

# **OCDSB 974 - Concussion Code of Conduct for Interschool Sports**

#### Students

Reference: PR.561.SCO Concussion Management

Participation by students in Inter-School Sports is dependent on the annual review and submission of this form by the parent/guardian. Students will be prohibited from participating until this form has been submitted.

Submission of this form is required once per school year.

Student Information
Student First Name:
Student Middle Name (if applicable):
Student Last Name:
Date of Birth:
School Name:
Grade:

### 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 am familiar with an approved <u>Concussion Awareness Resources</u> 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, 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 permitted to do so in accordance with the School Board's Return to School Plan.
- 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.

### Acknowledgement

I have read and understand all information of this code of conduct.

Date:

The personal information on this form is collected under the authority of the Education Act (R.S.O. 1990 c.E2), and in accordance with the Municipal Freedom of Information and Protection of Privacy Act (RSO. 1990 c.M56), as amended. It will be used for student participation in interschool sports, and for education related purposes such as administration, communication, collection of fees, data reporting, and student transportation services. In addition, the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety, or discipline related to law enforcement matters. It may be shared with third parties in accordance with established service agreements, or in accordance with any other Act. Questions or concerns should be directed to the school principal or the District's Freedom of Information Coordinator, Ottawa-Carleton District School Board, 133 Greenbank Road, Ottawa, Ontario K2H 6L3, Telephone 613-596-8211. CONFIDENTIAL WHEN COMPLETED.

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