

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
- 2. HCDSB.org: Parents: Your Child's Health: Interschool Athletics

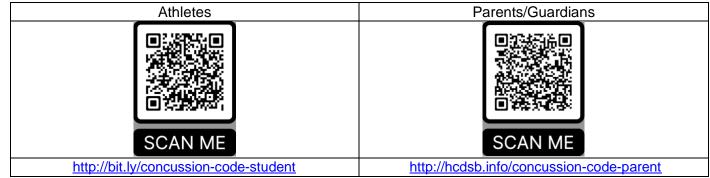
*if you require a printed copy of these documents please see your school administrator, coach or HPE dept head.

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



http://hcdsb.info/secondary-interschool-athletics

2. Concussion Codes of Conduct







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 SIGNATU	RES FOR PARTICIPATION				
ACKNOWLEDGEMENT OF RISKS I hereby acknowledge and accept the risks inherit in responsibility for my child/ward's personal health, me	(name of activity) and assume edical, dental and accident insurance.				
Signature of Parent/Guardian:	Date:				
	ptoms) and management of concussion with my child/ward appropriate Concussion Awareness Resource (CAR).				
We have read, understand, and agree to abide by the Athletes.	ne HCDSB Concussion Code of Conduct for Parents/Guardians and				
Signature of Student:	Date:				
Signature of Parent/Guardian:	Date:				
	surance Notice. ticipate on a school team. Therefore, I fully understand the HCDSB Code for Athletes and the school's Code of				
Conduct and to display fairness and respect while re					
Signature of Student:	Date:				
Signature of Parent/Guardian:	Date:				
CONSENT TO PARTICIPATE I give consent for my child/ward to tryout/participate	e in during the school year				
	Date: Date:				
BEHAVIOUR AGREEMENT I am aware of my legal responsibilities set out in the Responsibility Act, I agree to pay any damages that carelessness of my child/ward to the person or proportion.	may be occasioned through the misconduct or				
Signature of Parent/Guardian:	Date:				



EMERGENCY CONTACT- MEDICAL INFORMATION

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

Stude	ent Name:	Teacher:		Grade:	
_	ENCY CONTACT: List order to onto	call 1-2-3	Contact Number (s)		
Parer	nt/ Guardian Name		Contact Number (s)		
Emer	gency Contact Name		Contact Number (s)		
	NT MEDICAL INFORMATION: If your child/ward wears or care.	ries a medic alert t	oracelet, neck chain or	card:	
	Please specify what is written	on it:			
	First aid procedures in case of incident:	of			
2.	If your child/ward has a medical diabetes, epilepsy, heart cond			oncussion, type 1 diabetes, type 2	
	Provide First Aid procedures in information:	n case of incident o	r contact staff supervis	sor with more detailed manageme	
3.	What medication(s) (prescription and non-prescription) should your child/ward have with them?				
	When should the medication be	e 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:				
Every reas	SERVICES AUTHORIZATION - (sonable effort will be made by the sin cases where contact is tried, but	school/hospital to co	ntact the parent/guardia	n before any medical services are vices.	
Signature	of Parent/Guardian:		Date:		
Municipal Fi	ation is collected under the authority of the reedom of Information and Protection of It a medical emergency. If you have questio cipal or privacy@hcdsb.org	Privacy Act and the Person	nal Health Information Protec	tion Act. Information will be used in	