

## Sport Risk Consent Form

### Elementary/Secondary Interschool Athletic Participation Form

***This form is to be completed on behalf of an athlete who wishes to participate in interschool sport and must be returned to the coach prior to the athlete's first team tryout.***

Athlete Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

Note: An annual medical examination is recommended.

#### Medical Information

1. Date of last complete examination \_\_\_\_\_
2. Date of last tetanus immunization \_\_\_\_\_
3. Is your child/ward allergic to any drugs, food or medication/other? Y\_\_ N\_\_  
If yes, Provide details \_\_\_\_\_
4. Does your child/ward take any prescription drugs? Y\_\_ N\_\_  
If yes, Provide details \_\_\_\_\_
5. What medication(s) should the participant (child/ward) have available during the sport activity?  
\_\_\_\_\_
6. Who should administer the medication? \_\_\_\_\_
7. Does your child/ward wear a medical alert bracelet, neck chain, or carry a medical alert card? Y\_\_ N\_\_
8. Has your child/ward been identified as being anaphylactic? Y\_\_ N\_\_  
If yes, does he/she carry an EpiPen? Y\_\_ N\_\_
9. Does your child/ward wear eyeglasses? Y\_\_ N\_\_  
Contact lenses? Y\_\_ N\_\_
10. Please indicate if your child/ward has been subject to any of the following and provide pertinent details: *epilepsy, diabetes, orthopaedic problems, deafness, hearing loss, asthma, allergies*  
\_\_\_\_\_

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**Please indicate any history (age 5 to present) of head (including concussions) or back conditions or injuries:**

*Please indicate any arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, hernia, swollen or hyper mobile or painful joints, trick or lock knee, hearing aid, heart or lung disease or supports prescribed for physical mobility:*

Please indicate any other medical condition that will limit participation:

**If a concussion has been diagnosed over the summer break, during non-school related activities and during school related activities, the Request to Resume Participation - Concussion Related Injuries form (OPHEA) must be completed by a physician before the student returns to class/intramural and interschool activities.**

Should your child/ward sustain an injury, concussion or contract an illness requiring medical attention during the competitive season, notify the coach and complete the “*Request to Resume Athletic participation Form*”.

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### Medical Services Authorization (optional)

In a situation when emergency medical or hospital services are required by the above listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes medical personnel and/or hospital to administer medical and/or surgical services, including anesthesia and drugs. I understand that any cost will be my responsibility.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Student Accident Insurance Notice:

The Upper Canada District School Board does not provide any accidental death, disability, dismemberment/medical/dental expense insurance on behalf of the athletes participating in the activity. For coverage of injuries, you are encouraged to consider the Student Accident Insurance Plan made available by the school to parents at the beginning of, and throughout, the school year.

**Transportation Insurance Notice:** When transportation for any trip involves a privately owned vehicle and a volunteer driver (students will not be permitted to drive other students), the teacher coordinating the event will confirm the name of the driver, that the driver is properly licensed and has sufficient insurance coverage.

### **Elements of Risk Notice:**

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. Due to the nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head (**Concussions**), neck or back. Some injuries can lead to paralysis or prove to be life-threatening. Injuries as a result of participation in an activity can occur without fault on either the part of the student, or the school board and its employees or agents, or the facility where the activity is taking place. The following is a sampling of activities that have the potential for more serious consequences: alpine skiing, snowboarding, broomball, cheerleading (acrobatic), field hockey, gymnastics, ice hockey, ringette (ice), swimming, and wrestling. A student choosing to participate in the activity assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The Upper Canada District School Board attempts to manage, as effectively as possible, the risk involved for students while participating in school athletics.

### Acknowledgement of Risks/Request to Participate/Informed Consent Agreement

I/We have read and understand the notices of Accident Insurance. \_\_\_\_\_ (initials of Parent/Guardian)

I/We have read and understand the notice of Elements of Risk. \_\_\_\_\_ (initials of Parent/Guardian)

I/We give permission for my child/ward to try out/participate on the \_\_\_\_\_ team during the \_\_\_\_\_ school year.

I/We hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my/our child/ward for personal health, medical, dental and accident-insurance coverage.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Freedom of Information Notice**

The information provided on this form is collected pursuant to the school board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the *Municipal Freedom of Information and Protection of Privacy Act*, and will be utilized only for the purposes related to the Board's policy on Risk Management for Interschool Athletics. Any questions with respect to this information should be directed to your school principal.

Reproduced and adapted with permission from Ophea, *Ontario Physical Education Safety Guidelines, Appendix A – Elementary/Secondary Interschool Athletic Participation Form, Revised 2015*.