JLC-E-1 ADVISORY NOTICE OF HEAD INJURY

To: Name o	of Parent/Guardiar	n	
On	(month),	, 20, at (location)	
		_ (child's name) experienced a head injury with symptoms of a concussic	on. This Notice
	, , ,	and advise seeking a medical assessment for a concussion. It is further a rest until a diagnosis can be made. Returning to an activity too soon after	
may prolon	ig the recovery pe	eriod or have other more serious consequences.	

The following symptoms were observed by the school staff:

□headache; □nausea/vomiting; □dizziness; □confusion; □blurred vision; □slowed reaction time;
□concentration or memory problems; □sensitivity to light or noise; □loss of consciousness, feeling sluggish,
hazy or groggy

It is important that all individuals with symptoms of a head injury undergo medical assessment by a medical doctor or nurse practitioner as soon as possible.

Parents/Guardians are asked to bring both this form and the Medical Assessment Letter when their child visits the medical doctor. The medical doctor will complete and sign the Medical Assessment Letter. Parents are to return the Medical Assessment Letter to the school.

Depending on the diagnosis, the school will enact the following:

- 1. If it is determined that the incident <u>did not</u> result in a concussion, the student can resume full participation in school and sport activities without restriction.
- 2. If a concussion is diagnosed then the Return to School/Return to Sport protocols will be implemented.
- 3. In the absence of a completed Medical Assessment Letter, the school will air on the side of caution and implement Return to School/Return to Sport protocols.

Return to School Strategy

Depending on the severity and type of symptoms present, student-athletes will progress through the following stages at different rates. If the student-athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage.

Step	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the student-athlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting screen time) Start at 5-15 minutes at a time and gradually build up	Gradual return to typical activities
2	School Activities	Homework, reading or other cognitive activities outside the classroom	Increase tolerance to cognitive work
3	Return to school part-time	Gradual introduction of school work. May need to start with a partial school day or with increased breaks during the day	Increase academic activities
4	Return to school full-time	Gradually progress	Return to full academic activities and catch up on missed school work

Return to Sport Strategy

Activities should be tailored to create a sport-specific strategy that helps the athlete return to their respective sport.

An initial period of 24-48 hours of rest is recommended before starting their Return to Sport Strategy. If the athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that athletes to return to full-time school activities before progressing to stage 5 and 6 of the Return to Sport Strategy. It is also important that all athletes provide their school with a Medical Clearance Letter prior to returning to full contact sport activities.

Step	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms	Gradual re-introduction of work/ school activities
2	Light aerobic activities	Walking or stationary cycling at slow to medium pace. No resistance training	Increase heart rate
3	Sport-specific exercise	Running or skating drills. No head impact activities	Add movement
4	Non-contact training drills	Harder training drills, e.g. passing drills. May start progressive resistance training	Exercise, coordination and increased thinking
5	Full contact practice	Following medical clearance and complete return to school	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play	