

**Appendix B
Concussion Code of Conduct
Student-Athletes**

Student Athlete Name:	
School Year:	
Name of School:	

As a student-athlete, 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.
- 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 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 instruction about the proper progression of skills and strategies of the sport.
- I will ask question 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 the NCDSB approved Concussion Awareness Resource.
- 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 of 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) I am aware that when I have signs or symptoms I should go to a medical doctor or nurse practitioner to be diagnosed as soon as reasonably possible that day, and will report the results to appropriate school staff.
- ii) 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 the 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 a 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 NCDSB’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 sport”.

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, as required.

I have read and I understand all of the provisions of this Concussion Code of Conduct.

Student-Athlete Signature:	
Date:	

<i>Parent/Guardian of a student under the age of 18 years is required to review the Concussion Code of Conduct with their child and acknowledge the provisions therein.</i>	
Parent/Guardian Signature:	
Date:	

February 2020