



Appendix D2 – Documentation of Monitoring/Medical Examination Form

This form is provided to the parent/guardian, in conjunction with [Appendix C - Tool to Identify a Suspected Concussion](#)

MONITORING FORM

_____ (student name) _____ (date), sustained a blow to the head, face or neck or a blow to the body that transmits a force to the head, and as a result may have suffered a concussion.

Results of initial assessment using Tool to Identify a Suspected Concussion:

- NO SIGNS OR SYMPTOMS OBSERVED AT TIME OF INCIDENT.**
However, signs or symptoms can occur later within a 24 hour period. Your child/ward is not to participate in physical activity for a 24 hour period. While at home parent/guardian is to monitor their child/ward using the *Tool to Identify a Suspected Concussion (Appendix C)*. School Staff will monitor the student/athlete while at school.

Actions: If no signs/symptoms occur during the monitoring period, parent/guardian is to complete the following Results of Monitoring section and submit the *Documentation of Monitoring/Documentation of Medical Examination (Appendix D2)* to the principal after the monitoring period is completed.

Results of Monitoring

- As the parent/guardian, my child/ward has been observed for the 24 hour period, and no signs/symptoms have been observed.

Parent/Guardian signature: _____ **Date:** _____

Comments: _____

If signs or symptoms are observed within the 24 hour monitoring period, please fill out the Medical Examination Form to follow.

MEDICAL EXAMINATION FORM

- SIGNS OR SYMPTOMS OBSERVED:** _____ AT TIME OF INCIDENT
_____ DURING THE 24 HOUR MONITORING PERIOD

For the signs and/or symptoms observed at the time of incident/during the 24 hour monitoring period, refer to the *Tool to Identify a Suspected Concussion (Appendix C)* provided by teacher/coach/supervisor.

Actions: Your child/ward must be seen by a medical doctor or nurse practitioner as soon as possible with the results of Medical Examination form (to follow) returned to the school principal after medical examination.

Results of Medical Examination

- My child/ward has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- My child/ward has been examined and **a concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

Parent/Guardian signature: _____

Date: _____

Comments: _____

Original filed in OSR.

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, Grand Erie District School Board collects this information in order to fulfil its commitment to promote the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student's Return to Learn and Return to Physical Activity. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form please contact the school principal.

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