

SECONDARY INTERSCHOOL ATHLETICS FORM

COACH/STAFF SUPERVISOR: _____ **DATE:** _____
INTER-SCHOOL ACTIVITY/SPORT: _____

Parent/Guardian Information (retain pages 1-3 for your information)

Your child/ward has indicated interest in participating on the school's interschool team (listed above). The information below is intended to assist you in making an informed decision as to whether or not you give consent for your child/ward to participate on the school's interschool team (listed above). If after reading the information, you give consent, please complete the Acknowledgement of Risks, Consent to Participate and the Emergency Contact - Medical Information sections and return the forms to the staff supervisor no later than _____.

Note: The Acknowledgement of Risks, Consent to Participate and Emergency Contact - Medical Information portions of this form must be completed on behalf of the student who wishes to participate in the interschool sport. These forms must be returned to the staff supervisor **prior** to the student's first team tryout.

Please ensure that someone is able to translate and explain this important document to you.

ELEMENTS OF RISK

The interschool activity programs being offered involve certain elements of risk. Falls, collisions and other incidents may occur, causing injury. Due to the nature of some activities, injuries may range from minor sprains and strains to more serious injuries.

The following list includes, but is not limited to, examples of types of injury which may result in:

1. Bumps and bruising, overuse injuries such as muscle sprains & strains
2. Fainting, shortness of breath, dehydration
3. Cuts and scrapes, broken bones, dental injuries
4. Back/spinal and neck injuries, paralysis or prove to be life threatening
5. Head injuries and concussion

Injuries as a result from participation in the activity can occur without any fault on either the part of the student, or Halton Catholic District School Board (HCDSB) 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 injury occurring. HCDSB attempts to manage as effectively as possible the risk involved for students while participating in school athletics. Carefully following instructions at all times and being physically fit to participate in the activity can reduce the chance of any injury/accident occurring.

CONCUSSION INFORMATION

HCDSB Concussion Policy and Procedures will be followed if a student sustains a hit or blow to the head or body and shows signs or symptoms of concussion. Concussion information for the parent/guardian and the student is available on the HCDSB website – Parent + Safe, Healthy and Inclusive Schools + Medical Conditions + Concussion Protocol. Management of a concussion is key to supporting the student during recovery.

Please be advised that your child/ward will be asked to seek medical attention if signs and symptoms of concussion arise. You are required, along with your child/ward, to view Dr. Evans' video - *Concussion Management and Return to Learn*: bit.ly/Concussion-Management . A link to the video is also available on your school's website. The video will provide you with the necessary information regarding: the definition and seriousness of a concussion, the signs and symptoms of a suspected concussion, the importance of reporting a suspected concussion, and concussion management including Return to School and Return to Physical Activity.

Please initial under the section of Acknowledgment of Risks that you have viewed the Dr. Evans' Concussion video.

For a diagnosed concussion that occurs as a result of activity outside of the school setting, you are to inform the school Principal as soon as possible.

For non-concussion related injury/illness:

When an athlete misses a practice/game due to an injury or illness requiring professional medical attention (e.g. medical doctor, chiropractor, physiotherapist), the parent/guardian must inform the coach/staff supervisor who will then provide the following form – *A Return to Physical Activity – Non-Concussion Medical Illness/Injuries*. A parent/guardian will complete the form and return it to the coach/staff supervisor giving their child/ward permission to return to practice and/or competition. When students are returning to activities with injuries/illnesses such as spinal injuries, fractures, torn ligaments or mononucleosis etc., the parent/guardian is requested to provide the coach/staff supervisor with the treatment, management and recovery plan from their child/ward's medical professional.

STUDENT ACCIDENT INSURANCE NOTICE

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 insurance coverage of injuries, you are encouraged to consider the STUDENT ACCIDENT INSURANCE PLAN made available by the school to parents at the beginning and throughout the school year. Please initial under the Acknowledgment of Risks section that you have read and understand the Student Accident Insurance Notice.

In your child/ward's best interest, we recommend an annual medical examination. It is important that your child/ward participate safely and comfortably in the interschool athletics program. Please note the following:

- a) Students, with applicable medical condition, will have their emergency medication readily accessible at all practices and competitions (e.g. asthma inhalers, epinephrine auto injectors, diabetes blood testing kit and fast acting sugar).
- b) Certain types of jewellery can pose a hazard and cause injury to the wearer and/or other participants during practices and competitions. Students must comply with the instructions of the coach/staff supervisor, following the governing body/association policy, and/or the board/school procedures, when requested to remove jewellery. Medic alert identification that cannot be removed must be taped or securely covered.
- c) If your child/ward wears glasses that cannot be removed during interschool activities, the wearing of an eyeglass strap and shatter-resistant /shatterproof lens is required.
- d) Attention should be paid to environmental concerns (e.g. protection from sun, hypothermia, dehydration and frostbite).
- e) 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.

Communication of injury/illness:

If your child/ward sustains an injury or contracts an illness requiring medical attention, during the competitive season of this sport, it is your responsibility to contact the coach/staff supervisor to provide any necessary or updated information that might influence their ability to participate in the sport.

Sudden Arrhythmia Death Syndrome (SADS)

SADS refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden cardiac death in young apparently healthy people. Fainting or seizure during/after physical activity or resulting from emotional excitement, emotional distress or being startled can be a warning sign of sudden arrhythmia death syndrome. The school response is to call emergency medical services (911) and inform the parent/guardian. The parent/guardian is to be provided information on – Sudden Arrhythmia Death Syndrome (SADS), which contains information about SADS as well as a Documentation of a Fainting Episode Form. The student is not to participate in physical activity until cleared by a medical assessment. The form is completed by a parent/guardian and returned to the school administrator/designate.

Further information – www.sads.ca

PRIVATE MOTOR VEHICLES TRANSPORTATION AND INSURANCE

Halton Catholic District School Board recognizes that private motor vehicles may be used for transportation. All volunteer drivers must complete the HCDSB Transportation of Students in Private Vehicles Driven by Volunteer Drivers form. Student drivers must complete the Transportation of Students in Private Vehicles Driven by Other Student Drivers and student passengers are to complete the Student Passenger Request Form to be approved by the principal/designate. HCDSB requires all drivers to have a minimum of \$1 000 000 third party liability insurance coverage. HCDSB provides non-owned Automobile Liability Insurance for claims that exceed the owner's insurance while the vehicle is being operated for HCDSB business. This coverage would respond to claims that exceed \$1 000 000.

**INTERSCHOOL ATHLETICS
ACKNOWLEDGEMENT OF RISKS AND CONSENT TO PARTICIPATE FORM**

Name of School: _____ Date: _____
 Student Name: _____ Grade/Class/Course: _____
 Staff Supervisor: _____

REQUIRED INITIALS/SIGNATURES FOR PARTICIPATION

ACKNOWLEDGEMENT OF RISKS

I hereby acknowledge and accept the risks inherent in the requested 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/or Dr. Evans' video.

Initials of parent/guardian _____

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 good sportsmanship at all times while representing the school as a student athlete.

Signature of Student: (all participants) _____ Date: _____
 Signature of Parent/Guardian: _____ Date: _____

CONSENT TO PARTICIPATE

I give consent for my child/ward to tryout/participate in the following interschool athletic activity:

_____ During the _____ School year.

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

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 circle) :
 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 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.