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| **GSC_Logo-400** |  **Return to Skate (Sport) Policy****(Effective: July 1, 2019)** | **skatecan_colour** |

The Province of Ontario passed legislation to enact *Rowan’s Law* (Concussion Safety) on March 7, 2018. Rowan’s Law mandates that sports organizations to: establish a Concussion Code of Conduct (or “Policy”) as well a separate Removal-from-Sport / Return-to-Sport protocol (or “Policy”). The Goulbourn Skating Club (GSC) is committed to maintaining the health and safety of its athletes, coaches and officials and believes that their health is of paramount importance. The GSC recognizes the potential danger and long-term health consequences of this often difficult to diagnose form of traumatic brain injury. This Return-to-Skate (Sport) Policy has been developed as required by Rowan’s Law and is intended to provide easy-to-understand guidelines related to individuals who have been diagnosed with or are suspected of having a concussion.

Following a head injury occurring ON or OFF the ice, Skaters must have this form completed by their treating health care professional prior to resuming activities of any kind on the ice. This form is to be submitted to the Primary Coach upon return.

**At a minimum, this must be done by a recognized health care professional such as a family physician or other medical practitioner (i.e. nurse practitioner, sport and exercise medicine physician, sport physiotherapist, or athletic therapist).**

**A Return to Skate Form is required following ALL concussions, even those that did not occur while skating or participating in any form of off-ice activity run by the club. Return to Skate Forms are to be returned to the Primary Coach.**

* The form must be completed by a health care professional and considerations/restrictions with respect to returning to skate must be documented.
* The form must indicate that the individual is symptom-free and able to return to full participation in physical activity.

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| **Skater:** |  |
| **Date of Injury:** |  |
| **Coach:** |  |

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| **CONSIDERATIONS/RESTRICTIONS WITH RESPECT TO RETURNING TO SKATE:** |
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| **Name of Treating Health Care Professional:** |  |
| **Signature of Treating Health Care Professional:** |  |
| **Clinic Address:** |  |
| **Clinic Phone Number:** |  |
| **Date:** |  |

*Personal information used, disclosed, secured or retained by the GSC will be held*

*confidentially and safely for the purpose for which it is collected.*

\*\*The GSC will not be held responsible for any future liabilities should the Parent/Guardian

 of a skater who has a possible head injury, decide not to seek an opinion or treatment

 from a physician or other medical professional (i.e. nurse practioner).