**Appendix G1: Student** [**Concussion Code of Conduct**](https://contenthub.ophea.net/resources/1249)[**for Interschool Sports**](https://contenthub.ophea.net/resources/1249)

As a student at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School for the

Name of School

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school year, I am committed to:

School Year

# 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 a 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 instructions about the proper progression of skills and strategies of the sport.

I will ask questions 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 an approved Concussion Awareness Resources provided by my coach [link to awareness resources].

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 or 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 am aware that when I have signs or symptoms I should go to a medical doctor or nurse practitioner to be diagnosis as soon as reasonably possible that day, and will report the results to appropriate school staff.

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 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 the 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 School Board’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 sports”.

# 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.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student Name) have read and understand all 3 pages of this code of conduct.

Date:

Signature: