

SECONDARY INTERSCHOOL ATHLETIC CONSENT TO PARTICIPATE AND MEDICAL INFORMATION

To Parents/Guardians: **(Please retain this page for your information)**

Your son/daughter/ward has indicated a wish to participate on the _____ team. This form is to be completed prior to this first practice and is intended to inform you about the program and to seek your support and your permission for your child to try out, and if successful, to participate as a team member.

DATE: _____ **COACH/STAFF SUPERVISOR:** _____

It is important that your child participate safely and comfortably in the interschool athletics program. In your child's best interest we recommend the following:

- a) Student should have an annual medical examination.
- b) Students should bring emergency medication, e.g. Asthma inhalers, to interschool activities.
- c) Jewellery must be removed if possible. Jewellery which cannot be removed and which presents a safety concern (e.g. medical alert/identification) must be taped.
- d) The wearing of an eyeglass strap and shatter-resistant /shatterproof lens, if your child wears glasses that cannot be removed during interschool activities.
- e) Attention to environmental concerns (e.g. protection from sun, hypothermia, dehydration and frostbite)
- f) The use, when necessary of a personal water bottle
- g) In the event that the student uses personal or borrowed sports equipment, the student or parent/guardian (if the student is under the age of 18) is responsible for ensuring that the equipment is in good working order, fits properly, conforms with recognized safety standards, and has not been altered from its original condition.

STUDENT ACCIDENT INSURANCE NOTICE

The Halton Catholic District School Board does not provide any accidental death, disability, dismemberment, and medical/dental expenses insurance on behalf of the students participating in the activity. For coverage of injuries, you may wish to consider the STUDENT ACCIDENT INSURANCE PLAN made available by the school to parents at the beginning and throughout the school year.

ELEMENTS OF RISK

The interschool activity programs, being offered, involve certain elements of risk. Accidents may occur while participating in these activities. Injuries may range from overuse injuries (sprains and strains) to orthopaedic injuries, ligament damage, and fractures to more serious injuries. While participating in higher risk sports- cycling, field hockey, football, ice hockey, field hockey, field lacrosse, rugby, skiing, swimming, and wrestling could lead to injuries such as head and spinal injuries that could lead to concussions, paralysis or prove to be life threatening.

These injuries result from the nature of the activity and can occur without any fault on either the part of the student, or the School Board or its employees or agents, or the facility where the activity is taking place. By choosing to participate in the activity, you are assuming the risk of an injury occurring.

Carefully following instructions at all times and being physically fit to participate in the activity can reduce the chance of an injury/accident occurring.

PRIVATE MOTOR VEHICLES TRANSPORTATION AND INSURANCE

The Halton Catholic District School Board recognizes that private motor vehicles may be used for transportation. All volunteer drivers must complete the Halton C.D.S.B. AUTHORIZATION TO TRANSPORT STUDENTS PARTICIPATING IN SCHOOL ACTIVITIES form. Student drivers must complete STUDENT DRIVER AUTHORIZATION FORM and student passengers are to complete the STUDENT PASSANGER REQUEST FORM to be approved by principal/designate. The Halton C.D.S.B. requires all drivers to have a minimum of \$1 000 000 third party liability insurance coverage. The Board provides non-owned Automobile Liability Insurance for claims that exceed the owner's insurance while the vehicle is being operated on Board business. This coverage would respond to claims that exceed \$1 000 000.

PARENT/GUARDIAN CONSENT FOR SECONDARY INTERSCHOOL ATHLETICS

Name of School: _____ Date: _____

Student's Name: _____ Grade: _____

REQUIRED SIGNATURES FOR PARTICIPATION

CONSENT:

I /We give permission for our son/daughter/ward to participate in the following Interschool Athletic Activity: _____

ACKNOWLEDGEMENT:

I/We have read the information about the Interschool Athletic Activity and understand that having our son/daughter/ward participate in the outlined activities we are assuming the risks associated with doing so.

I/We have read and understand the notice of Accident Insurance.

Should our son/daughter/ward sustain an injury or contract an illness requiring medical attention during the competitive season of this sport it is our responsibility to contact the coach/supervising teacher and provide any necessary or updated information that might influence the ability to participate in the sport.

BEHAVIOUR CODE:

I am aware that it is a privilege and not a right to participate on a school team. Therefore, I fully understand that it is my responsibility to follow the athletic association's Code for Athletes and my school's Code of Conduct and to display good sportsmanship at all times while representing my school as a student athlete.

BEHAVIOUR AGREEMENT:

I/We agree to pay any damages that may be occasioned through the misconduct or carelessness of our son/daughter/ward to the person or property of the affected party or parties.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

EMERGENCY CONTACT- MEDICAL INFORMATION

This form must accompany the teacher throughout the duration of the activity

STUDENT NAME _____ TEACHER _____ GRADE _____

EMERGENCY CONTACT: List order to call 1-2-3

____ Mother's Name _____ Contact Number(s) _____
____ Father's Name _____ Contact Number(s) _____
____ Emergency Contact Name _____ Contact's Number _____

CURRENT MEDICAL INFORMATION:

1. If your son/daughter/ward wears or carries a medic alert bracelet, neck chain or card:

Please specify what is written on it: _____

First aid procedures in case of incident: _____

2. If your son/daughter/ward has a medical condition (e.g. asthma, anaphylaxis, type 1 diabetes, epilepsy, other) that will affect full participation in this programme, please specify:

First aid procedures in case of incident or contact supervising teacher: _____

3. What medication(s) (prescription and non-prescription) should your son/daughter/ward have with them, take when participating in this programme? :

When should the medication be taken : _____

Who should administer the medication? _____

4. Specify any other physical limitations your son/daughter/ward has that may affect their full participation with activities. Provide pertinent details or contact supervising teacher: _____

MEDICAL SERVICES AUTHORIZATION - (OPTIONAL SIGNATURE TO PARTICIPATE)
Every reasonable effort will be made by the school/hospital to contact parents/guardians before any medical services are provided. In cases where contact is tried but not made I/we give consent for medical personnel to administer medical and/or surgical services including anaesthesia and drugs.
Signature of Parent/Guardian _____ Date _____

FREEDOM OF INFORMATION NOTICE
The information provided on this form is protected under the Freedom of Information and Protection of Privacy Act and will be utilized only for the purposes related to the Board's policy on Out-of-Classroom Programs.