

Documentation of Concussion Monitoring/Medical Examination Form

NOTE: This form is provided to the parent/guardian, in conjunction with *Concussion Guidelines for Parents* and *Parents Guide to Dealing with Concussions*. A parent/guardian signature is required for this form to be accepted by the school.

_____ (student/athlete name) _____
(date) sustained a blow to the head, face or neck or a blow to the body that transmits a force to the head, and as a result may have suffered a concussion.

Results of the Concussion Recognition Tool to identify a suspected concussion:

NO SIGNS OR SYMPTOMS OBSERVED AT THE TIME OF INCIDENT.

However, signs or symptoms can occur later within a 24 hour period. Your child/ward is not to participate in physical activity for a 24 hour period. While at home the parent/guardian is to monitor their child/ward using the information found in the *Concussion Guidelines for Parents* and *Parents Guide to Dealing with Concussions* documents provided. School staff will monitor the student/athlete while at school.

ACTIONS: If no signs/symptoms occur during the monitoring period, the parent/guardian is to complete the following Results of Monitoring section prior to their child/ward returning to school.

Results of Monitoring

As the parent/guardian, my child/ward has been observed for the 24 hour period, and no signs/symptoms have been observed.

Parent/Guardian signature: _____ Date: _____

Comments: _____

Results of Medical Examination

My child/ward has been examined and no concussion has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.

My child/ward has been examined and a concussion has been diagnosed and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan. I understand that the school has a documentation process for this plan.

Parent/Guardian signature: _____ Date: _____

Comments: _____