

Concussion Signs and Symptoms Form

Student's Name: _____ Student's Grade: _____ Date/Time of Incident: _____

Where and How Incident Occurred: *(Be sure to include description of the bump or blow to the head or body.)* _____

Description of Incident: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the incident, or previous concussions, if any. See the section on **Danger Signs** on the back of this form.)* _____

Any student involved in an incident requiring this form does NOT return to physical activity that day.

Further observation by a parent/guardian and/or medical professional is required.

DIRECTIONS:

Use this form to monitor a student with a possible concussion. Check for signs or symptoms as soon as possible after the incident.

A student who is experiencing one or more of the signs or symptoms of concussion should:

- 1) **sit out academic and physical activities (rest)**
- 2) **have a parent/guardian contacted**
- 3) **be seen by a medical doctor or nurse practitioner as soon as possible**

Send a copy of this form, along with the concussion information package, with the student/parent for the medical professional to review. Original to be retained by the school and filed in the OSR.

To learn more about concussion please visit:

www.ontario.ca/concussions

OBSERVED SIGNS OR REPORTED SYMPTOMS

Appears dazed or stunned	
Is confused about events	
Repeats questions	
Answers questions slowly	
Can't recall events <i>prior</i> to the hit, bump, or fall	
Can't recall events <i>after</i> the hit, bump, or fall	
Loses consciousness (even briefly)	
Shows behavior or personality changes	
Forgets class schedule or assignments	

PHYSICAL

Headache or "pressure" in head	
Nausea or vomiting	
Balance problems or dizziness	
Fatigue or feeling tired	
Blurry or double vision	
Sensitivity to light	
Sensitivity to noise	
Numbness or tingling	
Does not "feel right"	

COGNITIVE

Difficulty thinking clearly	
Difficulty concentrating	
Difficulty remembering	
Feeling more slowed down	
Feeling sluggish, hazy, foggy, or groggy	

EMOTIONAL

Irritable	
Sad	
More emotional than usual	
Nervous	



Danger Signs:

The student should be seen in an emergency department right away if s/he has:

- *One pupil (the black part in the middle of the eye) larger than the other
- *Drowsiness or cannot be awakened
- *A headache that gets worse and does not go away
- *Weakness, numbness, or decreased coordination
- *Repeated vomiting or nausea
- *Slurred speech
- *Convulsions or seizures
- *Difficulty recognizing people or places
- *Increasing confusion, restlessness, or agitation
- *Unusual behavior
- *Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional Information

A concussion is a brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, hit or jolt to the head OR a fall or blow to the body that causes the head to move rapidly.

A student should be monitored by a parent/guardian for 24 to 48 hours following an incident as the signs and symptoms of a concussion can take time to emerge and a medical professional may need to be consulted.

Parents should ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

Resolution of Incident - in all instances a copy of the checklist is provided to parent and/or medical professional

NO signs or symptoms - parent informed, student returned to class with parental consent, student does **NOT** participate in any physical activity

Signs and/or symptoms present - parent informed, student picked up or left school with parental permission

Signs or symptoms present prompted the decision to call 911, parent informed

Name of school staff completing this form: _____

Job title: _____ School _____

COMMENTS:

To maintain confidentiality and ensure privacy, this form is intended only for use by appropriate school staff, medical professionals, and the student's parent/ guardian(s).

This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in accordance with the Board's Records Management Policy. Questions about this collection should be directed to principal. Revised July 2014. Form 505 Concussion Signs and Symptoms