



**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