**Concussion Protocol**

Name of the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of the Concussion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Assessed by Therapist:\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic accommodations:

Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I am currently concussed, and promise to follow the following steps;

1. I must Mio all my teachers immediately letting them know that I am injured (within the 10 hours of signing this documentation). I advise them that they will be receiving an email from Martine Roy in the next 24 hours.
2. I must drop off this form to Martine Roy in Student Services (C-203) immediately after my meeting with Mai
3. I must follow up with Max Hanna in the next 24-48 hours to evaluate my symptoms
4. I will make a doctor’s appointment or will go to the CLSC to get a doctor’s note if the symptoms continue or persist, within 7 days of the concussion above.
5. I understand that this form does not allow me to file for an incomplete for any of my academic courses
6. I understand the timeline that has been written above, and will follow up with the Athletics Department on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for an immediate Follow up.

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mai-Anh Nguyen/Athletics Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_