



Concussion Code of Conduct for Athletes and Parents/Guardians (for athletes under 18 years of age)

This Concussion Code of Conduct is to be used by athletes and parents/guardians engaged in Inter School Competition sponsored by the WRDSB. Parents/Guardians are encouraged to review these expectations outlined below to support student understanding.

1. I will help prevent concussions by:

- 1.1. Wearing the proper equipment for my sport and wearing it correctly.
- 1.2. Developing my skills and strength so that I can participate to the best of my ability.
- 1.3. Respecting the rules of my sport or activity.
- 1.4. My commitment to fair play and respect for all (respecting other athletes, coaches, team trainers and officials).

2. I will care for my health and safety by taking concussions seriously, and I understand that:

- 2.1. A concussion is a brain injury that can have both short- and long-term effects.
- 2.2. A concussion may be caused by forceful contact with my head, face or neck, or a forceful contact to the body that causes the brain to move around inside the skull.
- 2.3. I do not need to lose consciousness to have suffered a concussion.
- 2.4. I have a commitment to concussion recognition and reporting, including self-reporting of a possible concussion. I am also committed to, reporting to a designated person when an individual suspects that another individual may have sustained a concussion.

Meaning: If I think I might have a concussion I should immediately inform a coach/parent/guardian, stop participating in further training, practice or competition. Also, I should inform a coach/parent/guardian if I think another athlete has a concussion.

- 2.5. Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

3. I will not hide concussion symptoms. I will speak up for myself and others:

- 3.1. I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience any symptoms of concussion.
- 3.2. If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- 3.3. I understand that if I have a suspected concussion, I will be removed from further participation and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- 3.4. I have a commitment to sharing any pertinent information regarding incidents of removal from sport with my school and any other sport organization with which I have registered as an athlete.

Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.



4. **I will take the time I need to recover, because it is important for my health:**
- 4.1. I understand my commitment to supporting the WRDSB return-to-play or return-to-learning processes.
 - 4.2. I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to school, training, practice or competition.
 - 4.3. I will respect my coaches, team trainers, parents, health-care professionals, medical doctors and nurse practitioners, regarding my health and safety.
5. **If the association that governs play for my sport has adopted policies regarding head injuries/concussion reduction:**

I will help prevent concussions, through my:

- 5.1. Commitment to zero-tolerance for prohibited play that is considered high risk for causing concussions.
- 5.2. Acknowledgement of mandatory disqualification from competition for violating zero-tolerance for prohibited play that is considered high risk for causing concussions.
- 5.3. Acknowledgement of the escalating consequences for those who repeatedly violate the Concussion Code of Conduct.

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

_____	_____	_____
Student Name	Student Signature	Date
_____	_____	_____
Parent/Guardian Name (if under 18)	Parent/Guardian Signature (if under 18)	Date