



## No Observed Signs or Symptoms - Documentation of Concussion Monitoring/Medical Examination

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NOTE: This form is provided to the parent/guardian, in conjunction with Concussion Guidelines for Parents and Parents Guide to Dealing with Concussions. A parent/guardian signature is required for this form to be accepted by the school.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

The above-named student has sustained a blow to the head, face or neck or a blow to the body that transmits a force to the head and, as a result, may have suffered a concussion.

### Results of the Concussion Recognition Tool to identify a suspected concussion:

**NO SIGNS OR SYMPTOMS OBSERVED AT THE TIME OF INCIDENT.**

Signs or symptoms can occur later, within a 24 hour period. **Your child is not to return to school or participate in physical activity for a 24 hour period and will be marked as a medical absence.** While at home the parent/guardian is to monitor their child using the information found in the *Concussion Guidelines for Parents and Parents Guide to Dealing with Concussions* documents provided. School staff will monitor the student/athlete while at school.

ACTIONS: If no signs or symptoms occur during the monitoring period, the parent/guardian is to complete the following Results of Monitoring section prior to their child/ward returning to school.

### Results of Monitoring

**No Signs or Symptoms**

As the parent/guardian, my child has been observed for the 24 hour period, and no signs/symptoms have been observed or reported. I give my permission to have my child resume normal school activities and to participate in all curricular and extra-curricular physical activities.

**Possible Signs or Symptoms**

As the parent/guardian, my child has demonstrated possible signs or symptoms related to a concussion and will not be returning to school until all steps of the Return to Learn/Return to Play have been followed, Form 319-2 has been completed and a note from a medical doctor or nurse practitioner has been provided.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_