

APPENDIX L

Huron Superior Catholic District School Board

Medical Concussion Assessment Form

The Medical Assessment Form is provided to a student who demonstrates or reports concussion signs and or symptoms.

Student Name: _____

Date: _____

The student must be assessed as soon as possible by a medical doctor or nurse practitioner. Prior to returning to school, the parents/guardians must inform the school principal of the results of the medical assessment.

Results of the Medical Assessment

- My child has been assessed and a concussion has not been diagnosed and therefore may resume full participation in learning and physical activity without any restrictions.
- My child has been assessed and a concussion has been diagnosed and therefore must begin a medically supervised, individualized, and gradual Return to Learning (RTL) and Return to Physical Activity (RTPA) Plan.
- My child has been assessed and a concussion has not been diagnosed but the assessment led to the following diagnosis and recommendations:

Comments: _____

Medical doctor/nurse practitioner

Name: _____

Phone Number: _____

Parent/Guardian

Signature: _____

Date: _____