CONCUSSION MANAGEMENT POLICY

Last Review: November 2025	**Constructed:** Director of Risk and Compliance
Next Review: November 2027	**Approval Required:** Executive Motion
Policy Number: 36a	**Executive Sign Off Date: 15.11.2025**

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.

While concussions can occur in a variety of settings, this policy primarily addresses sport-related concussions, as these are the most common within the school environment. That said, the School remains committed to supporting students who experience non-sport-related concussions.

2. Objective

Mentone Grammar recognises that eliminating the risk of concussion, especially in sport is not feasible. It is committed to ensuring our response to suspected or actual concussion facilitates the timely advice and care of the student and staff 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 and/or diagnosed 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 guidelines provided in the AGSV Concussion in Sport Policy the School has established this policy to align with the AGSV Concussion in Sport Policy.

Non School related Concussions: The School also ask that parents/carers promptly inform the School of any concussion sustained outside of school activities, so appropriate care and academic adjustments can be provided.

5. Terms

i. Medical Practitioner

An individual who is registered under National Law to practise as a health profession, other than as a medical 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 is 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 PE & Health staff; and
- Ensure that this policy is accessible to the public (including students 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 and PE and Health 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 Management Policy appropriate training will be provided to relevant staff. In particular sports staff and 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. 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; and
- Relevant senior staff to contact for assistance.

Designation

It is not the role of coaches or School staff members to diagnose concussion. Following a head and / or neck impact, students must be removed from the competition and parents/ carers must be referred to a medical practitioner 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 (via parents/carers) 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, may be subtle and may be delayed. Onlookers should suspect concussion when an injury results in an impact to the head or body that transmits a force to the head. A significant impact is not required – concussion can occur from minor impacts. Watch for when a player collides with another player, a piece of equipment, or the ground.

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.

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 (lack of coordination)	**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.

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	

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 in?
- What year is it?
- Can you tell me your name?

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, other coaching staff, parents or others regarding the return of the student to play. Always adopt a conservative approach **"if in doubt, sit them out".**

Inform the student's parent/carer that they must be assessed and monitored by a medical practitioner and complete the Medical Diagnosis Form (this will be provided to families whose child has a suspected concussion). 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 if suspected spinal injury ensure the patient is not moved.

A student with suspected concussion should not be left alone or be sent home by themselves, and must 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 parent/carer must be contacted to inform them of the incident.

An Incident Report must be completed for all concussion related incidents.

3: Refer

Make contact with parents/carers/next of kin

When the **Concussion Recognition Tool 5** is used to identify a suspected concussion, the School must promptly notify the student's **parent/carer/ next of kin**. The following actions must be taken:

- The student must be collected from school (or from a sporting match if required) by their parent/carer.
- The parent/carer must take the student to be assessed by a qualified medical practitioner.
- A completed **Medical Diagnosis Form** must be returned to the Mentone Grammar Health Centre, regardless of whether symptoms persist or resolve.

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 as follows:
    - Complete **Section 1B** of the Medical Diagnosis Form – Concussion Referral which will have been provided to families for the purposes of a medical evaluation.
    - Once completed, email form to **staff-nurses@mentonegrammar.net**
    - The Health Centre team will then inform parents/ carers of the required Concussion protocols. APPENDIX A

- STEP 2: Once the student has been symptom free for a minimum 14 days (at rest), parents/carers can seek formal clearance from a medical practitioner to return to competitive contact training.
    - The medical practitioner must complete Section 2 of the Medical Diagnosis Form
    - The form must be emailed to staff-nurses@mentonegrammar.net.
    - Only upon receipt of this form will the student be cleared to return to contact training.

- STEP 3: Provided the student has remained symptom free for a minimum of 14 days and it has been at least 21 days from when the confirmed concussion was sustained, the School Concussion Officer 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 and communication to parents/carers is to occur by the monitoring staff member.

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 from the time 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 the student'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, return to play protocol is 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

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

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

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. They must follow the Mentone Grammar's and AGSV Concussion Management Policy.

The following steps are to be followed and will guide you through the process:

STEP 1

- A Medical Diagnosis Form – Concussion Referral will have been sent to you (parent/carer) on the day of the injury. It is also attached to this letter for your reference.
  - With any suspected concussion you must seek medical attention and during the initial consultation, the medical practitioner must be provided with Section 1 (page 1) of the form to complete.
- Section 1 is used to confirm the concussion diagnosis.
- Once completed, this form must be emailed to the Mentone Grammar Health Centre, regardless of the diagnosis: staff-nurses@mentonegrammar.net.

If your child has NOT been diagnosed with concussion and you have provided this letter to the Health Centre, you do not need to do anything further and your child may return to school, sport and play as normal.

STEP 2:

- If your child has been diagnosed with a concussion, you must seek formal clearance from a medical practitioner once your child has been symptom free for a minimum 14 days (at rest).
- Your medical provider must complete and sign Section 2 of the Medical Clearance Form which will provide the clearance required for your child to return to competitive contact training.
- This form must be emailed to the Mentone Grammar Health Centre, before a return to training can take place: **staff-nurses@mentonegrammar.net**.

STEP 3:

- If 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) together with the student / parent/carer can approve an agreed plan to return to competitive sport.
- **A follow-up medical practitioner assessment is not required.**

Concussion Signs and Symptoms:

Please be aware of the following concussion signs and symptoms, especially those that may require urgent medical attention.

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 **Mentone Grammar Health Centre** on **9581 3242** or **0437 950 778** if you have any concerns.

Yours sincerely,

Mentone Grammar Health Centre

CONCUSSION MANAGEMENT
MEDICAL DIAGNOSIS FORM

MENTONE GRAMMAR

SECTION 1 - INITIAL CONSULTATION/DETAILS OF INJURED PERSON (VISIT 1)

Student Name: 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 and date of injury) in a (game or training session) {circle}, and suffered a potential head injury or concussion.

Section 1A: School staff/Team official/First aider, to complete at the time/on the day of the injury, before presenting to medical practitioner reviewing the student.

1. The injury involved: (circle one option) To be completed by the coach/first aider on the day

Direct blow or impact 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

Section 1B: TO BE FILLED OUT BY MEDICAL PRACTITIONER.

The student has been informed that they must be referred to a medical practitioner. PLEASE TICK RELEVANT:

I have read and understood the information above and have assessed the person ☐ YES ☐ NO

In your medical opinion, has the student sustained a concussion based on your initial medical assessment ☐ YES ☐ NO

Medical practitioner's Name:

Medical practitioner's Signature: Date:

Section 1C: To be completed by the parent/carer

Has a concussion been diagnosed in the last 12 months? ☐ YES ☐ NO

If Yes State the number of concussions sustained in the last 3 months: _____

Or, state the number of concussions sustained in the last 12 months: _____

Name: Signature: Date:

Section 1D: Declaration to be completed by the parent/carer

I, _____ (parent/carer's name) confirm that I have provided the medical practitioner with accurate and complete information and consent to Mentone Grammar receiving this form.

Name: Signature: Date:

Parents/Carers: Please return a copy of Section 1 (this page) to the Health Centre on staff-nurses@mentonegrammar.net

Mentone Grammar School | EST. 1923 | 63 Venice Street Mentone, Victoria Australia 3194 | ABN 87 616 069 977

T: +61 3 9584 4211 | E: enquiry@mentonegrammar.net | www.mentonegrammar.net

3095 Concussion Management_Medical Diagnosis Form | January 2026

CONCUSSION MANAGEMENT
MEDICAL CLEARANCE FORM

MENTONE GRAMMAR

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

I, _____ (medical practitioner's name)

have reviewed _____ (student's 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/parent/carer confirm they have followed the Mentone Grammar's Concussion Management Policy;
- The student/parent/carer has confirmed they have returned to normal school/study 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 the concussion occurred.

Based on my clinical assessment, I therefore approve that this person may return to contact training and if they successfully complete contact training without recurrence of symptoms, the person may consider a return to playing competitive contact sport as per the above timeframes.

Medical practitioner's Name: _____

Medical practitioner's Signature: _____ Date: _____

Parent/Carer: Please return a copy of Section 2 (this page) to the Health Centre on staff-nurses@mentonegrammar.net

Mentone Grammar School | EST. 1923 | 63 Venice Street Mentone, Victoria Australia 3194 | ABN 87 616 069 977

T: +61 3 9584 4211 | E: enquiry@mentonegrammar.net | www.mentonegrammar.net

3096 Concussion Management_Medical Clearance Form | January 2026

Appendix B Parent Letter – Mild Concussion/Head injury

Dear Parent/Carer,

Your child 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,

Mentone Grammar Health Centre

Phone: 0437 950 778