



ACCESSIBILITY:

To request this file in large print, please email aoda@wcdsb.ca or call (519) 578-3660.

School Year: _____

Name of Child: _____ School: _____

As a parent/guardian of the above-named child, I am committed to the following Codes of Conduct:

FOR PLAY

I will:

1. Encourage my child to bring potential issues related to the safety of equipment and the facilities to the attention of the coach.
2. Ensure the protective equipment that we provide is properly fitted as per the manufacturer's guidelines, in good working order, and suitable for personal use.
3. Show respect for all students, coaches, officials, and spectators.
4. Encourage my child to demonstrate respect for teammates, opponents, officials, and spectators and to follow the rules of the sport and practice fair play.
5. Not pressure my child to participate in practices or games/competitions if they are injured.
6. Encourage my child to learn and follow the rules of the sport and follow the coach's instructions about prohibited play
7. Support the coach's enforcement of consequences during practices and competition regarding prohibited play.
8. Respect the decisions of officials and the consequences for my child for any prohibited play.
9. Encourage my child to follow their coach's instructions about the proper progression of skills and strategies of the sport.
10. Encourage my child to ask questions and seek clarity regarding skills and strategies of which they are unsure.

FOR CONCUSSIONS

I will:

1. Encourage my child to participate in discussions/conversations related to concussions, including signs and symptoms, with the coach or caring adult.
2. Encourage my child to talk to me, their coach or another caring adult if they have any concerns about a suspected or diagnosed concussion or about their safety in general.
3. Inform the appropriate school staff if no signs or symptoms emerge after 24 hours, and I understand my child will be permitted to resume participation at that time.
4. Inform the school principal, coach and/or other relevant school staff when my child experiences signs or symptoms of a concussion, including when the suspected concussion occurs during participation in a sport outside of the school setting.



5. Inform the school principal, coach and/or other relevant school staff any time my child is diagnosed with a concussion by a medical doctor or nurse practitioner.
6. Encourage my child to remove themselves from the sport and report to a coach or caring adult if they have signs or symptoms of a suspected concussion.
7. Encourage my child to inform the coach or caring adult when they suspect a teammate may have sustained a concussion.
8. Share with the coach, school staff, and/or staff supervisor of all sport organizations with which my child has registered if/when my child has experienced a suspected or diagnosed concussion or general safety issues.
9. Ensure my child receives a Medical Clearance as required by the Return to School Plan, prior to the gradual return to participation in sport or physical activity.
10. Follow the recovery stages and learning strategies proposed by the collaborative team for my child as part of the Return to School Plan.

I understand that:

1. If my child receives a jarring impact to the head, face, neck, or elsewhere on the body that is observed by or reported to the coach, my child will be removed immediately from the sport, and:
 - a. I am aware that if my child has signs or symptoms of a suspected concussion they should be taken to a medical doctor or nurse practitioner for a diagnosis as soon as reasonably possible that day and I will report any results to appropriate school staff.
 - b. I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and in these cases my child must stop all physical activities and be monitored at home and at school for the next 24 hours.
2. If signs or symptoms emerge, I will have my child assessed by a medical doctor or nurse practitioner as soon as reasonably appropriate that day and will report the results to appropriate school staff.
3. If my child has a suspected or diagnosed concussion, they will not return to full participation, including practice or competition, until permitted to do so in accordance with the School Board's Return to School Plan.
4. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion and provide Medical Clearance.

ACKNOWLEDGEMENT

I _____ have read and understand the above Code of Conduct.
(name of parent/guardian)

Signature of Parent/Guardian (handwritten or typed)

Date (yyyy-mm-dd)

Notice of Collection

Information on this form is collected further to the board's authority under the Education Act section 321(1),(3) and further to section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. Information on this form will be used to administer the concussion awareness program. Questions regarding the collection of this information should be directed to the WCDSB Privacy Officer (privacy@wcdsb.ca, 519-578-3660, Ext. 2381) or the school principal.

Completed by: Parent/Guardian
Distribution: School → Parent/Guardian → Main Office
Retention: Main Office (7 Years)