

**LETTER TO PARENT/GUARDIAN FOR SUSPECTED CONCUSSION**  
Program Safety Guidelines for Concussions

**KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD**

Date: \_\_\_\_\_

Dear Parent/Guardian:

\_\_\_\_\_ sustained a head injury on \_\_\_\_\_.  
(name of student) (date of injury)

Based on the signs and symptoms observed, we believe that s/he may have sustained a concussion from this event.

Kawartha Pine Ridge District School Board understands that head injuries have the potential to have significant immediate and long term consequences. We are requesting that you seek a medical examination for your child/ward as soon as possible by a medical doctor or nurse practitioner.

In the event that a concussion is diagnosed, our school hopes to work collaboratively with you to support your child's medically supervised recovery. To assist you at the medical examination we have included an outline of our "Return to Learn" and "Return to Physical Activity" process. Sharing this information at the examination and obtaining specific instructions for recovery from the medical professional will clarify for school staff how we can support in your child/ward's return to health.

***Please complete and return to school***

**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## “Return to Learn / Return to Physical Activity” Process

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

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.