MEDICAL ASSESSMENT AND MONITORING FORM

This form is to be provided to all parents/guardians of students suspected of having a concussion and returned to the School Administrator(s) after the medical examination of the student and following 48 hour monitoring.

_____ (student name) sustained a suspected concussion on

_____ (date) _____(time).

☐ As a result of your child experiencing a possible concussive event and demonstrating or reporting signs and/or symptoms, the student must be assessed as soon as possible by a medical doctor or nurse practitioner. In Canada, only medical doctors and nurse practitioners are qualified to provide a concussion diagnosis. Prior to returning to school, the parents/guardians must inform the school principal of the results of the medical assessment.

☐ As a result of your child experiencing a possible concussive event and NOT demonstrating or reporting any signs or symptoms at this time, the student must be monitored for 48 hours (both at home and at school) since signs and symptoms can occur hours/days after an incident. Complete **Part 2** of this form.

☐ It is suspected that your child may have received a concussion outside of school activities. As a result, your child must be seen by a medical doctor/nurse practitioner to assess their condition. Prior to returning to school, you must inform the School Administrator(s) of the result of the medical examination by presenting this completed form.

PART 1 – Results of Medical Assessment

☐ My child/ward has been examined by a medical doctor/nurse practitioner and a concussion has not been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions. **No further action required.**

☐ My child/ward has been examined by a medical doctor/nurse practitioner and a concussion has been diagnosed and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan. As a result, I have completed:

- ☐ Appendix A2 Medical Assessment and Monitoring Form (this form)
- ☐ Appendix A3 Letter of Accommodation for Suspected/Diagnosed Concussions

☐ My child/ward has been assessed and a concussion has not been diagnosed but the assessment led to the following diagnosis and recommendations:

Comments: (attach any relevant information provided by medical doctor/nurse practitioner)

Medical doctor/Nurse Practitioner – Name: _____

Medical doctor/Nurse Practitioner – Phone Number: _____ Date: _____

Parent/Guardian Name (print): _____ Date: _____

Parent/Guardian signature: _____

PART 2 – Results of 48-hour monitoring period (at home and at school)

During this time the student can:

- Continue to attend school and participate in learning activities.
- Resume participation in physical activity **after 24 hours.**

CHECK ONE OF THE BOXES BELOW

☐ No red flags and/or visible clues (signs) or symptoms observed and/or reported

- Student may continue full participation in learning and physical activity with no restrictions.

☐ Red flags, visible clues (signs) and/or symptoms emerged

- seek a medical assessment by a medical doctor or nurse practitioner as soon as possible.
- complete PART 1: Results of Medical Assessment (above) and return form to the school.

Parent/Guardian name (print):_____ Date: _____

Parent/Guardian signature: _____

THIS FORM MUST REMAIN PERMANENTLY IN THE OSR