

## Concussion Code of Conduct for Interschool Sports (Parent/Guardian)

As a parent/guardian of \_\_\_\_\_ for the \_\_\_\_\_ school year,  
(Student's Name) (Year)  
participating in \_\_\_\_\_ at \_\_\_\_\_  
(Sport) (School)

I am committed to:

### **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.
- 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 policy 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

### **Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions**

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

### **Providing opportunities to discuss potential issues related to concussions**

- I will encourage my child to participate in discussions/conversations related to concussions, including signs and symptoms, with the coach or caring adult.
- I will encourage my child to talk to their coach/caring adult if they have any concerns about a suspected or diagnosed concussion or about their safety in general.

### **Concussion recognition and reporting**

- I have read and I am familiar with an approved Concussion Awareness Resource identified by the school board. [access [HCAA Website](#)].
- 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 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 should 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.

**Acknowledging the importance of communication between the student, parent, school staff, and any sport organization with which the student has registered**

- 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”.

**Prioritizing a student’s return to learning as part of the Return to School Plan**

- 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

Please retain pages 1 & 2 for your reference and submit page 3 to	by
Name	Date

## Concussion Code of Conduct for Interschool Sports (Student)

As a student of \_\_\_\_\_ (School) for the \_\_\_\_\_ (Year) school year,

participating in \_\_\_\_\_ (Sport)

I, \_\_\_\_\_ am committed to:  
Name

### **Maintaining a safe learning environment**

- I will bring any potential issues related to the safety of equipment and facilities to the attention of the coach.
- I will wear the protective equipment for my sport and wear it properly.

### **Fair play and respect for all**

- I will show respect for my teammates, opponents, officials, spectators, and practice fair play.
- I will not pressure injured teammates to participate in practices or games/competitions.

### **Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions**

- I will learn and follow the rules of the sport and follow the coach's instructions prohibiting behaviours that are considered high-risk for causing concussions.
- I will respect and accept that the coach will strictly enforce, during practice and competition, the consequences for dangerous behaviour.
- I will respect and accept the decisions of the officials and the consequences for any behaviours that are considered high-risk for causing concussion.

### **Implementing the skills and strategies of an activity in a proper progression**

- I will follow my coach's instructions about the proper progression of skills and strategies of the sport.
- I will ask questions and seek clarity for any skills and strategies of which I am unsure.

### **Providing opportunities to discuss potential issues related to concussions**

- I will talk to my coach or caring adult if I have questions or issues about a suspected or diagnosed concussion or about my safety in general.

### **Concussion recognition and reporting**

- I have read and I am familiar with an approved Concussion Awareness Resource provided by my coach. [access [HCAA Website](#)]
- I will remove myself immediately from any sport and will tell the coach or caring adult if I think I might have a concussion.
- I will tell the coach or caring adult immediately when I think a teammate might have a concussion.
- I understand that if I receive a jarring impact to the head, face, neck, or elsewhere on my body that

is observed by or reported to the coach, that I will be removed immediately from the sport, and:

- I am aware that when I have signs or symptoms I should go to a medical doctor or nurse practitioner to be diagnosis as soon as reasonably possible that day, and will report the 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 I must stop physical activities and be monitored for the next 24 hours.
- If no signs or symptoms appear after 24 hours, I will inform the appropriate school staff and I can then be allowed to participate.
- If signs or symptoms begin, I will be assessed by a medical doctor or nurse practitioner as soon as reasonably possible that day and will report the results to appropriate school staff.

**Acknowledging the importance of communication between the student, parent, school staff, and any sport organization with which the student has registered**

- I will communicate with my coaches, parent/guardian, and school staff and any sport organization with which I am registered about 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 I will have to follow the Return to School Plan if diagnosed with a concussion.
- I understand I will not be able to return to full participation, including practice or competition until
- I understand that I will need 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”.

**Prioritizing a student’s return to learning as part of the Return to School Plan**

- I will follow the recovery stages and learning strategies proposed by the collaborative team for my Return to School Plan.

Please retain pages 1 & 2 for your reference and submit page 3 to	by
Name	Date

## Concussion Code of Conduct for Interschool Sports (Parent/Guardian)

**Acknowledgement:**

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ have read and  
Print Name Student's name  
 understand the HCDSB/HCAA Concussion Code of Conduct for Interschool Sports (Parent/Guardian).

Date:

\_\_\_\_\_

Signature:

\_\_\_\_\_

This information is collected under the authority of the *Education Act* s. 265 and managed in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Information will be used to manage the Concussion protocol. If you have questions regarding the collection, use or disclosure of this information, please speak to the Manager of Privacy and Records Information Management at 905-632-6300 ext. 233.

<b>Office use only:</b>	
Date issued:	_____
Date received:	_____
Initial:	_____
Filed in:	_____

## Concussion Code of Conduct for Interschool Sports (Students)

### Acknowledgement:

I, \_\_\_\_\_, have read and understand the HCDSB/HCAA Concussion  
Code of Conduct for Interschool Sports (Students).  
Print Name

Date:

\_\_\_\_\_

Signature:

\_\_\_\_\_

This information is collected under the authority of the *Education Act* s. 265 and managed in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Information will be used to manage the Concussion protocol. If you have questions regarding the collection, use or disclosure of this information, please speak to the Manager of Privacy and Records Information Management at 905-632-6300 ext. 233.

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