CONCUSSION MANAGEMENT POLICY

Last Review: April 2024	**Constructed:** Director of Risk and Compliance
Next Review: April 2025	**Approval Required:** Executive Motion
Policy Number: 36a	**Executive Sign Off Date: 15 April 2024**

1. Statement of Context and Purpose

Mentone Grammar is committed to ensuring that current, research-based protocols are followed in the event of one of their students or staff suffering a 'suspected' concussion injury whilst at School or playing at a sporting event. The purpose of this policy is to define concussion and outline the processes to be undertaken to ensure a safe recovery process is adhered to.

Sport Related Concussion (SRC) is a growing health concern in Australia. It affects athletes at all levels of sport, from the part-time recreational athlete to the full-time professional. Concerns about the incidence, and possible health ramifications for athletes, have led to an increased focus on the importance of diagnosing and managing the condition safely and appropriately.

Mentone Grammar has developed this Policy taking into account the AGSV Concussion in Sport Procedures/Guidelines

2. Objective

Mentone Grammar recognises that eliminating the risk of concussion, especially in sport is not feasible. It is committed to ensure our response to suspected or actual concussion facilitates the timely advice and care of the student to enable them to safely return to everyday activities and sport. Participant safety and welfare is paramount when dealing with all concussion incidents, both in the short term and long term. Complications can occur if a player continues playing before they have fully recovered from a concussion.

3. Purpose

The purpose of this policy is to raise awareness about concussion related issues and the impact of repeated head trauma/s and enable Mentone Grammar to carefully follow a suitable and appropriate course of management for a suspected concussion sustained during sporting matches or activities.

4. Application

This policy applies to:

- All staff, including coaches and casual relief staff, contractors and volunteers.
- All students who have been suspected with and/or diagnosed with concussion, who may require emergency treatment and their parents/carers.
- As per the AGSV Concussion in Sport Policy the school has established their own policy that aligns with the AGSV Concussion in Sport Policy

5. Terms

i. Medical Practitioner

An individual who is registered under National Law to practise a health profession, other than as a student.

ii. Contact Training

Contact training in sport refers to the specific phase of training or athletic preparation where athletes engage in practice sessions / activities that involve physical contact with teammates or opponents and simulation of game-like scenarios. This type of training is common in team sports where contact is a fundamental aspect of gameplay.

Sports include, but are not limited to:

- Basketball
- Australian Rules Football
- Cricket
- Hockey
- Netball
- Touch Football
- Soccer
- Softball
- Rugby

iii. Contact Sport

Any athletic activity or game where physical contact between players is an integral part of the game's strategy or execution and where physical interaction between players is a fundamental aspect of gameplay. It often involves tackling, blocking, or other forms of bodily contact. Contact can range from incidental to full-body collisions, depending on the sport's rules and regulations.

6. Responsibilities

Executive Level

- Ensure that this Policy are endorsed on an annual basis and following significant incidents if they occur
- Ensure that copies of this Policy and the Guidelines are made available to all staff;
- Ensure that this Policy and the Guidelines are incorporated into the Induction Program, in particular for Sports and Health staff
- Ensure that this Procedure is accessible to the public (including children and parents).

Sports Management Team

- Ensure that copies of this Policy and the Guidelines are made available to all coaching staff;
- To closely monitor the implementation of this policy within the sports department

Staff

- Staff must ensure that they abide by this Policy and the Guidelines

Concussion Officer

- The Risk and Health Centre team will oversee the concussion policy and procedures within the school

7. Training for Staff

To ensure the School meets its duty of care as set out in the Concussion Policy appropriate training will be provided to relevant staff. In particular sports coaches will be required to complete an annual e-learning module and Induction.

This includes information regarding:

- what is concussion;
- causes of concussion;
- common signs and symptoms;
- steps to reduce the risk of concussion;
- procedures if a student has suspected concussion or head injury; and
- return to school and sport medical clearance requirements.

8. Reference Points / Background Papers

- The Management of Concussion in Australian Football, with specific provisions for children aged 5-17 years http://www.aflcommunityclub.com.au/fileadmin/user_upload/Health_Fitness/2017_Community_Concussion_Guidelines.pdf
- Concussion In Sport Australia Position Statement
- An initiative of the Australian Institute of Sport, Australian Medical Association, Australasian College of Sport and Exercise Physicians and Sports Medicine Australia
- Dr Lisa Elkington, Dr Silvia Manzanero and Dr David Hughes - AIS https://www.concussioninsport.gov.au/home#position_statement
- Concussion in Sport Policy, Issued by Sports Medicine Australia v1.0 January 2018 https://sma.org.au/resources-advice/concussion/
- Guidelines for the Management of Concussion in Rugby League, National Rugby League https://www.playrugbyleague.com/media/3102/guidelines-for-the-management-ofconcussion-in-rugby-league_final_v20.pdf
- Pocket Concussion Recognition Tool 5 - http://www.aflcommunityclub.com.au/fileadmin/user_upload/Health_Fitness/2017_Communtiy_Concussion_CRT.pdf
- Role of Helmets and Mouthguards in Australian Football - http://www.aflcommunityclub.com.au/fileadmin/user_upload/Health_Fitness/Role_of_helmets_and_mouthgaurds.pdf
- AGSV Concussion in Sport Procedures/Guidelines
- RCH Fact Sheets – Head injury

9. Policy Implementation

Concussion

Concussion is a complex process caused by trauma that transmits force to the brain either directly or indirectly and results in temporary disturbance or impairment of brain function. It can happen from an impact that is not directly to the head, and concussion does not always cause loss of consciousness.

Most commonly, it causes temporary impairment, and the symptoms may develop over the hours or days following the injury. This means that it may be difficult to determine, by either staff, parents or medical practitioners, immediately after the injury whether a person is concussed and should be

assessed by a doctor if there is a suspected concussion. Cognitive functions in children and adolescents typically take up to 4 weeks to recover. Concussion occurs most often in sports which involve body contact, collision or high speed.

Information

Mentone Grammar maintains information regarding students' concussion history to help identify players who fit into a high-risk category. Such information is handled and treated confidentially and in accordance with the School's privacy policy.

Prior to any event or match, relevant staff are aware of:

- First aid providers at the match or training
- How to call emergency services
- Relevant senior staff to contact for assistance

Designation

It is not the role of coaches or school staff members to diagnose concussion. Following any possible concussion, students should be removed from the competition until a medical practitioner has had the opportunity to diagnose whether a concussion has occurred. In the meantime, concussion protocols should be followed

APS / AGSV Schools must share information / incident reports with other schools within 48 hours regarding a suspected concussion. This may include reports provided by external first aid officers present at games and events.

Concussion in Children and Adolescents

The management of SRC in children (aged 5 to 12 years) and adolescents (aged 13 to 18 years) requires unique considerations suitable for the developing child. Children have physical and developmental differences, including less developed neck muscles, increased head to neck ratio, and brain cells and pathways that are still developing. Children and adolescents may have greater susceptibility to concussion. They may also take longer to recover and they may be at risk of severe consequences such as second impact syndrome. Managing concussion in children and adolescents therefore requires different standards and a more conservative approach.

Guidelines: Match Day Procedures

In the early stages of injury, it is often not clear whether you are dealing with a concussion or there is a more severe underlying structural head injury. For this reason, the most important steps in initial management and beyond include:

1. **Recognise –** recognising a suspected concussion.
2. **Remove –** removing the person from the game or activity - "***if in doubt sit them out***".
3. **Refer –** referring the person (parents/guardian) to a qualified medical practitioner for assessment.
4. **Return –** returning to either training or games.

Any player who has suffered a concussion or is suspected of having a concussion must be medically assessed as soon as possible after the injury and must NOT be allowed to return to play on the same day.

1: Recognise

Recognising a suspected concussion at the time of injury is extremely important to ensure appropriate management and to prevent further injury. Recognising concussion can be difficult.

The signs and symptoms vary, are not always specific, and may be subtle. Onlookers should suspect concussion when an injury results in a knock to the head or body that transmits a force to the head. A hard knock is not required – concussion can occur from minor knocks. During sports - watch for when a player collides with another player a piece of equipment, or the ground. Non-sport related - Concussion can also result from a simple standing height fall or head vs pole for example

Supervising staff (including coaches, teachers, other carers) at any event (but in particular sporting events) should look out for and report any suspected concussion to the First aid officers.

The following steps should be used as a guide to help the identification of concussion. However, these guidelines only provide brief sideline evaluations of concussion and it is still imperative that a comprehensive medical assessment is conducted by an appropriately experienced medical practitioner. **Only a medical practitioner can definitively diagnose a concussion.**

Red flags — Call an ambulance

If there is concern after an injury, including whether any of the following signs are observed or complaints are reported, then the player should safely be removed from the game or activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

Neck pain or tenderness	**Loss of consciousness**
Double vision /Excessive dizziness	**Deteriorating conscious state**
Weakness or burning/tingling in arms or legs	**Vomiting**
Severe or increasing headache	**Increasingly restless, agitated or combative**
Seizure or convulsion	**Unusual behavioural change**

Where a player is suspected of sustaining a severe head or spinal injury, call an ambulance immediately to take them to an Emergency department. Do not attempt to move the player (other than required for airway support) unless trained to do so.

If, at any time, there is any doubt regarding a student's health, they should be referred to hospital.

Step 2 - Observable signs — take appropriate action. Prompt medical review recommended

Sometimes there will be clear signs that a player has sustained a concussion. If they display any of the following clinical features, immediately remove the player from sport:

Lying motionless on ground or slow to get up after a direct or indirect hit to the head	**Dazed, blank or vacant look**
Inability to appropriately respond to questions	**Disorientation, confusion or no awareness of game/events**
Unsteady on feet or balance problems or falling over (incoordination)	**Facial injury after head trauma**

Note: Loss of consciousness, confusion and memory disturbance are clear features of concussion. The problem with relying on these features to identify a suspected concussion is that they are not present in every case.

Step 3: Symptoms

Suspect a concussion and act immediately if a player displays any of these **symptoms**:

Headache	Dizziness	Feeling slowed down
'Don't feel right'	Confusion	Sadness
Pressure in the head	Blurred vision	Feeling like 'in a fog'
Difficulty concentrating	Drowsiness	Nervous or Anxious
Neck pain	Balance problems	More emotional
Difficulty remembering	Sensitivity to light	
Nausea or Vomiting	Sensitivity to noise	
Fatigue or Low energy	Irritability	

Step 4: Memory

Where players are older than 12 years, they may be asked a number of questions to recognise suspected concussion. If a player fails to answer any of the following questions (modified as required) correctly, this may suggest a concussion:

- What venue/location are we at today?
- What day is it? What month are we on?
- What year is it?
- What are your parent's names?
- Which half is it now?

2: Remove

Any player suspected of having concussion must be removed from the game/ training and should have no further involvement. Do not be swayed by the opinion of the player, trainers, coaching staff, parents or others regarding the return of the student to play. Always adopt a conservative approach **"if in doubt, sit them out".**

Organise the player to be assessed and monitored by a medical practitioner or a qualified first aider. Initial management must adhere to the first aid rules, implementing the acronym D.R.S.A.B.C.D (Danger, Response, Send for help, Airway, Breathing, Circulation [CPR], Defibrillation) and spinal immobilisation.

A student with concussion or suspected concussion should not be left alone or be sent home by themselves, and needs to be with a responsible adult. Students should not take prescription medication, including aspirin, anti-inflammatory medication, sedative medications or strong pain relieving medications. The student's parents or carer should be contacted to inform them of the incident.

An Incident Report must be completed for a concussion related incident.

Make contact with parents/carers/next of kin

Whenever the Concussion Recognition Tool 5 is used to assist with the identification of a suspected concussion, parents/carers/next of kin must be contacted as soon as practicable and the following actions taken:

Parent/carer/next of kin must be contacted to collect the student from school and a medical assessment if recommended, even if symptoms resolve

3: Refer

The player should be assessed by a suitably qualified medical practitioner if present at the game or training session.

Where possible, the initial responder should describe the incident to the medical practitioner or qualified first aider and notify them of the player's responses to any questions asked of them.
If a medical practitioner is not present, the player should (refer APPENDIX A) be assessed by the qualified medic / first aider on site at first chance. They then should be sent to a local general medical practice or local hospital emergency department, particularly if there is any doubt about the condition.

At this time, ensure the player is closely monitored and escorted for referral. Students should not be sent home by themselves and should not drive a motor vehicle. Stay with the student until a thorough hand-over is made to the parent or carer and it is clear that the person can be collected.

4: Return

A student who sustains a confirmed concussion is subject to the following protocols:

- STEP 1 - following an assessment by a medical practitioner, a parent / carer must inform the school's Concussion Officer (Health Centre) of the student's concussion diagnosis. The parent / carer will submit **SECTION 1-2** of the Medical Clearance Form (Concussion referral) – refer *APPENDIX A* – to the school Concussion Officer;

- STEP 2 - once the student has been symptom free for a minimum 14 days (at rest), a family can seek formal clearance from a medical practitioner to return to competitive contact training. Once reviewed by a medical practitioner, a parent / carer will submit **SECTION 3** of the Medical Clearance Form (Concussion referral) – refer *APPENDIX A* - to the school Concussion Officer. This indicates an approval to consider a return to competitive contact training;

- STEP 3 - after the resumption of competitive contact training, if there is no recurrence of symptoms over the next 24 hours, a plan to return to competitive contact sport can be considered;

- STEP 4 - provided the student has remained symptom free for a minimum of 14 days and it has been at least 21 days from when the concussion was sustained, the school Concussion Officer and the student / parent-carer can approve an agreed plan to return to competitive contact sport.

Multiple Concussions

For the purpose of this policy, multiple concussions are defined as a minimum of two (2) concussions in a 3-month period, or three (3) or more concussions within a 12-month period. Where this occurs, the individual should follow a more conservative return to sport protocol.

- Second concussion within 3 months - students must be symptom-free for 28 days before seeking medical clearance to make a return to competitive contact training. Return to competitive contact sport should not occur for a minimum of 6 weeks from the time of the most recent concussion.
- Three concussions within a 12-month period – the student must seek confirmation from a medical practitioner as to when they are able to return to competitive contact training and / or sport.

Concussion occurring outside of school activities

It is the responsibility of the parent/carer to advise the School via their Campus reception as soon as possible of a concussion that their child sustained outside of School activities to ensure that the appropriate concussion management protocols are applied.

Medical Clearance:
Parents/carers are required to follow the steps outlined above under the section titled ‘4:Return’.

Even where medical clearance has been obtained, the school/staff member must not allow the player to return to, or continue training or competing if their condition deteriorates, or if the student advises that they are feeling any symptoms or showing any signs of concussion. During the first training session or game following a concussion, staff members are to closely monitor the player.

Where there is uncertainty about a student's recovery, in all cases the staff member will adopt a more conservative approach, "if in doubt, sit them out" and remove them from the activity and follow the protocols and procedures outlined above. The clearance process is to be re-assessed.

Managing concussion is a shared responsibility between the player, coach, sports trainer/medic, parents, medical practitioner, and the school’s Concussion Officer. Open communication is essential, and information should be shared. A player who has suffered a concussion should return to sport gradually. They should increase their exercise progressively, as long as they remain symptom-free.

Return to Learn

Children require a different approach from adults because their brains are developing, and they need to continue learning and acquiring knowledge. Cognitive stimulation such as screens, reading and undertaking learning activities should be gradually introduced after 48 hours of the concussion.

The priority when managing concussion in children should be returning to school and learning, ahead of returning to sport. Concussion symptoms can interfere with memory and information processing. This can make it hard for children to learn in the classroom.

Parents should discuss an appropriate return-to-school strategy with their medical practitioner and child's school.

Rest and Recovery

Rest is very important after a concussion because it helps the brain to heal. Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days or even weeks. A more serious concussion can last for months or longer.

Current medical advice suggests that most people will recover from a concussion within 10 to 14 days. Children and adolescents often take longer to recover from a concussion than adults, and it is not abnormal for symptoms to last up to 4 weeks for children or adolescents.

For children and adolescents, it is suggested the graduated return to play protocol should be extended such that a child does not return to competitive contact activities until at least 14 days from the resolution of all symptoms and not return to competitive contact sport prior to 21 days from the time of suffering concussion.

Rest is recommended immediately following a concussion (24–48 hours). Rest means not undertaking any activity that provokes symptoms. However, anyone who has suffered a concussion should be encouraged to become gradually and progressively more active as long as they do not experience any symptoms.

It is important that athletes do not ignore their symptoms and in general a more conservative approach be used in cases where there is any uncertainty.

References

The Management of Concussion in Australian Football, with specific provisions for children aged 5-17 years
http://www.aflcommunityclub.com.au/fileadmin/user_upload/Health_Fitness/2017_Community_Concussion_Guidelines.pdf

Concussion in Sport Australia Position Statement
An initiative of the Australian Institute of Sport, Australian Medical Association, Australasian College of Sport and Exercise Physicians and Sports Medicine Australia
Dr Lisa Elkington, Dr Silvia Manzanero and Dr David Hughes - AIS
https://www.concussioninsport.gov.au/home#position_statement

Concussion in Sport Policy, Issued by Sports Medicine Australia v1.0 January 2018
https://sma.org.au/resources-advice/concussion/

Guidelines for the Management of Concussion in Rugby League, *National Rugby League*
https://www.playrugbyleague.com/media/3102/guidelines-for-the-management-of-concussion-in-rugby-league_final_v20.pdf

Pocket Concussion Recognition Tool 5
http://www.aflcommunityclub.com.au/fileadmin/user_upload/Coach_AFL/Injury_Management/2013_Pocket_Concussion_Recognition_Tool__CRT_.pdf

Role of Helmets and Mouthguards in Australian Football -
http://www.aflcommunityclub.com.au/fileadmin/user_upload/Health_Fitness/Role_of_helmets_and_mouthgaurds.pdf

Concussion Education Training
Concussion Management AIS (ausport.gov.au)

AIS Concussion Referral & Return Form
https://www.concussioninsport.gov.au/__data/assets/pdf_file/0010/1133929/Concussion-referral-and-return-form.pdf

For more information on Concussion Officer's responsibilities, see link here:
https://www.concussioninsport.gov.au/__data/assets/pdf_file/0003/1133994/37382_Concussion-Guidelines-for-community-and-youth-FA-acc.pdf

Return to sport Diagram
https://www.concussioninsport.gov.au/__data/assets/pdf_file/0003/1133994/37382_Concussion-Guidelines-for-community-and-youth-FA-acc.pdf

Appendix A – Parent Letter - Moderate -Serious Concussion / Head Injury

Your child may have received a possible concussion/head injury and they will require a medical assessment and diagnosis. If they are diagnosed with a concussion, they must follow the schools and AGSV's Concussion Management Policy which includes following the 4 steps listed below:

- **STEP 1** – You (the parent / carer) have hopefully received a copy of the Medical Clearance Form – Concussion referral on the day of the injury (if not we have provided it in this letter).
- During the initial visit to the medical practitioner the parent/carer must present **Section 1 and 2** of this letter and have it signed by the medical practitioner. This then needs to be forwarded to the Health Centre via staff-nurses@mentonegrammar.net.

- **STEP 2 -** Once your child has been symptom free for a minimum 14 days (at rest), you can seek formal clearance from a medical practitioner to return to competitive contact training. Please take Section 3 of this form with you to the medical practitioner and have them sign this form. Please provide the completed form to the Health Centre via staff-nurses@mentonegrammar.net. This indicates an approval to return to competitive training.

- **STEP 3** - After the resumption of competitive contact training, if there is no recurrence of symptoms over the next 24 hours, a plan to return to competitive contact sport can be considered;

- **STEP 4** - provided your child has remained symptom free for a minimum of 14 days and it has been at least 21 days from when the concussion was sustained, the school Concussion Officer (Health Centre and Risk Team) and the student / parent/carer can approve an agreed plan to return to competitive sport.

Signs and Symptoms to be mindful of:

We would also like to provide you with some concussion signs and symptoms to look out for:

Urgent Medical Attention Required

The following signs and symptoms require urgent medical assessment (Ambulance recommended). DO NOT ATTEMPT TO MOVE THE PATIENT.

- neck pain or tenderness
- double vision / Excessive dizziness
- weakness or tingling/burning in arms or legs
- severe or increasing headache
- seizure or convulsion
- loss of consciousness
- deteriorating conscious state
- vomiting
- increasingly restless, agitated or combative
- unusual behavioural change

Medical Review Required

The following signs are 'observable signs' and a medical review is recommended

Headache	Dizziness	Feeling slowed down
'Don't feel right'	Confusion	Sadness
Pressure in the head	Blurred vision	Feeling like 'in a fog'
Difficulty concentrating	Drowsiness	Nervous or Anxious
Neck pain	Balance problems	More emotional
Difficulty remembering	Sensitivity to light	
Nausea or Vomiting	Sensitivity to noise	
Fatigue or Low energy	Irritability	

Please contact our **Health Centre** on **9581 3242** or **0437 950 778** if you have any concerns.

Yours sincerely,

Jane Williamson, Eleanor Holland, Dani Begg, and Ruth Harig.

Mentone Grammar Health Centre

Medical Clearance Form - Concussion referral

SECTION 1 - INITIAL CONSULTATION / DETAILS OF INJURED PERSON **- VISIT 1**	
SCHOOL STAFF / TEAM OFFICIAL TO COMPLETE; (MANAGER, COACH OR FIRST AID / HEALTH PRACTITIONER) AT THE TIME / ON THE DAY OF THE INJURY, BEFORE PRESENTING TO MEDICAL PRACTITIONER REVIEWING THE PLAYER	
Name of Player:	Date of Birth:
School:	Sport:
MEDICAL PRACTITIONER WOULD IDEALLY SEE THE INJURED PERSON WITHIN 72 HOURS OF THE INCIDENT	

Dear Medical Practitioner,

This person has presented to you today because they were injured on

(day & date of injury) _____ in a

(game or training session) _____ and suffered a potential head injury or concussion.

1. The injury involved: (*circle one option*) *To be completed by the coach/first aider on the day*		
• Direct Blow or Knock to head or body	• Indirect injury to the head e.g. whiplash	• Incident not seen

2. The subsequent signs or symptoms observed (*circle one or more*): *To be completed by the coach/first aider on the day*	
• Neck pain or tenderness • Loss of consciousness • Double vision/ Excessive dizziness • Deteriorating conscious state • Weakness or burning/tingling in arms or legs	• Vomiting • Severe or increasing headache • Increasingly restless, agitated, or combative • Seizure or convulsion • Other:

3. Is this their first concussion in the last 12 months? (*circle one option*) Y / N *To be completed by the parent/carer*	
• If NO; State the number of concussions sustained in the last 3 months: _____ Or, state the number of concussions sustained in the last 12 months: _____	
Name:	Role:
Signature:	Date:

PARENT / CARER'S CONSENT		
I, (insert name) _____ consent to (insert Medical Practitioner's name) _____ providing information to my School regarding the head injury / concussion and confirm the information I have provided the medical practitioner has been complete and accurate.		
Name:	Signature:	Date:

SECTION 2 - INITIAL CONSULTATION **(VISIT 1** continued**)**	
1. **Students who have suffered a concussion or a suspected concussion must be treated as having suffered concussion.** 2. Please note, any person who has been diagnosed showing signs and symptoms of concussion MUST follow **Mentone Grammar's Concussion Management Policy** 3. The student has been informed that they must be referred to a medical practitioner. Your role as this medical practitioner is to assess the person and to guide their progress through the protocol steps outlined in the **Mentone Grammar's Concussion Management Policy.** 4. **FOR CHILDREN & ADOLESCENTS AGED UNDER 19 IN COMMUNITY (NON-ELITE) SPORT, THE ATHLETE MUST BE SYMPTOM FREE FOR 14 DAYS BEFORE RETURN TO ANY CONTACT TRAINING. THE MINIMUM TIME FOR RETURN TO COMPETITIVE CONTACT IS 21 DAYS**. I have read and understood the information above and have assessed the person.	
Confirmation of Concussion (*please circle*): Y / N	
Medical Practitioner's Name:	
Signature:	Date:
Parent/Carer returns **SECTION 1 & 2** TO HEALTH CENTRE staff-nurses@mentonegrammar.net	

Medical Clearance Form - Concussion referral

SECTION 3 – PROTOCOLS FOR RETURN TO SPORT & CLEARANCE APPROVAL **(VISIT 2)**

I (medical practitioner's name) _____ have

reviewed (students name) _____ and based upon the evidence presented to me, by them and their family / support person, their history and a medical examination I can confirm:

- I have reviewed SECTION 1 of this form, specifically the mechanism of injury and subsequent signs and symptoms
- The student / parents/carers confirm they have followed the **Mentone Grammar's Concussion Management Policy**
- The student / parent/carer have confirmed they have returned to normal school / study normally and have no symptoms related to this activity
- At the time of this visit, the student / parent/carer confirm they have been symptom-free for at least 14 days from the date of the original incident
- The student / parent/carer acknowledges they must **not** return to competitive contact sport for a minimum of 21 days, symptom-free, from the time of concussion occurred.

I therefore approve that this person may return to full contact training and if they successfully complete contact training without recurrence of symptoms, the person may consider a return to playing competitive contact sport.

Medical Practitioner's Name:	
Signature:	Date:

Parent/Carer RETURNS **SECTION 3** TO HEALTH CENTRE staff-nurses@mentonegrammar.net

Appendix B Parent Letter – Mild Concussion/Head injury

Dear Parent/Carer,

Your child may have received a possible head injury / concussion whilst at school today.

Head injuries are classified as mild, moderate, or severe. Many head injuries are mild, and simply result in a small lump or bruise. But if your child has received a moderate or severe injury to the head, they need to see a doctor for review.

Children who have had a head injury may develop symptoms at various times therefore please continue to monitor your child. Some of the symptoms may begin minutes or hours after the initial injury, while others may take days or weeks to show up.

Please find below a link to an information sheet from the Royal Children's Hospital on head injuries in children. This information sheet contains important information on head injuries and signs and symptoms to look out for.

https://www.rch.org.au/kidsinfo/fact_sheets/Head_injury/

If you are at all concerned about your child please seek further medical assistance.

Please contact our Health Centre on 9581 3242 or 0437 950 778 if you have any further questions.

Yours sincerely,

Eleanor Holland, Jane Williamson, Ruth Zlatkovic and Dani Begg

Mentone Grammar Health Centre

Phone: 0437 950 778