



# Parent Sport Risk Consent Form

School Sports  
Elementary/Secondary Interschool Athletic Participation Form

**This form is to be completed on behalf of an athlete who wishes to participate in interschool sport and must be returned to the coach prior to the athlete's first team tryout.**

Athlete Name: \_\_\_\_\_ Health Card # (optional): \_\_\_\_\_  
 Home Address:: \_\_\_\_\_ Physician Name: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_  
 Work Phone #: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Note: An annual medical examination is recommended.

### Medical Information

1. Date of last complete examination: \_\_\_\_\_
2. Date of last tetanus immunization \_\_\_\_\_
3. Is your son/daughter allergic to any drugs, food or medication/other?  Yes  No  
If yes, provide details \_\_\_\_\_
4. Does your son/daughter take any prescription drugs?  Yes  No  
If yes, provide details \_\_\_\_\_
5. What medication(s) should the participant (son/daughter) have available during the sport activity?  
\_\_\_\_\_
6. Who should administer the medication? \_\_\_\_\_
7. Does your son/daughter wear a medical alert bracelet, neck chain, or carry a medical alert card?  Yes  No
8. Has your son/daughter been identified as being anaphylactic?  Yes  No  
If yes, does he/she carry an EpiPen?  Yes  No
9. Does your son/daughter wear eyeglasses?  Yes  No      Contact lenses?  Yes  No
10. Please indicate if your son/daughter has been subject to any of the following and provide pertinent details:  
 epilepsy    diabetes    orthopaedic problems    deafness    hearing loss    asthma    allergies  
 \_\_\_\_\_  
 \_\_\_\_\_

### **Any history (age 5 to present) of head (including concussions) or back conditions or injuries or health**

\_\_\_\_\_

- arthritis or rheumatism    chronic nosebleeds    dizziness    fainting    headaches    hernia  
 swollen or hyper mobile or painful joints    trick or lock knee

Please indicate any other medical condition that will limit participation \_\_\_\_\_

11. **If a concussion has been diagnosed over holiday periods and/or after school hours, during non-school related activities or during school related activities, the Request to Resume Academic (Return to Learn) and/or Physical Activities Due to Concussion Related Injuries Form (Form 6003) must be completed by a physician before the student returns to class/intramural and interschool activities.**



## ***Parent Sport Risk Consent Form (Cont'd)***

Should your son/daughter sustain an injury, concussion or contract an illness requiring medical attention during the competitive season, notify the coach and complete the "Request to Resume Athletic Participation" form.

### **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 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 \_\_\_\_\_

### **Student Accident Insurance Notice**

The Durham Catholic District School Board does not provide any accidental death, disability, dismemberment/medical/dental expense insurance on behalf of the athletes 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.

### **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 (i.e., concussions), neck or back. Some injuries can lead to 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. The following is a sampling of activities that have the potential for more serious consequences: alpine skiing, snowboarding, broomball, cheerleading (acrobatic), field hockey, gymnastics, ice hockey, ringette (ice), football, rugby, basketball, swimming and wrestling. 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 Durham Catholic 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 \_\_\_\_\_ (initials of Parent/Guardian)

I/We have read and understand the notice of Elements of Risk \_\_\_\_\_ (initials of Parents/Guardian)

I/We give permission for my son/daughter/ward to try out/participate on the \_\_\_\_\_ team during the \_\_\_\_\_ school year.

I/We hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my/our son/daughter/ward for personal health, medical, dental and accident insurance coverage.

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

### **Freedom of Information Notice**

The information provided on this form is collected pursuant to the school board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Municipal Freedom of Information and Protection of Privacy Act. Any questions with respect to this information should be directed to your school principal.