



3-304 Stone Rd W, Suite 510  
Guelph, Ontario  
Canada  
N1G 4W4

Created August 2019

## **Concussion Code of Conduct for Parents/Guardians**

### **Purpose:**

On July 1, 2019 *Rowan's Law* Concussion Code of Conduct came into effect. All parents/guardians are required to confirm that they have reviewed the Stanley Stick Association (SSHA) Concussion Code of Conduct for Parents/Guardians every year before their child begins to play hockey. *Rowan's Law* also requires all coaches to review the Concussion Code of Conduct for Coaches every year before they begin coaching. If you have any questions regarding this Concussion Code of Conduct, please contact your Convener.

### **I will help prevent concussions to my child by:**

- Ensuring they wear the proper equipment correctly as required by SSHA.
- Ensuring they develop the skills and strength needed so that they may participate to the best of their ability.
- Ensuring they understand and respect the rules of hockey and the SSHA rules and values regarding fair play and respect for all.

### **I will care for the health and safety of my child by taking concussions seriously, and I understand that:**

- A concussion is a brain injury that can have both short and long-term effects.
- A blow to the head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- A child does not need to lose consciousness to have had a concussion.
- I have a commitment to the recognition of symptoms and reporting of a possible concussion. I will report any incident to a coach immediately.
- Continuing to participate in further athletic activities with a possible concussion increases the risk of more severe, longer lasting symptoms, and increases the risk of other injuries to my child.



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**I will not hide concussion symptoms. I will speak up for my child and others.**

- I will not hide my child's symptoms. I understand that if my child has a suspected concussion, that they will be removed from hockey. They will not be permitted to return to sport until they undergo a medical assessment by a physician or a nurse practitioner and provide written consent that they have been medically cleared to resume sport.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with my child's school and any other sport organization with which my child has registered

**I will provide the time my child needs to recover, because it is important for their health.**

- I understand my commitment to supporting the physician or nurse practitioner's recommendations regarding my child's return-to-sport process.
- I understand my child will have to be medically cleared by a physician or nurse practitioner before returning to sport.
- I will respect my child's coaches, referees, the SSHA executive, physicians and nurse practitioners and any decisions made with regards to the health and safety of my child.

**I am responsible for ensuring that my child understands this policy to the best of their ability.**

**By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.**

**Participant's Name:** \_\_\_\_\_

**Participant's Birthdate :** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

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