CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS
STUDENT ATHLETE & PARENT/GUARDIAN

SCHOOL NAME: _____ SCHOOL YEAR: _____

STUDENT NAME: _____

The Durham District School Board is committed to providing safe environments for students to participate in sport. This is a shared responsibility including DDSB, student athletes and their parent(s)/guardian(s). As participants in interschool sports, student athletes and parent(s)/guardian(s) must be committed to:

Maintaining a safe learning environment
- Bring potential issues related to the safety of equipment and the facilities to the attention of the coach.
- Ensure the protective equipment that parents/guardians provide is properly fitted as per the manufacturer's guidelines, in good working order, and suitable for personal use.

Fair play and respect for all
- Follow the school board's fair play policy and support it by demonstrating respect for all students, coaches, officials, and spectators.
- Demonstrate respect for teammates, opponents, officials, and spectators and to follow the rules of the sport and practice fair play.
- Not pressure participation in practices or games/competitions if injured.

Learning and following the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions
- Learn and follow the rules of the sport and follow the coach's instructions about prohibited play
- Respect and accept the coach's enforcement of consequences during practices and competition regarding prohibited play.
- Respect and accept the decisions of officials and the consequences for any prohibited play.

Implementing the skills and strategies of an activity in a proper progression
- Follow their coach's instructions about the proper progression of skills and strategies of the sport.
- Ask questions and seek clarity regarding skills and strategies which they are unsure.

Providing opportunities to discuss potential issues related to concussions
- Participate in discussions/conversations related to concussions, including signs and symptoms, with the coach or caring adult.
- Talk to the coach/caring adult if there are any concerns about a suspected or diagnosed concussion or about safety in general.

Concussion recognition and reporting
- Read and become familiar with an approved Concussion Awareness Resource identified by the school board
    - Student Athlete Ages 10 and Under - https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-10-and-under
    - Student Athlete Ages 11 – 14 - https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-11-14
    - Student Athlete Ages 15 and Up - https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-15-and-up

- Remove the athlete immediately from the sport if they receive a jarring impact to the head, face, neck, or elsewhere on the body that is observed by or reported to the coach, and:
    - As a student athlete and parent/guardian, we are aware that if an athlete has signs or symptoms of a suspected concussion they should be taken to a medical doctor or nurse practitioner for a diagnosis as soon as reasonably possible that day and report any results to appropriate school staff.
    - As a student athlete and parent/guardian, we are 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 in these cases athletes must stop all physical activities for 24 hours and be monitored at home and at school for 48 hours.
- If no signs or symptoms emerge after 24 hours, inform the appropriate school staff and resume participation.
- If signs or symptoms emerge, a medical assessment needs to be done by a medical doctor or nurse practitioner as soon as reasonably appropriate that day and report the results to appropriate school staff.
- Inform the school principal, coach and/or other relevant school staff when a student athlete experiences signs or symptoms of a concussion, including when the suspected concussion occurs during participation in a sport outside of the school setting.
- Inform the school principal, coach and/or other relevant school staff any time a student athlete is diagnosed with a concussion by a medical doctor or nurse practitioner.
- Remove themselves from the sport and report to a coach or caring adult if they have signs or symptoms of a suspected concussion.
- Inform the coach or caring adult when they suspect a teammate may have sustained a concussion.

Acknowledging the importance of communication between the student, parent, school staff, and any sport organization with which the student has registered

- Communicate with the coach, school staff, and/or staff supervisor of all sport organizations with which the student athlete has 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

- Understand that if a student athlete has a suspected or diagnosed concussion, they will not return to full participation, including practice or competition, until permitted to do so in accordance with the School Board's Return to School Plan.
- Understand, that as per the Return to School Plan, student may not advance to Return to Physical Activity-Stage 4 (i.e., returning to full participation in "non-contact sports" or returning to a practice that includes contact in "contact sports"), until they:
    - are **symptom-free** from concussion-related symptoms at rest and at full physical exertion,
    - have **completed the Return to Learn Stages**, and
    - receive written **medical clearance** from a medical doctor or nurse practitioner.

Prioritizing a student's return to learning as part of the Return to School Plan

- Follow the recovery stages and learning strategies proposed by the collaborative team for my child as part of the Return to School Plan.

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

Student Print Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____