



Concussion Code of Conduct for Athletes and Parents/Guardians (for athletes under 18 years of age)

This Concussion Code of Conduct is to be used by athletes and parents/guardians engaged in Inter School Competition sponsored by the WRDSB. Parents/Guardians are encouraged to review these expectations outlined below to support student understanding.

1. I will help prevent concussions by:

- 1.1. Wearing the proper equipment for my sport and wearing it correctly.
- 1.2. Developing my skills and strength so that I can participate to the best of my ability.
- 1.3. Respecting the rules of my sport or activity.
- 1.4. My commitment to fair play and respect for all (respecting other athletes, coaches, team trainers and officials).

2. I will care for my health and safety by taking concussions seriously, and I understand that:

- 2.1. A concussion is a brain injury that can have both short- and long-term effects.
- 2.2. A concussion may be caused by forceful contact with my head, face or neck, or a forceful contact to the body that causes the brain to move around inside the skull.
- 2.3. I do not need to lose consciousness to have suffered a concussion.
- 2.4. I have a commitment to concussion recognition and reporting, including self-reporting of a possible concussion. I am also committed to, reporting to a designated person when an individual suspects that another individual may have sustained a concussion.

Meaning: If I think I might have a concussion I should immediately inform a coach/parent/guardian, stop participating in further training, practice or competition. Also, I should inform a coach/parent/guardian if I think another athlete has a concussion.

- 2.5. Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

3. I will not hide concussion symptoms. I will speak up for myself and others:

- 3.1. I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience any symptoms of concussion.
- 3.2. If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- 3.3. I understand that if I have a suspected concussion, I will be removed from further participation and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- 3.4. I have a commitment to sharing any pertinent information regarding incidents of removal from sport with my school and any other sport organization with which I have registered as an athlete.

Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.



- 4. **I will take the time I need to recover, because it is important for my health:**
 - 4.1. I understand my commitment to supporting the WRDSB return-to-play or return-to-learning processes.
 - 4.2. I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to school, training, practice or competition.
 - 4.3. I will respect my coaches, team trainers, parents, health-care professionals, medical doctors and nurse practitioners, regarding my health and safety.
- 5. **If the association that governs play for my sport has adopted policies regarding head injuries/concussion reduction:**

I will help prevent concussions, through my:

- 5.1. Commitment to zero-tolerance for prohibited play that is considered high risk for causing concussions.
- 5.2. Acknowledgement of mandatory disqualification from competition for violating zero-tolerance for prohibited play that is considered high risk for causing concussions.
- 5.3. Acknowledgement of the escalating consequences for those who repeatedly violate the Concussion Code of Conduct.

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

Student Name	Student Signature	Date
--------------	-------------------	------

Parent/Guardian Name (if under 18)	Parent/Guardian Signature (if under 18)	Date
------------------------------------	---	------

Personal information contained on this form is collected under the authority of the current Education Act of the Province of Ontario, and in accordance with the Municipal Freedom of Information and Protection of Privacy Act. It will be filed in the school office and referenced by school staff regarding student participation in school activities. Questions about this form are to be directed to the school principal or to the WRDSB Freedom of Information Officer at privacy@wrdsb.ca or (519) 570-0300.

Document Management: Home School Retention: No-OSR File - Current Year +1 New: January 2020