

Documentation of Medical Examination

This form is to be provided to the parent/guardian of all students with a suspected concussion. Appendix C-4 or a record of a written statement or a document from one of the parents or guardians regarding the results of the Medical Examination must be included in the student's file.

Student Name: _____

Date: _____

Prior to returning to school, the parent/guardian must inform the principal/designate of the results of the medical examination.

Results of Medical Examination

- My child has been examined by a medical doctor or nurse practitioner and no concussion has been diagnosed.
- My child has been examined by a medical doctor or nurse practitioner and a concussion has been diagnosed. My child will begin a medically supervised, progressive and personalized **Return to School and Return to Sport/Physical Activity Strategies**. I understand that my child will not be able to fully participate in regular classroom activities, physical education class, intramural and/or interschool activities.

Parent/guardian signature : _____

Date: _____