustained a concussion. Parents are required to share all information regarding head or back conditions or injuries, including any diagnosed concussions. It is also important for the student to immediately inform staff of any signs or symptoms of a concussion.

Has your child/ward had head or back conditions or injuries, including any diagnosed concussions in the past two years?

☐Yes ☐No

If yes, please provide details (when, how, symptoms, duration of symptoms)

_____
_____
_____

If your child is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school, a signed *Medical Clearance for Return to Physical Activity - Step 5 (See Appendix F)* must be completed before the student returns to physical education classes. Request the form from the school administrator.

4.0 Review of Concussion Awareness Resource

Under Rowan's Law all parents and guardians of students at Bloorview School Authority must review one of the Concussion Awareness Resources that can be found on the Government of Ontario Website: Ontario.ca/concussion

Acknowledgement of Risks/Informed Consent

☐ I have read and understand the notices of Elements of Risk. I have read and understand the Concussion Information.

☐

I hereby acknowledge and accept the risk inherent in physical activity and assume responsibility for my child for personal health, medical, dental and accident insurance coverage.

I confirm that I have been made aware of how to access the Concussion Awareness Resource to review as required under Rowan's Law.

Signature of Parent/Guardian_____ Date: _____

Appendix B: Concussion Code of Conduct- For BSA Staff

BSA concussion health and safety is a priority. All staff and responsible adults are committed to modelling and facilitating safe physical activity, and abide by the guidelines articulated in the BSA Concussion Policy.

I can help prevent concussions through my:

- Efforts to ensure that my students wear the proper equipment and wear it correctly.
- Efforts to ensure that my students develop their skill and body strength so they can participate to the best of their abilities.
- Respect for the rules of the activity and efforts to ensure that my students do, too.
- Commitment to fair play and respect for all (respecting others students, staff and ensuring that my students respect others and play fair).

I will care for my health and safety of all participants by taking concussions seriously. I understand:

- A concussion is a serious brain injury that can have both short- and long-term effects.
- A person does not need to lose consciousness to have had a concussion.
- A blow to the head, face, or neck, or a blow to the body may causes the brain to move around inside the skull and result in a concussion.
- A student with a suspected concussion should stop participating in activities immediately and the BSA nurse must be notified.
- I have a commitment to concussion recognition and reporting, including self-reporting of a possible concussion and reporting to a designated person when an individual suspect's that another individual may have sustained a concussion.
- Continuing to participate in physical activities with a suspected concussion increases a person's risk of more severe, longer lasting symptoms and increases their risk of other injuries or even death.

I will create an environment where participants feel safe and comfortable speaking up. I will:

- Encourage students not to hide their symptoms, but to tell me, an official, medical staff, parent or another adult they trust if they experience any symptoms of a concussion after an impact.
- Lead by example. I will tell a fellow staff member, medical staff and seek medical attention by a doctor or a nurse practitioner if I am experiencing any concussion symptoms.
- Understand and respect that any student with a suspected concussion must be removed from activity and not permitted to return.
- If a concussion is diagnosed by a medical doctor or nurse practitioner, students must be medically cleared to return to unrestricted physical activity.

I will support all participants to take the time they need to recover.

- I understand my commitment to supporting return-to-school and physical activity protocols.
- I understand that the students will have to be medically cleared by a doctor or nurse practitioner before returning to unrestricted physical activity.
- I will respect my fellow staff members, medical staff, parents, and medical doctors and nurse practitioners, regarding the health and safety of the students.

Name: _____ **Signature:** _____**Date:** _____

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Appendix C: Suspected Concussion Report Form

Date of injury: _____ **Time:** _____

Date you were aware of suspected injury: _____

Injury scenario and description:

REPORTED SYMPTOMS (*CHECK ALL THAT APPLY)*

☐ Visual problems	☐ Balance problems	☐ Drowsiness	☐ Irritability
☐ Nausea	☐ Feeling mentally foggy	☐ Sleeping more/less than usual	☐ Sadness
☐ Dizziness	☐ Feeling slowed down	☐ Trouble falling asleep	☐ Nervous/anxious
☐ Vomiting	☐ Difficulty concentrating	☐ Sensitive to light	☐ More emotional
☐ Headache	☐ Difficulty remembering	☐ Sensitive to noise	☐ Fatigue

RED FLAG SYMPTOMS (*CHECK ALL THAT APPLY): CALL 911 IMMEDIATELY WITH A SUDDEN ONSET OF ANY OF THESE SYMPTOMS AND CALL CODE BLUE*

☐Severe or increasing headache	☐ Neck pain or tenderness	☐ Seizure or convulsion
☐ Double vision	☐ Loss of consciousness	☐ Repeated vomiting
☐ Weakness or tingling/burning in arms/legs	☐ Deteriorating conscious state	☐ Increasingly restless, agitated or combative

Are there any <u>other</u> symptoms or evidence of injury to anywhere else? ☐Yes ☐No
If yes, what: _____

Has this student had a concussion before? ☐Yes ☐No☐Prefer not to answer
If yes, how many: ☐1 ☐2 ☐3 ☐4 ☐>5 ☐ Unsure

Any pre-existing medical conditions or take any medications? ☐Yes ☐No ☐Prefer not to answer
If yes, please list:_____

I [*name of staff completing this form*] _____recommended to student's parent/guardian that the player seek medical assessment as soon as possible by a medical doctor or nurse practitioner. Student must be evaluated prior to return to school environment. Written documentation must be obtained whether a concussion has been diagnosed or not (Appendix B).

Signature_____ Phone Number: _____

Email Address:_____

Appendix D: Medical Assessment Letter

Date: _____ Name: _____

To whom it may concern,

Children and youth who sustain a suspected concussion should be managed according to the Canadian Guideline on Concussion. Accordingly, I have personally completed a Medical Assessment on this patient.

Results of Medical Assessment

- ☐ This patient has not been diagnosed with a concussion and can resume full participation in school, work, and sport activities without restriction.
- ☐ This patient has not been diagnosed with a concussion but the assessment led to the following diagnosis and recommendations:
  _____
  _____
- ☐ This patient has been diagnosed with a concussion.

The goal of concussion management is to allow complete recovery of the patient's concussion by promoting a safe and gradual return to school and physical activities. The patient has been instructed to avoid all activities that could potentially place them at risk of another concussion or head injury. I would ask that the patient be allowed to participate in school and low-risk physical activities as tolerated and only at a level that does not bring on or worsen their concussion symptoms. The above patient should not return to any activities which pose risk of falls, contact or collisions until a Medical Clearance Letter has been provided by a medical doctor or nurse practitioner in accordance with the Canadian Guideline on Concussion in Sport.

Other comments:
_____
_____

Thank-you very much in advance for your understanding.

Yours Sincerely,

Signature/print_____ M.D. / N.P. (circle appropriate designation) *

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Appendix E: Holland Bloorview Referral Form (Optional)

PHYSICIAN REFERRAL FORM – CONCUSSION CARE SERVICES
Please complete all sections of this form as incomplete forms will result in processing delays. **NOTE: This information will be shared with Holland Bloorview staff as required.**

Family is aware of this referral: Yes ☐ (must be checked) Referral Date: _____**(dd/mm/yy)**

CLIENT INFORMATION:

Client Name:
_____
Last Name First Name Middle Initial

Date of Birth: _____ ☐ Male ☐ Female
Day / Month / Year
Client Address: _____City:_____

Province: _____ Postal Code: _____

Tel.:_____

Health Card Number: _____ Version Code: _____
☐ Interim Federal Health Program (IFHP) ☐ Health Card In Process

PARENT(S) OR GUARDIAN(S):
Name(s): _____
Address (if different from client)
Email:_____
Tel. (home): _____Tel. (work):_____Tel. (cell): _____

MEDICAL INFORMATION:
Primary Diagnosis: Date of Injury: _____
_____
Medical History/Allergies:
_____
Concussion History:
_____

REFERRING PHYSICIAN INFORMATION:
Name: _____
OHIP Billing Number: _____
Hospital: _____
Telephone: _____ Fax: _____
Signature: _____

Please fax your completed Referral Form to Appointment Services: (416) 422-7036

Appendix F: Medical Clearance Letter

Concussion Date: _____ Student's Name:_____

To whom it may concern,

Individuals who are diagnosed with a concussion should be managed according to the Canadian Guideline on Concussion including the return-to-school and return-to-physical activity protocols. Accordingly, the above individual has been medically cleared to participate in the following activities as tolerated (please check all that apply):

- **Stage 5:** Unrestricted physical activity participation (Including gym class activities with risk of contact and head impact) and full return to sport play or competition (if applicable).
-

What if symptoms reoccur? Any individual who has been cleared for physical activities, gym class or sport, and who has a reoccurrence of symptoms, should immediately withdraw from the activity and inform the teacher or staff member. If the symptoms subside, the individual may continue to participate in these activities as tolerated.

Individuals who have been cleared for unrestricted physical activity and/or sport participation must be able to participate in full-time school schedule and workload (or normal cognitive activity) as well as high intensity exercise without symptom recurrence (stages 1-4 of return-to-physical activity protocol).
Any individual who has been cleared for unrestricted physical activity and/or sport participation and has a reoccurrence of symptoms, should immediately remove withdraw from play, inform their teacher or staff member, and undergo medical assessment by a medical doctor or nurse practitioner before returning to those activities again.

Any individual who sustains a new suspected concussion should seek medical assessment my medical doctor or nurse practitioner.

Other comments:

_____

_____

Thank you very much in advance for your understanding.

Yours Sincerely,

Signature/print_____ M.D. / N.P. (circle appropriate designation) *

**In rural or northern regions, the Medical Assessment Letter 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 otherwise be accepted.*

We recommend that this document be provided to the individual without charge