

## INTERSCHOOL ATHLETIC PARTICIPATION FORM

This form is to be completed on behalf of a student who wishes to participate in interschool sports and returned to the coach prior to the students' first practise.

STUDENT NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
 HOME PHONE # \_\_\_\_\_ HEALTH CARD NO. \_\_\_\_\_  
 PARENT/GUARDIAN \_\_\_\_\_ WORK PHONE # \_\_\_\_\_  
 STUDENT'S PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_  
 EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

### MEDICAL INFORMATION

1. Date of last complete medical examination: \_\_\_\_\_
2. Date of last tetanus immunization: \_\_\_\_\_
3. Is your son/daughter/ward allergic to any drugs, foods or medication? Yes \_\_\_ NO \_\_\_ If yes, provide details:  
\_\_\_\_\_
4. Does your son/daughter/ward take any prescription drugs? Yes \_\_\_ NO \_\_\_ If yes, provide details:  
\_\_\_\_\_
5. What medication(s) should the participant have on hand during the sport activity? \_\_\_\_\_  
Who should administer the medication? \_\_\_\_\_
6. Does your son/daughter/ward wear a medical alert bracelet \_\_\_\_\_, neck chain \_\_\_\_\_ or carry a medical alert card? \_\_\_\_\_  
If yes, please specify what is written on it: \_\_\_\_\_
7. Does your son/daughter/ward wear eyeglasses? Yes \_\_\_ NO \_\_\_ contact lenses? Yes \_\_\_ No \_\_\_
8. Please indicate if your son/daughter/ward has been subject to any of the following and provide pertinent details:  
Epilepsy, diabetes, orthopedic problems, deaf, hard of hearing, asthma, allergies \_\_\_\_\_  
Head or back conditions or injuries (in the past two years) \_\_\_\_\_  
Arthritis or rheumatism, chronic nosebleeds; dizziness; fainting; headaches; hernia; swollen or hyper mobile joints, trick or lock knee:  
\_\_\_\_\_
- Any other medical information that will limit participation? \_\_\_\_\_
9. Should your son/daughter/ward sustain an injury or contact an illness requiring medical attention during the competitive season, notify the coach and complete the "Request to Resume Athletic Participation Form", if applicable.

#### 10. MEDICAL SERVICES AUTHORIZATION (Optional)

In case of emergency medical or hospital services being 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 anesthesia and drugs. I understand that any cost will be my responsibility.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: An annual medical examination is recommended**

**STUDENT ACCIDENT INSURANCE NOTICE**

The Trillium Lakelands District School Board does not provide any accidental death, disability, dismemberment/medical/dental expenses insurance on behalf of 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 and throughout the school year. Students are to be mindful of safety practices when participating in activities at all times.

**TRANSPORTATION INSURANCE NOTICE**

Students will be transported by school bus where appropriate. If private vehicles are used, appropriate forms are to be completed prior to the event and signed by the principal.

**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 very 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 paralysis or prove to be life-threatening. These injuries result from the nature of the activity and can occur without fault on either the part of the student, or the school board or its employees or agents or the facility where the activity is taking place. Activities that are identified as higher risk activities and have the potential for more serious consequences are: Alpine skiing, field lacrosse, football, ice hockey, rugby, snowboarding, track and field (throwing events, high jump, pole vault, steeplechase), and wrestling. By choosing to participate in the activity, you are assuming the risk of an injury occurring. The chances of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. The Trillium Lakelands District School Board attempts to manage as effectively as possible the risk involved for students while participating in school athletics.

**ACKNOWLEDGEMENT OF RISKS/REQUEST TO PARTICIPATE/INFORMED CONSENT AGREEMENT**

I/We have read and understand the notices of accident insurance, transportation insurance and elements of risk. I/We hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my son/daughter for personal health, medical, dental and accident insurance coverages.

I/We request my son/daughter/ward to participate on the \_\_\_\_\_ team during the \_\_\_\_\_ school year.  
(Sport)

I/We understand that if my son/daughter is suspected of having a head injury/concussion, they will be excluded from participation until medical clearance by a physician is provided (as per TLDSB Concussion Policy ES – 5567).

I/We agree that the Trillium Lakelands District School Board or its employees, servants or agents shall not be liable for any injury to my son/daughter/ward or loss or damage to personal property arising from, or in any way resulting from participation in the above listed activities.

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

Signature of Student (Secondary Only) \_\_\_\_\_ 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 Interschool Athletics. Any questions with respect to this information should be directed to your school principal.