DOCUMENTATION OF MEDICAL EXAMINATION FOR SUSPECTED CONCUSSION

(student's namesustained a blow to the head or body on	
(student's name) has been examined by me another cussion has been diagnosed. Therefore he/she must begin an individualized and gradual Return to Learn/Return to Play	
F	Physician's Stamp
Physician/Nurse Practitioner Signature:	
Date:	

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, R56, Pet 300 ald Health Information and Protection of Privacy Act, 2004. C. 3: Personal information and personal health information is collected on this form by the DufferirPeel Catholic District Schoolard under the legal authority of the Education Act, R.S.O. 1990.c.E. 2., as amended. This information will be used for purposes of planning and administering Physical Education programs for the student and responding to emergency situations. Questions regarding the collection of personal information and personal health information are to be directed to the School Principal.