



CONCUSSION FORMS FOR PARENTS

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MEDICAL ASSESSMENT LETTER

Dear Doctor,

In accordance with the Ashbury College Concussion Policy and Procedures, we require that a medical practitioner submit a formal letter stating diagnosis of a concussion and details pertaining to the student's Return to Sport and Return to Learn.

We would appreciate your assistance in completing the information below to guide us in our support of this student. Please be aware that we will require a note from a medical practitioner upon his/her clearance to full activity and academics.

Thank you in advance for your care of this Ashbury College student.

Date: _____

Student's name: _____

Results of Medical Assessment

- This student has **not been diagnosed with a concussion** and can resume full participation in school, work, and sport activities without restriction.
- This student **has been diagnosed with a concussion**. Specific recommendations below:

The goal of concussion management is to allow complete recovery of the student's concussion by promoting a safe and gradual return to school and sport activities. The patient has been instructed to avoid all recreational and organized sports or activities that could potentially place them at risk of another concussion or head injury.

Starting on _____ (date), I would ask that the student 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 student should not return to any full contact practices or games until the coach has been provided with a *Medical Clearance Letter* provided by a medical doctor or nurse practitioner.

Yours Sincerely,

Signature/print _____ M.D. / N.P. (circle appropriate designation)* Date: _____

Parent /Guardian Responsibility

Note: The student/parent/guardian must show this form to the administrator/nurse/Athletic Therapist who will inform all relevant personnel (teacher, coach, supervisor, etc.) and to provide each with a copy of this form.

When a concussion is diagnosed, the student and parents/guardians monitor symptoms and signs of a concussion. As a part of this monitoring, ongoing communication must occur between the teacher/coach/supervisor and parent/guardian throughout Stages 1-3. It is very important that a student not do any physical activity if he/she has any signs or symptoms. The 'return to play' process is gradual and must follow the steps as outlined below. The steps correspond to the Return to Learn protocol.

Please take some time to review the [government resources on concussions](#) and the Ashbury College Concussion Policy and Protocols. The parent/guardian is responsible for communicating with the school upon the diagnosis of a concussion. The student will bring in the signed Medical Assessment Letter from a physician and the school will be in touch with the family to ensure everyone understands our Return to Play and Return to Learn Protocols.

Students may not return to full contact sport unless MEDICALLY CLEARED by a physician. Again, a formal note from a physician is required. Please see the MEDICAL CLEARANCE LETTER.

Students typically remain home during Stage 1-2 and then Stage 3 begin returning to school and light aerobic activity. See the Return to Play and Return to Learn Stages in our Concussion Policy.

Note: Each step must take a minimum of one day. If symptoms or signs of the concussion return (e.g. headache, feeling nauseated) either with activity or later that day, the student needs to rest for 24 hours, and return to the previous step. A student should **never** return to play if symptoms persist. The student may not participate in any physical education activities until Stages 1 – 3 have been completed.

Stage		Activity	Goal of each step
1, 2	Symptom-limiting activity Corresponds to Stage 1 and 2 with Return to Learn Protocol	Stage 1 – Limited Activity Stage 2 - Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
3	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.

In signing below, I confirm that I have read the Ashbury College Concussion Policy, have visited with a Medical Practitioner for a Medical Assessment and will communicate with the school if symptoms worsen/change.

Parent/Guardian Signature: _____ Date: _____

MEDICAL CLEARANCE LETTER

Dear Doctor,

In accordance with the Ashbury College Concussion Policy and Protocols, students require medical clearance from a medical practitioner prior to returning to full sport and full academic workload.

Thank you in advance for your care of this Ashbury College student.

Date: _____

Student name: _____

The above student has been medically cleared to participate in the following activities effective the date stated above (please check all that apply):

- Full academic program
- Full-contact practice (Including gym class activities with risk of contact and head impact, e.g. soccer, dodgeball, basketball)
- Full game play

What if symptoms recur? Any student who has been cleared for physical activities, gym class or non-contact practice, and who has a recurrence of symptoms, should immediately remove himself or herself from the activity and inform the teacher or coach. If the symptoms subside, the athlete may continue to participate in these activities as tolerated.

Students who have been cleared for full contact practice or game play must be able to participate in full-time school (or normal cognitive activity) as well as high intensity resistance and endurance exercise (including non-contact practice) without symptom recurrence. Any student who has been cleared for full-contact practice or full game play and has a recurrence of symptoms, should immediately remove himself or herself from play, inform their teacher or coach, and undergo Medical Assessment by a medical doctor or nurse practitioner before returning to full-contact practice or games.

Any student who returns to practices or games and sustains a new suspected concussion should be managed according to the *ASHBURY COLLEGE CONCUSSION MANAGEMENT PROTOCOLS*.

Other comments:

Yours Sincerely,

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

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- We confirm that we have read the above and agree that our son/daughter will Return to Play as per the Medical Doctor signed above.
- We do not want our son/daughter to Return to Play although cleared to do so by the Medical Doctor above.

Parent Signature: _____ Date: _____

Concussion Code of Conduct Athletes and Parents/Guardians

The *Rowan's Law* Concussion Code of Conduct requirements came into effect on July 1, 2019. After that date, sport organizations must require that athletes as well as their parent/guardian (for athletes under 18), coaches and team trainers confirm that they have reviewed the Concussion Code of Conduct every year. Please read and sign this document indicating that you have read the information, understand it, and reviewed the resources regarding concussions linked in this document. This document is to be signed by

I will help prevent concussions by:

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability.
- Respecting the rules of my sport or activity.
- My commitment to fair play and respect for all* (respecting other athletes, coaches, team trainers and officials).

I will care for my health and safety by taking concussions seriously, and I understand that:

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when an individual suspects that another individual may have sustained a concussion.* (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately**, or tell an adult if I think another athlete has a concussion).
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I will not hide concussion symptoms. I will speak up for myself and others.

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent, or another adult I trust if I experience **any** symptoms of concussion.

- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent, or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with the athlete's school and any other sport organization with which the athlete has registered* (Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)

I will take the time I need to recover, because it is important for my health.

- I understand my commitment to supporting the return-to-play process* (I will have to follow Ashbury's Return-to-Learn and Return-to-Play Protocol).
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice, or competition.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

I have taken the time to review the following resources on concussions:

- [Rowan's Law Concussion Awareness Resources](#)
- Ashbury College Concussion Policy and Protocols

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

Athlete: _____

Parent/Guardian: _____

Date: _____