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Prior to particip
Athletes, Parents

These procedures are a
which outlines processes
one type.

Awareness of the signs and symptoms
manage a diagnosed concussion is
prevent the student from returning to lea
complications. Ultimately, this awareness

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|----|----------------------------|--|---------------|
| 4. | Full recovery to academics | Attend school full-time Self-advocate in school Resume normal activities Resume sports following graduated Return to Play | Full recovery |
|----|----------------------------|--|---------------|

With each stage, the student can continue to the next stage if asymptomatic at the current level. or more, so the full return to play should take no less than 1 week. If symptoms arise during the stages of the protocol, the Principal will contact the Parent(s)/Guardian(s) to discuss observations and/or reported behaviour to determine if the student should move back to the last asymptomatic level and try to progress again after a

| | | | |
|----|-------------------------|--|---|
| 1. | No Activity | Complete physical and cognitive rest | Recovery |
| 2. | Light Aerobic Exercise | Walking, swimming or stationary cycling, low intensity; no resistance training | Increase heart rate |
| 3. | Sport-specific exercise | Skating drills in hockey, running drills in soccer, no head impact activities | Add movement |
| 4. | Non-contact Training | Progression to more complex training drills, may start progressive resistance training | Exercise, coordination and cognitive load |
| 5. | Full Contact Practice | Fu | |

“Emergency” is defined by the Health Care Consent Act, 1996 to include a situation where the individual is experiencing severe suffering, or E

monitoring after school hours.

Advise parent(s)/guardian(s) the student must be seen by a physician or nurse practitioner if signs or symptoms develop.

Advise the student and/or parent(s)/guardian(s) that the student may not operate a motor vehicle, ride the bus and/or walk home alone.

- (vi) Communicate with parent(s)/guardian(s) and ensure the process for concussion identification, using the Suspected Concussion Form, is understood

INFORMED CONSENT / PERMISSION FORM FOR SPORTS TEAMS

is most important for the first \emptyset

FOR USE BY

_____ has demonstrated signs of a concussion and according to York Catholic District School Board _____ and related _____ must be seen by a physician or Nurse Practitioner prior to returning to play and to establish the need for return to learn accommodations.

Stage 1: Identification

RESULTS OF INITIAL MEDICAL EXAMINATION

_____ concussion has been diagnosed

Concussion _____ been diagnosed and therefore the student must begin medically supervised, individualized and gradual return to learn/return to play Procedures _____ .

Stage 2A: Management of Return to Learn (Limitations)

Stage 2B: Management of Return to Play (Limitations)

Students should be symptom free for 24 hours to progress to the next stage, see pg.3 (Attach any documentation received from the Physician/Nurse Practitioner to this form) Copy to Student's O.S.R.

Aerobic Exercise and Sport-Specific Exercise

APPENDIX

| Recovery Stage | Activity Level | Objective of Stage |
|---|--|---|
| 1. Complete physical and cognitive rest until medical clearance | <ul style="list-style-type: none">• No school• Strict limits on technology usage• Rest | Return to school with academic accommodations |
| 2. Return to school with academic accommodations | <ul style="list-style-type: none">• Continue technology limits • | |

