



Concussion Code of Conduct for Interschool Sports
(Coach/Supervisor)

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

I understand the } ^^áÁ Á!á!ã^Áá} ÁÁ} Á Áæ) ā * Á ÁæÁ -Á@Á
Return to School Plan; and

I will follow the Return to School Plan and make sure a student diagnosed with a
concussion does not return to training, practice, or competition until permitted to
do so in accordance with the Return to School Plan.

I, _____, (print name) have read and understand this code
of conduct.

Signature:



Concussion Code of Conduct for Interschool Sports (Students)

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As a student at _____ School for the 20__ - 20__ school year, I am committed to:

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; and
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; and
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 respect and accept the consequences for prohibited play that is 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; and
I will respect and accept the decisions of the officials and the consequences for any behaviours that are considered high-risk for causing concussion.



Concussion recognition and reporting:

I have read and am familiar with an approved Concussion Awareness Resources provided by my coach;
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;
I am aware that when I have signs or symptoms I should go to a medical doctor or nurse practitioner to be examined as soon as possible that day and will reported 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/guardian/caregiver, school staff, and any sport organization with which the student has registered:

I will communicate with my coaches, parent/guardian/caregiver, 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 permitted to do so by a medical professional.



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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.

I, _____, (print name) have read and understand this code of conduct.

Signature: _____ Date: _____



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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; and 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 am familiar with an approved Concussion Awareness Resource identified by the school board

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;

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

concussion board medical doctor (child) (diagnose) (with) (s) [ID:0000092 0 62 72 rev:11.04 in 0 0 1 4769 796 in 0.16 0.16]

I will encourage my child to inform the coach (principle) (w) (the) (e) (s) [ID:0000092 0 62 72]



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Acknowledging the importance of communication between the student, parent/guardian/caregiver, 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 by a medical professional; and I will ensure my child receives a Medical Clearance as required by the Return to School Plan, prior to returning to full participation.

Prioritizing a student's return to school to support interschool sports