



## Secondary Interschool Athletics Package 2018/19

### Dear Parent/Guardian or Student of the Age of Majority:

Your child/ward or you (student of the age of majority) has indicated a desire to participate on the following Interschool Athletic Team: \_\_\_\_\_. Please retain this page as the content is designed to provide you with information on the Interschool Athletic Program.

Parents/Guardians or Students of the Age of Majority are requested to complete the attached PART B: Emergency Contact/Medical Information, Acknowledgement of Risks and Permission to Participate Form, and return to the appropriate school personnel.

**Note: A student is ineligible to participate in try-outs, practices or competitions without first providing the coach with the completed forms.**

### 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, neck or back. Some injuries can lead to a concussion or 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. 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 Halton District School Board (HDSB) attempts to manage, as effectively as possible, the risk involved for students while participating in school athletics.**

**Concussion Protocol:** The HDSB Concussion Protocol will be followed if a student sustains a hit or blow to the head or body and/or shows signs and/or symptoms of a concussion. The student will be asked to seek medical attention from a Medical Doctor or Nurse Practitioner. If a concussion has been diagnosed, Form C3: Documentation of Monitoring/Medical Examination must be completed and returned to the school and Form C4: Return to Learn/Return to Physical Activity must be followed before the student returns to physical education classes, intramural activities, and/or inter-school practices and competitions.

Concussion information for parents and students is available at:

<https://www.hdsb.ca/students/Pages/Health%20and%20Well-Being/Concussion.aspx>

Parents, guardians, and students are advised to view this video – Concussion Management  
[www.health.gov.on.ca/en/public/programs/concussions](http://www.health.gov.on.ca/en/public/programs/concussions)

**Student Accident Insurance:** The Halton District School Board does not provide any accidental death, disability, dismemberment/medical/dental expense insurance for student participation in school sponsored activities (e.g., curricular, intramural and interschool). For insurance coverage of injuries, parents/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice.

**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 SADS. The school response is to call Emergency Medical Services (911) and inform parents/guardians. Parents/guardians are to be provided with a SADS Form (Appendix M), 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 and the SADS Form (Appendix M) is completed by the parent/guardian and returned to the school administrator/designate. **Further information** - [www.sads.ca](http://www.sads.ca)

**In the interest of student safety:**

- Students must wear appropriate athletic footwear and clothing (and where required, protective equipment for the activity) for interschool athletics. Prescribed team uniforms for competition will be designated by the local sport-governing association.
- 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 teacher/coach, following the governing body/association policy and/or the HDSB procedures when requested to remove jewellery.
- Medic Alert identification and religious articles of faith that cannot be removed must be taped or securely covered (i.e., athletic tape, sweatbands or compression clothing).
- It is strongly recommend that students have an annual medical examination.
- Students must bring emergency medications (e.g., asthma inhalers, epinephrine auto injectors) to all practices and competitions.
- Students, where appropriate, must remove eyeglasses during practices and games. If eyeglasses cannot be removed, the student must wear an eyeglass strap and shatterproof lenses.
- Students must be made aware of ways to protect themselves from environmental conditions (e.g., use of hats, sunscreen, sunglasses, access to liquid replacement, insect repellent and appropriate clothing).
- A safety inspection must be carried out at home of any equipment brought to school for personal use in interschool practices and competitions (e.g., skis, skates, helmets).

**Note: Students returning to any physical activity from non-concussion related injuries are required to complete Appendix B: Return to Physical Activity - Non-Concussion Medical Illness/Injuries.**

Should you have any further questions or concerns, please discuss this with the activity's coach/staff sponsor.



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### **PART B: Emergency Contact/Medical Information, Acknowledgement of Risks and Permission to Participate Form**

Parents/Guardians or Students of the Age of Majority are requested to complete the following form and return to the appropriate school personnel. Note: The student is ineligible to participate in practices or competition without first providing teacher/coach with the completed form.

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990, c. E.2 and will be used only for purposes related to the HDSB policy on Risk Management. Questions with respect to this collection should be directed to your school principal or to [privacy@hdsb.ca](mailto:privacy@hdsb.ca).

**Student Name:** \_\_\_\_\_ **Coach:** \_\_\_\_\_

**Activity:** \_\_\_\_\_ **Student Date of Birth:** \_\_\_\_ (YY) \_\_\_\_ (MM) \_\_\_\_ (DD)

**Is student transferring from another high school? YES NO School Name** \_\_\_\_\_

#### **Medical Services Authorization (optional):**

In a situation where 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 anaesthesia and drugs. I understand that any cost will be my responsibility.

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

Signature of Student of the Age of Majority: \_\_\_\_\_ Date: \_\_\_\_\_

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

**I have discussed the signs, symptoms and management of a concussion with my child/ward or myself, based on the HDSB's Concussion Protocol and/or Dr. Evans' YouTube video.**

\_\_\_\_\_ Initials of Parent/Guardian \_\_\_\_\_ Initials of Student of Age of Majority

#### **I have read and understand the Student Accident Insurance Notice.**

\_\_\_\_\_ Initials of Parent/Guardian \_\_\_\_\_ Initials of Student of Age of Majority

**I request that my child/ward or myself (student of age of majority) try-out/participate on the \_\_\_\_\_ team during the 2018-2019 school year.**

\_\_\_\_\_ Initials of Parent/Guardian      \_\_\_\_\_ Initials of Student of Age of Majority

**I hereby acknowledge that I have read and understood the notice of Elements of Risk, and accept the risk inherent in the requested activity and assume responsibility for my child/ward or myself (student of age of majority) for personal health, medical, dental and accident insurance coverage.**

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

Signature of Student of the Age of Majority: \_\_\_\_\_ Date: \_\_\_\_\_

### **Emergency Contact and Medical Information**

Parent/Guardian Name: \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone # \_\_\_\_\_

#### **Emergency Contacts: (in order of contact)**

1. Name: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

Phone number #1: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

Phone number #1: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

Phone number #1: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_

**Note: Where the athlete's condition is confidential or requires further explanation, please contact the coach of the team directly.**

**\*Note: An annual medical examination is recommended.**

**Medical Information**

Date of last complete medical examination: \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Is your child/ward allergic to any drugs, food or medication/other? **Yes No**

If yes, please provide details \_\_\_\_\_

**Medical Alert Information**

Does your child/ward wear a medical alert bracelet? **Yes No**

Does your child/ward wear a neck chain? **Yes No**

Does your child/ward carry a medical alert card? **Yes No**

If yes, please specify what is written on it: \_\_\_\_\_

**Medications**

Does your child/ward take any prescription drugs? **Yes No**

If yes, please provide details \_\_\_\_\_

What medication(s) should be accessible during the physical activity? Who should administer? \_\_\_\_\_

**Oral and Visual Appliance**

Does your child/ward wear eyeglasses? **Yes No**

Does your child/ward wear contact lenses? **Yes No**

Does your child/ward wear an orthodontic appliance? **Yes No**

Does your child/ward have dental restorations (i.e., crowns, bridges) **Yes No**

**Medical Conditions**

Has your child/ward been identified as being anaphylactic? **Yes No**

If yes, do they carry an epinephrine auto injector (e.g. EpiPen/Allerject)? **Yes No**

Please indicate if your child/ward has been diagnosed as having any of the following medical conditions and provide pertinent details. Circle any that apply and provide relevant details:

**Asthma Epilepsy Type I Diabetes Type II Diabetes Heart Disorders**

**Deafness Allergies Other:** \_\_\_\_\_

\_\_\_\_\_

**Physical Ailments**

Please circle any that apply and provide relevant details:

**Arthritis or Rheumatism   Spinal Conditions   Orthopaedic Conditions   Hernia**

**Chronic Nosebleeds   Fainting   Trick/ Lock Knee   Dizziness   Headaches**

**Swollen/Hypermobile/Painful Joints   Other:** \_\_\_\_\_  
\_\_\_\_\_

Head or back conditions or injuries (in the past 2 years) \_\_\_\_\_

Has your child/ward previously been diagnosed with a concussion?   **Yes**   **No**

How many times? \_\_\_\_\_   When was the last diagnosis? \_\_\_\_\_ (mm/dd/yy)

What medical advice was given by a medical doctor/nurse practitioner about participating in future physical activity? \_\_\_\_\_  
\_\_\_\_\_

Please indicate any other medical conditions that will limit participation or that the teacher/supervisor should be aware of:

\_\_\_\_\_  
\_\_\_\_\_