Form 142-1:
Identification and Management of a Suspected Concussion

This form is to be completed by school staff when a concussion-related incident is observed or reported. It supports:

- Immediate identification and response
- Clear communication with parents/guardians
- Consistent documentation and follow-up

Important: This form is both a decision-making aid and a record. Complete all applicable sections.

Student Information

Student name: _____

School: _____

Grade: _____

Date of incident: _____ Time: _____

Location / activity: _____

STEP 1 – Check for Red Flags (Emergency Response)

Check all that apply, if *any* red flags are identified, call 9-1-1 immediately:

- ☐ Loss of consciousness or unresponsiveness
- ☐ Increasing confusion or deteriorating level of consciousness
- ☐ Visible deformity of the skull
- ☐ Seizure or convulsion
- ☐ Repeated vomiting
- ☐ Severe or worsening headache
- ☐ Neck pain or tenderness
- ☐ Loss of vision or double vision
- ☐ Weakness, numbness, tingling, or burning in arms or legs
- ☐ Increasing restlessness, agitation, or combative behaviour

If red flags are present:

- Call 9-1-1 and remain with the student.
- Do not move the student if a neck injury is suspected.
- Notify the principal/designate.
- Contact parents/guardians with details, including EMS involvement.

- Complete board reporting requirements.

☐ 9-1-1 called Time: _____

If no red flags are identified, proceed to Step 2.

STEP 2 – Check for Visible Clues, Symptoms, and Orientation

A. Visible Clues (Signs Observed by Others)

- ☐ Dazed, vacant, or blank look
- ☐ Disorientation or confusion
- ☐ Unsteady on feet / balance problems
- ☐ Slow to get up after a direct hit
- ☐ Facial injury
- ☐ Lying motionless (without loss of consciousness)
- ☐ Falling unprotected to the ground or playing surface

B. Symptoms Reported by the Student

Physical

- ☐ Headache
- ☐ Pressure in head
- ☐ Dizziness
- ☐ Nausea / vomiting
- ☐ Sensitivity to light or noise
- ☐ Fatigue or low energy
- ☐ Balance problems
- ☐ Blurred vision
- ☐ "Don't feel right"

Cognitive / Thinking

- ☐ Difficulty concentrating or remembering
- ☐ Feeling slowed down
- ☐ Feeling "in a fog"

Emotional

- ☐ More irritable

- ☐ More emotional
- ☐ Sadness
- ☐ Nervous or anxious

C. Orientation / Awareness Questions

(Modify as needed based on age, ability, and language. Record responses.)

Where are we right now?
Answer: _____

What activity, game, or class are you in?
Answer: _____

What part of the day is it (before/after lunch, morning/afternoon)?
Answer: _____

What school do you attend?
Answer: _____

☐ Student answered all questions correctly
☐ One or more answers were incorrect

STEP 3 – Decision and Immediate Actions Taken

A concussion must be suspected if:

- Any visible clues or symptoms are observed or reported, or
- The student answers any orientation question incorrectly

☐ Concussion suspected

Required Actions

- ☐ Student was immediately removed from physical activity
- ☐ Student did not return to physical activity that day
- ☐ Parent/guardian/emergency contact notified
- ☐ Principal/designate informed
- ☐ Student remained under supervision until picked up

The student must be examined by a medical doctor or nurse practitioner for diagnosis.

STEP 4 – Parent/Guardian Communication and Monitoring

Parents/guardians were informed that:

- The student must be monitored for 24–48 hours
- Symptoms may appear hours or days later
- Medical assessment is required if symptoms emerge or worsen

Information/resources shared (as applicable):

☐ Suspected Concussion – Information for Parents/Guardians

☐ Board concussion procedures / Return to Learn and Return to Physical Activity

School Follow-Up

Name of school contact: _____

Signature: _____

Date: _____

☐ Original filed according to board procedure

☐ Copy provided to parent/guardian

Adapted from McCroy et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013