

Dear Parent/Guardian,

An incident occurred involving your student \_\_\_\_\_ (name) on \_\_\_\_\_ (date).  
 He/she was observed for signs and symptoms of a concussion. *(Check box A or B)*

A. No signs or symptoms described below were noted at the time. *Note: Continued monitoring of your student is important as signs or symptoms of a concussion may appear hours or days later (see #4 below)*  
 Please check corresponding box A in the parent signature area and return to school.

B. The following signs were observed or symptoms reported: **(See also #2 and #3)**  
 Please check corresponding box B in the parent signature area and return to school.

**Signs and Symptoms of a Concussion**

<b>Possible Signs Observed</b> <i>A sign is something that will be observed by another person (parent, coach, peer etc.)</i>	<b>Possible Symptoms observed</b> <i>A symptom is something that the student will feel/report</i>
<p><b>Physical</b></p> <ul style="list-style-type: none"> <li>— Vomiting</li> <li>— Slurred speech</li> <li>— Slowed reaction time</li> <li>— Poor coordination or balance</li> <li>— Blank stare/glassy-eyed/dazed or vacant look</li> <li>— Decreased playing ability</li> <li>— Loss of consciousness or lack of responsiveness</li> <li>— Lying motionless on the ground or slow to get up</li> <li>— Amnesia</li> <li>— Seizure or convulsion</li> <li>— Grabbing or clutching of head</li> </ul> <p><b>Cognitive</b></p> <ul style="list-style-type: none"> <li>— Difficulty concentrating</li> <li>— Easily distracted</li> <li>— General confusion</li> <li>— Cannot remember things that happened before and after the injury</li> <li>— Does not know the time, date, place, class, type of activity in which he/she was participating</li> <li>— Slowed reaction time (answering questions or following directions)</li> </ul> <p><b>Emotional/Behavioural</b></p> <ul style="list-style-type: none"> <li>— Strange or inappropriate emotions (laughing, crying, getting angry easily)</li> </ul>	<p><b>Physical</b></p> <ul style="list-style-type: none"> <li>— headache</li> <li>— pressure in head</li> <li>— neck pain</li> <li>— feeling off/not right</li> <li>— ringing in the ears</li> <li>— seeing double or blurry/loss of vision</li> <li>— seeing stars, flashing lights</li> <li>— pain at physical site of injury</li> <li>— nausea/stomach ache/pain</li> <li>— balance problems or dizziness</li> <li>— fatigue or feeling tired</li> <li>— sensitivity to light or noise</li> </ul> <p><b>Cognitive</b></p> <ul style="list-style-type: none"> <li>— difficulty concentrating or remembering</li> <li>— slowed down, fatigue or low energy</li> <li>— dazed or in a fog</li> </ul> <p><b>Emotional/Behavioural</b></p> <ul style="list-style-type: none"> <li>— irritable, sad more emotional than usual</li> <li>— nervous, anxious, depressed</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>— drowsy</li> <li>— sleeping more/less than usual</li> <li>— difficulty falling asleep</li> </ul>

2. Your Student’s Responses to the **Quick Memory Function Assessment:**

What room are we in right now? Answer: \_\_\_\_\_ Correct \_\_\_ Incorrect \_\_\_  
 What activity/sport/game are we playing now? Answer: \_\_\_\_\_ C \_\_\_ I \_\_\_  
 What field are we playing on today? Answer: \_\_\_\_\_ C \_\_\_ I \_\_\_  
 What part of the day is it? Answer: \_\_\_\_\_ C \_\_\_ I \_\_\_  
 What is the name of your teacher/coach? Answer: \_\_\_\_\_ C \_\_\_ I \_\_\_  
 What school do you go to? Answer: \_\_\_\_\_ C \_\_\_ I \_\_\_

3. **Action to be Taken**

If **any** signs observed or symptoms reported, or if the student fails to answer **any** of the above correctly:

- A concussion should be suspected
- The student must be immediately removed from play and must not be allowed to return to play that day even if the student states that he/she is feeling better; and
- The student must not leave the premises without parent/guardian (or emergency contact) supervision

In all cases of a suspected concussion **we advise a medical doctor or nurse practitioner examination** for diagnosis before returning to school. These results are to be communicated to Principal Tim Bentum.

*If any observed signs or symptoms worsen, call 911*

4. **Continued Monitoring by Parent/Guardian**

- Students should be monitored for 24-48 hours following the incident as signs and symptoms can appear immediately after the injury **or may take hours or days to emerge**
- If any signs or symptoms emerge, the student **should be examined** by a medical doctor or nurse practitioner as soon as possible that day and before returning to school.

5. Teacher Name: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note for Teacher/Staff**

1. This form must be followed up by a phone call to parents.
2. This form must be followed up by an email report to the LDCSS principal **and** office.

*Parent/Guardian, please sign and return to the LDCSS office before your student returns to classes*

\*\*\*\*\*

- A. I have read the “*Identification of a Suspected Concussion Form*” and will continue to monitor my student for the next 48 hours. (See Step 4 above)
- B. I have read the “*Identification of a Suspected Concussion Form*” and understand that my student has exhibited signs and symptoms of a concussion and should be seen by a doctor, results of which will be communicated to Principal Tim Bentum. (See Step 3 above)

Name of Student \_\_\_\_\_

Name of Parent \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_