

SECONDARY INTERSCHOOL ATHLETICS FORM

COACH/STAFF SUPERVISOR: _____

DATE: _____

INTERSCHOOL ACTIVITY/SPORT: _____

Parent/Guardians and Students,

Please scan the QR codes below with your smartphone camera or follow the links to access important information related to your/your child's participation in interschool sport. You will be asked to acknowledge reading and understanding these documents on the following pages.

If you can not access these documents here, they can also be found at:

1. HCAA.ca: Forms: Secondary Forms

*if you require a printed copy of these documents please see your school administrator, coach or HPE dept head.

1. Elements of Risk, Concussion Information, Student Accident Information and Transportation



<https://bit.ly/4627Qj4>

2. Concussion Code of Conduct



<https://bit.ly/3CmJB1I>

- Please note you DO NOT need to print and complete the Code of Conduct. You will be asked to Acknowledge reading and understanding the document on the next page of this document.
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INTERSCHOOL ATHLETICS ACKNOWLEDGEMENT OF RISKS AND CONSENT TO PARTICIPATE FORM

Name of School: _____ Date: _____
Student Name: _____ Sport/Activity: _____
Staff Supervisor: _____ Have you attended a different Highschool? Y / N

REQUIRED SIGNATURES FOR PARTICIPATION

ACKNOWLEDGEMENT OF RISKS

I hereby acknowledge and accept the risks inherent in _____ (name of activity) and assume responsibility for my child/ward's personal health, medical, dental and accident insurance.

Signature of Parent/Guardian: _____ **Date:** _____

CONCUSSION INFORMATION

I hereby discussed the identification (signs and symptoms) and management of concussion with my child/ward based on the HCDSB Concussion protocol and the appropriate Concussion Awareness Resource (CAR).

Initials of parent/guardian _____

We have read, understand, and agree to abide by the **HCDSB Concussion Code of Conduct** for Parents/Guardians and Athletes.

Signature of Student: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

STUDENT ACCIDENT INSURANCE NOTICE

I have read and understand the Student Accident Insurance Notice.

Initials of parent/guardian _____

CODE OF CONDUCT

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 the responsibility of the student to follow the HCDSB Code for Athletes and the school's Code of Conduct and to display fairness and respect while representing the school as a student athlete.

Signature of Student: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

CONSENT TO PARTICIPATE

I give consent for my child/ward to tryout/participate in _____ during the _____ school year.

Signature of Student (if 18): _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

BEHAVIOUR AGREEMENT

I am aware of my legal responsibilities set out in the Parental Responsibility Act. Subject to the Parental Responsibility Act, I agree to pay any damages that may be occasioned through the misconduct or carelessness of my child/ward to the person or property of any other party or parties.

Signature of Parent/Guardian: _____ **Date:** _____

EMERGENCY CONTACT- MEDICAL INFORMATION

This form must be readily accessible to staff supervisors at all practices and competitions.

Student Name: _____ Teacher: _____ Grade: _____

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

Parent/ Guardian Name _____	Contact Number (s) _____
Parent/ Guardian Name _____	Contact Number (s) _____
Emergency Contact Name _____	Contact Number (s) _____

CURRENT MEDICAL INFORMATION:

1. If your child/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 child/ward has a medical condition (e.g. anaphylaxis, asthma, concussion, type 1 diabetes, type 2 diabetes, epilepsy, heart condition, other), please specify:

Provide First Aid procedures in case of incident or contact staff supervisor with more detailed management information:

3. What medication(s) (prescription and non-prescription) should your child/ward have with them?

When should the medication be taken? _____

Who should administer the
medication? _____

4. Specify any other physical limitations your child/ward has that may affect their full participation with activities. Provide pertinent details or contact staff supervisor:
- _____

MEDICAL SERVICES AUTHORIZATION - (OPTIONAL SIGNATURE)

Every reasonable effort will be made by the school/hospital to contact the parent/guardian before any medical services are provided. In cases where contact is tried, but not made, I/we give consent to medical services.

Signature of Parent/Guardian: _____ Date: _____

This information is collected under the authority of the *Education Act s. 321, s.265 (1)(d), Sabrina's Law and Ryan's Law*, in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act*. Information will be used in the case of a medical emergency. If you have questions regarding the collection, use or disclosure of this information, please speak to your school Principal or privacy@hcdsb.org