



BLESSED SACRAMENT CATHOLIC SCHOOL

24 Bedford Park Avenue • Toronto, Ontario • M5M 1H9

Tel: 416-393-5226 • Fax: 416-393-5809

www.blessedsacramentcs.com • @BSCSchool



Date: _____

Dear Parent/Guardian:

We have been advised that your child, _____ may have experienced a suspected concussion.

The Toronto Catholic District School Board, in partnership with the Ministry of Education, has developed a concussion protocol as part of the *Ontario Physical Education Safety Guidelines*.

Pursuant to the TCDSB Concussion Protocol and Guidelines, enclosed please find a TCDSB Incident Form – Documentation of Medical Examination. Please review and complete the form and return it to the school principal as soon as possible.

If your child is diagnosed with a concussion, you will be provided with further forms to document your child's progress through the Return to Learn/Return to Physical Activity Plan. A medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan, that will meet the particular needs of the student will be put into place, in collaboration with the student and parents, the school, and the medical practitioner.

Please note that a concussion is a clinical diagnosis made by a medical doctor or nurse practitioner and it is critical that the student with a suspected concussion be examined by a medical doctor or nurse practitioner.

Yours very truly,

Richard Walo
Principal
Encl.



TCDSB INCIDENT FORM

Documentation of Medical Examination

This form to be provided to all students suspected of having a concussion. This injury may have occurred during a TCDSB related activity or during a non-related TCDSB activity. For more information see "Appendix C-1 – Concussion Management Procedures: Return to Learn and Return to Physical Activity".

_____ (student name) sustained a suspected

concussion on _____ (date). As a result, this student must be seen by a medical doctor or nurse practitioner. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical examination by completing the following:

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:

**This step should be accompanied by a Doctor's Note.*