

## Parent/Guardian: Concussion Signs/Symptoms Present Form

This form is to be completed by the parent/guardian of the student named in this document and returned to the school Principal/Vice-Principal (school staff should contact school administration when they give this to a parent)

**Name of Student:**

**Grade:**

**Name of School:**

**Date of Injury:**

As a result of my child's head injury (signs/symptoms of concussion observed and reported by school personnel), I have consulted with a medical doctor/nurse practitioner to assess the head injury and determine if a concussion was sustained.

**Name of Medical Doctor/Nurse Practitioner:**

**Address of treatment centre:**

**Phone Number of treatment centre:**

**Date of appointment:**

**Results of the medical appointment:**

No concussion was diagnosed and my child/ward may resume full participation in physical and classroom activities.

A concussion was diagnosed (see below)

### Medical Recommendations for Return to School

(consider classroom learning, recess, physical education class, extracurricular sports and activities)

Note: A signed doctor's note will be required before the child can return to activities that involve physical contact.

### Immediate actions when a concussion has been diagnosed

The child should remain at home for at least 24 hours until symptoms have shown signs of improvement.

The parent/guardian should contact the school to set up a return to learn/return to play with the principal/vice-principal.

I am aware that my child sustained a head injury and that signs/symptoms of a concussion were observed/reported. I have observed my child and have chosen not to seek medical advice. My child is returning to regular school activities (classroom, recess, physical education class and activities that do not involve physical contact).

\_\_\_\_\_  
Parent/Guardian name (printed)

\_\_\_\_\_  
Parent/Guardian (signature)

\_\_\_\_\_  
Date