

DSBN EXTRA-CURRICULAR ATHLETIC PROGRAM

PERMISSION TO PARTICIPATE FORM

This form is to be completed on behalf of an athlete who wishes to participate in extra-curricular athletic programs and must be returned to the coach/staff member after being selected by the coach/staff to participate in the athletic activity (after tryouts).
It is the responsibility of the in-school coach/advisor to keep an outside coach informed of the information on this form.

School: _____
Student's Name: _____
Athletic Activity: _____

A Permission to Participate Form must be completed for every athletic activity.

TO THE PARENT/GUARDIAN

Your child/ward has been chosen to participate in our DSBN Extra-Curricular Athletic Program. This may involve vigorous physical activity.

In case of an injury, most basic Medical Plans do not provide coverage of permanent teeth or private nurses. If you wish this coverage, it is recommended that you investigate an Accident Policy.

GENERAL INFORMATION

Home Address: _____ Postal Code: _____
Home Telephone No.: _____
Parent/Guardian: _____ Work Telephone No.: _____
Cell Telephone No.: _____
Parent/Guardian: _____ Work Telephone No.: _____
Cell Telephone No.: _____
Student's Physician: _____ Telephone No.: _____
Emergency Contact: _____ Telephone No.: _____

MEDICAL INFORMATION

1. Date of last complete medical examination *{An annual medical examination is recommended}*: _____
2. Date of last tetanus immunization: _____
3. Is your child/ward allergic to any drugs, food/medication/other? Yes No
If yes, provide details: _____

4. Does your child/ward take any prescription drugs? Yes No
If yes, provide details: _____

5. What medication(s) should the participant have available during the sport activity?
Provide details: _____

6. Who should administer the medication? _____
7. Does your child/ward wear: a medical alert bracelet a medical alert neck chain carry a medical alert card?
If Yes, specify what is written on it: _____
8. Has your child/ward been identified as being anaphylactic? Yes No
If yes, does he/she carry an EpiPen? Yes No
Have you completed the Emergency Action Plan for Students with Anaphylaxis (Appendix C).
9. Does your child/ward wear eyeglasses during athletic activities?
 Yes No Contact lenses? Yes No

MEDICAL INFORMATION (cont'd)

10. Please indicate whether your child/ward has been subject to any of the following and provide pertinent details:

- Epilepsy: _____
- Diabetes: _____
- Orthopaedic problems: _____
- Deaf/Hard of Hearing: _____
- Wheezing/Asthma: _____
- Allergies: _____
- Back or spinal cord conditions or injuries (in the past two years): _____
- Head conditions or injuries (in the past two years): _____
- Swollen or hyper-mobile or painful joints, trick or lock knee: _____
- Arthritis or Rheumatism: _____
- Chronic Nosebleeds: _____
- Skin/Kidney/Intestinal Problems: _____
- Hepatitis/Mononucleosis: _____
- Severe Allergic Reaction: _____
- Serious Illness/Injury: _____
- Previous Surgery (include date): _____
- Headaches/Concussions: _____
- Dizziness/Seizures/Fainting: _____
- Vision Impairment: _____
- Joint Conditions/Injuries: _____
- Heart Conditions/Injuries (give details): _____

11. Please indicate any other medical condition that will limit participation:

12. If a concussion has been diagnosed throughout the year, the Request to Resume Participation – Concussion Related Injuries form must be completed by a physician before the student returns to class, curricular (physical education) or extra-curricular athletic programs, attached as Appendix D.

ADMINISTRATIVE PROCEDURE

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 and/or hospital to administer medical and/or surgical services, including an aesthesia and drugs. I understand that any cost will be my responsibility.

Signature of Parent/Guardian _____ Date _____

Athlete Accident Insurance Notice

The District School Board of Niagara does not provide any accidental death, disability, dismemberment/medical/dental insurance on behalf of the students 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

Please review your current vehicle insurance policy for insurance coverage.

Elements of Risk Notice (please refer to <http://Safety.OPHEA.net> for further information)

ELEMENTS OF RISK NOTICE The risk of injury exists in every athletic activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. These injuries result from the nature of the activity and can occur without fault on either the part of the student, the school board or its employees/agents or the facility where the activity is taking place. Some activities that are identified as having the potential for more serious consequences are: alpine skiing, snowboarding, snowsports, broomball (ice), cheerleading (acrobatic), field hockey, field lacrosse, gymnastics, ice hockey, ringette (ice), swimming, wrestling, and/or field events: high jump, shot put. The safety and well-being of students is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks inherent in physical activity.

PARENT/GUARDIAN SIGNATURE	Acknowledgement of Risks/Request to Participate/ Informed Consent Agreement
	I/We have read and understand the notice of Athlete Accident Insurance. ____ (initials of parent/guardian)
	I/We have read and understand the notice of Elements of Risk. ____ (initials of parent/guardian)
	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.
	Parent/Guardian Name (please print): _____
	Parent/Guardian Signature: _____ Date: _____

Freedom of Information Notice

The information provided on this form is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. This information 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 Risk Management for Interscholar Athletics. Any questions with respect to this information should be directed to your school principal.