



Glencoe District
High School



ATTENTION ALL ATHLETES!

Dear Parent/Guardian:

GDHS is no longer using PRIVIT online for athletes, therefore, athletes are required to have the following form completed and signed before participating in any physical activity at GDHS (Phys Ed, Intramurals, Sports Teams).

We have also included a Permission Form for a Field Trip/Excursion that needs to be completed for all away games (if you complete this form, you only need to fill it out once per year). If you drive athletes other than your own athlete, then please complete the attached Application for Appointment by Principal to Provide Transportation for Students form (if you complete this form, you only need to fill it out once per year).

***Students wishing to apply to use the fitness facility at GDHS should also complete the online Weight Room Use Contract posted to our website (glencoe.tvdsb.ca).

If you have any questions, please contact GDHS at 519-287-3310.

Thank you.

The Administration and Athletic Department of GDHS

GDHS INTRAMURAL MEDICAL INFORMATION AND CONSENT TO PARTICIPATE / CURRICULAR MEDICAL INFORMATION AND ACKNOWLEDGEMENT OF ELEMENTS OF RISK FORM

PLEASE NOTE: FREEDOM OF INFORMATION- The information provided on this form is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Freedom of Information and Protection of Privacy Act and will be utilized only for the purposes related to the Board's Policy on Risk Management. Any questions with respect to this information should be directed to your school principal.

Dear Parent/Guardian:

Please retain this information letter for your information.

Please complete and return the form below to GDHS no later than Friday, September 6, 2024:

Physical activity is essential for healthy growth and development. Growing bones and muscles require not only good nutrition, but also the stimulation of vigorous physical activity to increase the strength and endurance necessary for a physically active lifestyle. Active participation in physical education classes, which includes games, and outdoor pursuits, provides opportunities for students to develop the skills and confidence necessary to play and work co-operatively and competitively with their peers.

Elements of Risk Notice

The risk of injury exists in every athletic activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries (for example, concussion). These injuries result from the nature of the activity and can occur without fault on either the part of the student, the school board or its employees/agents or the facility where the activity is taking place. The safety and well-being of students is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks inherent in physical activity. Please call the school to discuss safety concerns related to any physical activity in which your child/ward is participating.

Concussions

Thames Valley District School Board's concussion policy and procedures will be followed if a student sustains a hit or blow to the head or body and shows signs and/or symptoms of concussion. Please be advised that you will be asked to seek medical attention (that is, medical doctor or nurse practitioner) for your child/ward if signs and/or symptoms of concussion occur. Concussion information for parents and students is available at (tvdsb.ca).

You are advised along with your child to review Parachute's [Concussion Guide for Parents and Caregivers](#) (see attached). For a diagnosed concussion that occurs as a result of activity outside of the school setting, you must inform the school principal as soon as possible.

You are advised to be aware of:

- the dangers of participating with a concussion;
- the school board concussion policy; and
- the importance of encouraging the ethical values of fair play and respect for opponents.

You are advised to review Sample Concussion Prevention Strategies, or (equivalent school board concussion prevention strategies) with your child/ward.

Sudden Arrhythmia Death Syndrome (SADS)

Sudden Arrhythmia Death Syndrome refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden cardiac death in young apparently healthy people.

Fainting or seizure during/after physical activity or resulting from emotional excitement, emotional distress or being startled can be a warning sign of sudden arrhythmia death syndrome. The school response is to call emergency medical services (911) and inform the parents/guardians. Parents/guardians must be provided with the information found in the [Sudden Arrhythmia](#)

[Death Syndrome \(SADS\)](#) section, which contains information about SADS as well as a Fainting Episode form. The student must not participate in physical activity until cleared by a medical assessment and the Documentation of a Fainting Episode form is completed by parent/guardian and returned to the school administrator/designate. For further information please visit www.sads.ca.

Daily Physical Activity

As part of the Ministry of Education's Daily Physical Activity (DPA) initiative, every student at our school will be participating daily in 20 minutes of moderate-to-vigorous physical activity. Research has shown that daily, sustained physical activity has a positive impact on students' academic achievement, readiness to learn, behaviour, self-esteem, and level of physical fitness. This DPA program will take place in physical education classes and in other areas of the school on non-physical education days. Aerobic routines, fitness circuits, and power walks are some examples of DPA sessions. For the DPA program, clothing and footwear must not pose a safety hazard.

Student Absence Due to Illness or Injury

If a student misses a class due to illness or injury requiring professional medical attention (for example, medical doctor, chiropractor, physiotherapist), a [Return to Physical Activity Form \(Non-Concussion Medical Illnesses/Injuries\)](#) can be obtained from the school. It must be completed and returned to the school giving the student permission to return to play. An annual medical examination is strongly recommended. Students must follow their individual Plan of Care in having immediate access to their emergency medications (for example, asthma inhalers, epinephrine auto injectors) when participating in curricular physical activities.

Clothing, Footwear and Jewellery

Students must wear appropriate attire for safe participation. Running shoes with a flat rubber treaded sole which are secured to the foot are a minimum requirement along with appropriate clothing for the physical activity (for example, shorts or sweat pants and t-shirt/sweat shirt).

Certain types of jewellery can pose a hazard and cause injury to the wearer and/or other participants during physical activity. Students must comply with the instructions of the teacher, following board/school procedures, when requested to remove jewellery.

Medic alert identification and religious articles of faith that cannot be removed must be taped or securely covered.

Students that require glasses during physical activity may have a safety strap and/or shatterproof lenses for their glasses. Students must come to school prepared to participate safely outdoors protecting themselves from environmental conditions where appropriate (for example, use of hats, sunscreen, sunglasses, insect repellent, appropriate clothing.)

Equipment

A safety inspection must be carried out at home of any equipment brought to school for personal use in class (for example, skis, skates, helmets) to ensure it is in good working order and is suitable for personal use.

Student Accident Insurance Notice

TVDSB does not provide any accidental death, disability, dismemberment/medical/dental expense insurance for student participation in school sponsored activities (for example, curricular, intramural and interschool). For insurance coverage of injuries, parents/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice.

Parents/Guardians are requested to complete the following INTRAMURAL MEDICAL INFORMATION AND CONSENT TO PARTICIPATE / CURRICULAR MEDICAL INFORMATION AND ACKNOWLEDGEMENT OF ELEMENTS OF RISK FORM and return to GDHS by Friday, September 6, 2025.

Name of Athlete	
Grade	
(Where your child's/ward's condition is confidential or requires further explanation you are requested to contact your child's/ward's Principal)	Brad Milne b.milne@tvdsb.ca 519-287-3310 ext. 67694
Date of last complete medical examination:	
Date of last tetanus immunization:	
Is your child allergic to any drugs, food or medication/other (please circle)?	YES NO If yes, provide details
Medic Alert Information	
Does your child/ward wear a medical alert bracelet?	YES NO
Does your child/ward wear a neck chain?	YES NO
Does your child/ward carry a medical alert card?	YES NO If yes, please specify what is written on it:
Oral and Visual Appliance	
Does your child/ward wear eyeglasses?	YES NO
Does your child/ward wear contact lenses?	YES NO
Does your child/ward wear orthodontic appliance?	YES NO
Does your child/ward have dental restorations (that is, crowns, bridges)?	YES NO
Medical Conditions	
Indicate if your child/ward has been diagnosed as having any of the following medical conditions and provide relevant details: <ul style="list-style-type: none"> ○ Allergies ○ Anaphylaxis ○ Asthma ○ Deafness ○ Epilepsy ○ Heart disorders ○ Type I Diabetes ○ Type II Diabetes 	Other: Relevant details: Please provide relevant details and accommodations (for example, Plan of Care) to be made if your child cannot fully participate in physical activities:

Medical Services Authorization (Optional)	
In a situation when emergency medical or hospital services are required by the listed participant, and with the understanding that every reasonable effort will be made by the school/ hospital to contact me, my signature on this form authorizes medical personnel and/or hospital to administer medical and/or surgical services, including anaesthesia and drugs. I understand that any cost will be my responsibility.	Parent/Guardian Signature: Date:
Acknowledgement of Risks/Request to Participate/Informed Consent Agreement	
I have discussed the signs, symptoms and management of a concussion with my child/ward based on Parachute's Concussion Guide for Parents and Caregivers.	Parent/Guardian Initials:
I have read and understand the notices Accident Insurance	Parent/Guardian Initials:
I request our child/ward to try out/participate in all sports teams at GDHS during the school year.	Parent/Guardian Initials:
I hereby acknowledge that I have read and understand the notice of Elements of Risk on page 2 above and accept the risk inherent in the requested activity and assume responsibility for my child/ward for personal health, medical, dental and accident insurance coverage.	Parent/Guardian Signature: Date:
Intramural Activities/Clubs Permission	
I give permission for my child/ward to participate in intramural activities/clubs.	Parent/Guardian Signature: Date:

PERMISSION FORM FOR A FIELD TRIP/EXCURSION



The trip outlined in section C has been planned as an extension of the educational experiences provided at school. Please sign and date your permission and acknowledgement in sections A and B. Please return it immediately. Thank you.



SECTION A: Student Information

Name of Trip: [REDACTED]	(First) Date of Trip: [REDACTED]
School Hosting Trip: [REDACTED]	
Class/Course/Group: [REDACTED]	Lead Staff Supervisor: [REDACTED]
Destination: [REDACTED]	
THIS TRIP IS CATEGORIZED AS Athletic Competition AND IS CLASSIFIED AS Non-High-Risk	

Student Details

Student's Name: [REDACTED]	Date of Birth: [REDACTED]	
Home Address: [REDACTED]	Postal Code: [REDACTED]	
Emergency Contact: [REDACTED]	Relationship: [REDACTED]	
Contact Information: [REDACTED]		
Additional Emergency Contact: [REDACTED]	Contact Number: [REDACTED]	
Citizenship and Passport Number (where necessary): [REDACTED]		
Allergies, please list any allergies. If the reaction is severe, please specify:		
Allergy	Type of Reaction	Usual Treatment
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
Dietary Restrictions (Please list any foods your child should not eat, for medical or religious reasons): [REDACTED]		
Other Medical or Special Concerns/Information: [REDACTED]		

VOLUNTEER OPPORTUNITY: Myself or another member of the family is available to assist as a volunteer approved adult supervisor for this trip and will complete a volunteer form. No / Yes

Elements of Risk: The risk of injury exists in every field trip activity. However due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. The safety and well-being of students is a prime concern and attempts are made to manage as effectively as possible, the foreseeable risks inherent in field trip activity. Furthermore, financial risk may exist for a field trip activity. Therefore, for extended trips and excursions, please review trip cancellation and travel insurance which is included. If travel cancellation and travel insurance is included in the trip, it will not cover all circumstances, which these exclusions / circumstances are a risk accepted by the participant. Parents / Guardians may wish to independently purchase additional insurance to meet their own specific needs for these specifically longer trips/ excursions. **Medication:** If it will be necessary for your child to take prescription medication during the trip, the parent/guardian and the physician must complete the form "Authorization for the Administration of Prescription Medication". It must be forwarded to the Principal prior to the administration of medication. If your child currently receives medication during the school day and a copy of this form is on file at the school, it is not necessary to complete another form. **Notice of Collection:** The personal information provided on this form and any other correspondence relating to involvement in Board programs is collected by the Thames Valley District School Board under the authority of the Education Act and Regulations (R.S.O. 1990 c.E.2) as amended. The information will be used to register the student in a school, for the collection of applicable student/activity fees, as well as for any consistent purpose. Information is shared with employees such that they may carry out their job duties. In addition, the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to law enforcement matters, or in accordance with any other Act. For questions about this collection, contact the Board's Freedom of Information Coordinator, Thames Valley District School Board, 1250 Dundas Street, London, Ontario, N6A 5L1, Telephone 519-452-2000 ext. 20218. (Revised April 2013)

PERMISSION FORM FOR A FIELD TRIP/EXCURSION



Section B: Informed Consent / Permission Form for a Field Trip/Excursion (Students Over 18 Years-of-Age or A Signing Parent/Guardian for Students Under 18 Years-of-Age)

THIS INFORMED CONSENT MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE IN THE FIELD TRIP/EXCURSION OR BY A SIGNING PARENT/GUARDIAN OF THE PARTICIPATING STUDENT.

The Field Trip/Excursion, as described in Section C, may involve certain elements of risk due to their physical nature. Injuries may occur while participating in Activities while on a Field Trip/Excursion. The following list includes, but is not limited to, the following injuries:

slips and falls · falls from heights · scrapes · cuts · bruises · muscle strain · twisted and/or sprained ankles, knees, shoulders, or wrists · burns · dirt or other materials in eye · impacts with other people · impacts with the wall, ground or other structures and equipment · entanglement · seizures · loss of awareness · eye strain · dizziness · disorientation · nausea · impaired balance · light-headedness · fatigue · motion sickness · concussions · broken bones · physical and/or emotional injuries · emotional distress · paralysis · other bodily injuries · death · and negligence of other persons.

The risk of sustaining these types of injuries result from the nature of the Field Trip/Excursion, as described in Section C, and can occur without any fault of either the student, or the Thames Valley District School Board (the "School Board"), and its' employees, approved adult supervisors, as well as Third-Party Providers of the Trip. By choosing to take part in the described Field Trip/Excursion and signing this form, you are acknowledging and accepting the risk that you and/or your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the Field Trip/Excursion. If you and/or your child choose to participate in the described Field Trip/Excursion on the Date(s) outlined, you must understand that you bear the responsibility for any injury that might occur to you and/or your child.

The Thames Valley District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in the Field Trip/Excursion.

In the event of an injury taking place during the Field Trip/Excursion, the _____ may make on-site medical services available to you/your child. By signing this Informed Consent, you consent to the provision of such medical services to you/your child, should they be provided.

I/WE HAVE READ THE ABOVE AND UNDERSTOOD THIS ADVICE. I/WE UNDERSTAND THAT IN PARTICIPATING IN THE DESCRIBED FIELD TRIP/EXCURSION, I/WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO FOR MYSELF, AND/OR MY CHILD.

Students Over 18 Years-of-Age

Name of Student	Signature of Student	Date

Signing Parent/Guardian for Students Under 18 Years-of-Age

(Print name of student)	has permission to participate in the Field Trip/Excursion, as described in Section C.		
Name of Parent/Guardian	Signature of Parent/Guardian	Date	

PERMISSION FORM FOR A FIELD TRIP/EXCURSION



SECTION C: Field Trip/Excursion Details to be kept by the Parent/Guardian/Student

Basic Details

School Hosting Trip: _____	
Additional School(s) Joining Trip: _____	
Class/Course/Group: _____	Date Form Sent Home: _____
Lead Staff Supervisor: _____	Administrator: _____
Lead Staff Supervisor Contact Information: _____	
THIS TRIP IS CATEGORIZED AS Athletic Competition; AND IS CLASSIFIED AS Non-High-Risk	

Date & Time

Single Day	Consecutive <i>multiple days in a row</i>	Ongoing <i>multiple dates over the school year*</i>
Date of Trip: _____	Start Date: _____	Dates: _____
Start Time: _____	Departure Time: _____	Start Time: _____
End Time: _____	End Date: _____	End Time: _____
	Return Time: _____	

*any additional on-going trip dates that are added after this form is signed will need to be provided to, and approved by parent(s)/guardian(s) in advance

Destination and Trip Information

Destination: _____	
Transportation to Destination: _____	
Accommodations, if applicable: _____	
Cost of Trip: \$ _____	Submit to SchoolCash Online or the School by: _____
Trip Summary: _____	
Ontario Curriculum Expectations for the Trip: athletics	
Special Information (e.g., clothing, food, materials): _____	
A detailed itinerary will be Provided Later	



Application for Appointment by Principal to Provide Transportation for Students

School:		Date:	
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Applicant's Information			
Surname:		First Name:	
Address:			
Telephone:	Home:		Work:
State your position (Teacher, Volunteer, or Other):			

Name of Your Automobile Insurance Company:			
Company Agent or Address:			
Insurance Policy #:			
Amount of Third Party Liability coverage shown on the above policy:	\$		
Expiry date of insurance policy (or renewal date):			
Ontario driver's license #:			

(TVDSB & OSBIE recommend \$1 million liability insurance)

Description of Vehicle You Plan To Use:			
[]	Owned	Make:	Model:
[]	Not Owned		Year:

If the vehicle is not owned by you the following information is required:

Owner's Name: Surname		First Name:	
Address:			
Telephone: (home)		(work)	
I hereby give permission for the use of my vehicle to transport students:			
Signature of Owner			

Statement of Applicant

I understand the Thames Valley District School Board Policy, Terms and Conditions, and my personal responsibility with regard to minimum liability insurance coverage on the vehicle described above which will be the vehicle I will drive when transporting students. I am aware that the school board's Excess Automobile Liability insurance comes into effect only after the vehicle owner's primary Third Party Liability insurance limit has been exhausted. I will serve as Driver to transport students (I have a valid license and insurance policy) and report to the Principal should there be any change in the above information provided. I am 18 years of age and will endeavour to ensure that student passengers in my care will conduct themselves in a safe, responsible manner. I will report promptly any misconduct, accident, or injury to the Principal's office.

Signature of Applicant		Principal's Approval	
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What is a concussion?

A concussion is a brain injury that cannot be seen on routine X-rays, CT scans, or MRIs. It affects the way a child may think and remember things, and can cause a variety of symptoms.

What are the signs and symptoms of a concussion?

Your child does not need to be knocked out (lose consciousness) to have had a concussion. Your child might experience one or more of the following. When watching for signs or symptoms of a potential concussion, consider how your child typically feels and behaves.

Cognitive (thinking)	Physical	Emotional/ behavioural
<ul style="list-style-type: none"> • Does not know time, date, place, details about a recent activity • Difficulty remembering things that happened before and after the injury • Difficulty concentrating • Not thinking clearly • Feeling like “in a fog” 	<ul style="list-style-type: none"> • Headache or head pressure • Dizziness • Stomachache, nausea, vomiting • Blank or vacant stare • Blurred or fuzzy vision • Sensitive to light or sound • Sees stars, flashing lights • Ringing in the ears • Problems with balance or co-ordination • Feels tired or no energy • “Don’t feel right” 	<ul style="list-style-type: none"> • Nervousness or anxiety • Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily) • Slow to answer questions or follow directions • Easily distracted • Not participating well • Changes in sleep patterns (sleeping more or less than usual)

It is more difficult for infants, toddlers and preschoolers to communicate how they are feeling. If you have a young child, you might notice any of the following: crying more than usual; unsteady walking; lack of interest in favourite toys; changes in nursing, eating or sleeping patterns; or loss of new skills, such as toilet training.

Get medical help immediately if your child has any “red flag” symptoms such as neck pain, repeated vomiting, growing confusion, seizures, and weakness or tingling in their arms or legs. These may be signs of a more serious injury.



What causes a concussion?

Any blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head, may cause a concussion (e.g., a ball to the head, colliding with another person).

What should I do if I suspect my child has a concussion?

In all suspected cases of concussion, your child should stop the activity right away. Continuing increases their risk of more severe, longer-lasting concussion symptoms, as well as increases their risk of other injury.

The Concussion Recognition Tool 6 (CRT6) can be used by anyone to help recognize the signs and symptoms of a possible concussion.

Your child should not be left alone and should be seen by a doctor as soon as possible.

If your child loses consciousness, call an ambulance to take them to the hospital right away. Do not move your child or remove any equipment such as a helmet.

Your child should not return to play the same day.

How long before my child gets better?

The signs and symptoms of a concussion often last for up to four weeks but may last longer. In some cases, children may take many weeks or months to heal. If your child has had a concussion before, they may take longer to heal.

If your child's symptoms are not improving or last longer than four weeks, they should be referred to a licensed healthcare professional who is an expert in the management of concussion.

How is concussion treated?

For the first 24 to 48 hours after the injury, your child can do activities of daily living, such as moving around the home, bathing, light walking and social

interactions at home. For the first 48 hours, they should spend less time with screens, such as phones, TVs and computers. Then, school and sport activities can be introduced and increased gradually.

As your child is returning to activities, their symptoms may feel a little worse. This is common and OK as long as it is mild and brief. "Brief" means their symptoms should settle back down within an hour. If activities make their symptoms worsen more than this, they should take a break and adapt activities.

Recovering from concussion is a process that takes patience. If your child goes back to activities before they are ready, it is likely to make their symptoms worse, and their recovery might take longer.

When should my child go to the doctor?

Anyone with a possible head injury should be seen by a doctor as soon as possible. If your child is diagnosed with a concussion, the doctor should schedule a follow-up visit within the next one to two weeks.

Take your child back to the doctor immediately if, after being told they have a concussion, they have worsening symptoms, such as:

- being more confused
- headache that is getting worse
- vomiting more than twice
- not waking up
- having any trouble walking
- having a seizure
- strange behaviour

When can my child return to school?

A child with a concussion may miss one or more days of school. Generally, more than one week of complete absence from the school environment is not recommended. Medical clearance is not required to return to school.

Your child may find it hard to concentrate in class, get a worse headache or feel sick to their

stomach. They may need to begin with partial days at school and may need accommodations to help them tolerate their workload and the school environment. Examples include access to breaks, extra time to complete work, permission to wear sunglasses in class or a quiet place to eat lunch.

Each concussion is unique, so your child may progress at a different rate than others. They should not be rushed through their return to activities. At the same time, if your child can tolerate being at school, they should not be restricted from attending.

The Return-to-School Strategy provides information on the stages of returning to the classroom. **Return to school should be completed before your child seeks medical clearance for full return to unrestricted sport activities.**

When can my child return to sport and physical activity?

Return to sport and physical activity must follow a step-wise approach.

In this approach:

- Each stage is at least 24 hours.
- Your child moves on to the next stage when they can tolerate activities.
- If any of your child's symptoms worsen more than mildly and briefly, they should stop and try again the next day at the same step.

Step 1: Activities of daily living and relative rest (first 24 to 48 hours). Your child can start with daily living activities such as moving around the house, light walking and social interactions (e.g., talking with friends or family). Minimize screen time.

Step 2: Light to moderate effort aerobic exercise

2A: Start with light aerobic exercise such as walking or stationary cycling at a slow to medium pace. May begin light resistance training that does not result in more than mild and brief worsening of symptoms.

2B: Gradually increase the intensity of aerobic exercise to moderate effort, such as stationary cycling or walking at a brisk pace. Moderate effort means the activity may cause faster breathing and heart rate, but not enough to prevent you from being able to talk comfortably.

Step 3: Individual sport-specific activities, without risk of inadvertent head impact. Add sport-specific activities, such as running, skating or throwing drills, that can be done individually (away from other participants) in a low-risk environment. Activities should be supervised by a coach, trainer, teacher or parent/caregiver. Continue progressing at this step until symptom-free, even when exercising.

Medical clearance is required before step 4.

Step 4: Training drills and activities with no contact (e.g., no checking, no heading the ball). Progress to usual intensity exercise and add in more challenging drills such as passing drills. Participate in multi-athlete training (if applicable) and non-contact practices.

Step 5: Return to non-competitive activities, full-contact practice and physical education activities. Progress to typical physical activities, except for competitive gameplay. Restore confidence and skills.

Step 6: Return to sport and physical activity without restriction.

Your child should not return to activities with risk of contact until cleared by a doctor!

Returning too soon before full recovery from concussion puts your child at higher risk of sustaining another concussion, with symptoms that may be more severe and last longer.

Additional resources

Scan the QR code or visit parachute.ca/concussion

