



# Request for modification to a procedure

## Directive 7002 – Concussions in the school environment

After having discussed the importance for \_\_\_\_\_ (student/player name) to submit themselves to a concussion examination and medical supervision for their progressive return to learn and return to physical activity in accordance to normal procedure. I hereby refuse the following procedure:

- Diagnostic assessment
- Confirmation of medical supervision
- Medical examination authorizing a progression to Stage 9

I recognize that an undiagnosed or inadequately treated concussion increase the risk of serious potential consequences such as learning difficulties, mental health problems, sleeping disturbances and memory deficits. In certain rare cases, the potential consequences may even lead to death.

I understand the significance of the consequences of a concussion and I recognize that the failure to follow the directive on concussion from the District scolaire francophone Sud may increase the risk for my child/ward. I assume the full responsibility.

Describe the directive which was agreed upon with the school: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent/guardian signature:

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

School administration signature:

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