PARENT/GUARDIAN PERMISSION FOR RETURN TO LEARN & PHYSICAL ACTIVITIES

Recently your child/ward was diagnosed as having suffered a concussion. Kawartha Pine Ridge

Program Safety Guidelines for Concussions

Dear Parent/Guardian:

KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

District School Board understands that head injuries hand long term consequences. We encourage you to senurse practitioner for developing a medically supervise staff hope to work collaboratively with you to support y	eek the on-going advice of a medical doctor or ed recovery plan. Furthermore, our school and
The purpose of this letter is to obtain from you, instruction ext steps in your child's medically supervised recover medical professionals, we have included an outline of Activity' process. Sharing this information with the doctor recovery will clarify for school staff how we can support the property of the purpose.	ry process. To assist you in conversations with our "Return to Learn" and "Return to Physical stor or nurse, and obtaining specific instructions
The school has not observed, nor has your child/ward symptoms while engaging recent activities. After receivehild/ward to participate in activities that correspond to	ving your permission, the school will allow your
Check one box to indicate which step in the recovery ☐ Step 1: Complete rest at home ☐ Step 2a: Modified learning activities / No physic ☐ Step 2b: Regular learning activities / Light aero ☐ Step 3: Sport-specific aerobic activity ☐ Step 4: Sport-specific non-contact training ☐ Step 5: Full participation in non-contact activities a	cal activity bic activity ies and sport (<i>requires Doctor's Note</i>)
Please complete a	nd return to school
As part of my child/ward's medically supervised recover child/ward to participate in activities that corresponds	• • • • • • • • • • • • • • • • • • • •
Step 5 only : I have attached a Doctor's Note that cois able to return to regular physical education class/in sports and full training/practices for contact sports	tramurals/interschool activities in non-contact
Parent/Guardian Signature	Date:
Comments:	



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"Return to Learn / Return to Physical Activity" Process	
Parent communicates result back to school	When a child is suspected of having a concussion: • Child undergoes medical examination by physician or nurse practitioner
Parent consents to continue to Step 2a	Step 1 – Complete rest at home, including: • Cognitive Rest: limit reading, texting, television, computer, electronic games, etc. • Physical Rest: restrict recreational/leisure and competitive physical activities • Duration: minimum of 24 hours and until (as determined by the parent & student) • the student's symptoms begin to improve; or • the student is symptom free;
Parent consents to continue to Step 2b	Step 2a – Symptoms are improving, but not yet symptom free • Return to Learn: classroom strategies that include physical rest & gradually increase cognitive activity.
Parent consents to continue to Step 3	 Step 2b – Student is symptom free Return to Learn: student returns to regular learning activities. Return to Physical Activity: Activity: Individual light aerobic (e.g., walking, swimming or stationary bike). Restrictions: No resistance or weight training. No competition/practices/scrimmages. No participation with equipment or with other students. No drills. No body contact. Objective: To increase heart rate.
School monitors absence of symptoms	 Step 3 – Sport specific, aerobic activity Activity: Individual sport-specific physical activity (e.g., running, skating, shooting drills) Restrictions: No resistance/weight training. No competition/practices/scrimmages. No body contact, no head impact activities (e.g., heading a ball in soccer) or other jarring motions (e.g., high speed stops, hitting a baseball with a bat). Objective: To add movement.
	 Step 4 – Sport specific, non-contact training Activity: Activities with no body contact (e.g., dance, badminton). Progressive resistance training may be started. Non-contact practice and progression to more complex training drills (e.g., passing drills in football and ice hockey). Restrictions: No activities with body contact, head impact (e.g., heading the ball in soccer) or other jarring motions (e.g., high speed stops, hitting a baseball with a bat). Objective: To increase exercise, coordination and cognitive load.
Medical note required	 Step 5 – Full participation in <i>non-contact</i> activities and sports Activity: Full participation in regular physical education/intramural/interschool activities in non-contact sports. Full training/practices for contact sports. Restrictions: No competition (e.g., games, meets, events) that involve body contact. Objective: To restore confidence and assess functional skills by teacher/coach.
	Step 6 – Full participation in contact activities and sports • Activity: Full participation in contact sports. • Restrictions: None.

It is important to note:

- Cognitive or physical activities can cause a student's symptoms to reappear
- Steps are not days each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the severity of the concussion and the student
- The signs and symptoms of a concussion often last for 7 − 10 days, but may last longer in children and adolescents
- If symptoms reappear, then the student needs to be re-examined by a medical doctor or nurse practitioner.



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