



## INFORMED CONSENT / PERMISSION FORM FOR SPORT & RECREATION

### PART A:

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This form is to be completed on behalf of a student who wishes to participate in sport and recreation activities or interschool athletics, and must be returned to the coach prior to the student's first team tryout or participation in the sport and recreation activity. This page is to be retained for your information.

Dear Parent/Guardian,

Your son/daughter has indicated a desire to participate in the following sport and recreation activity:

\_\_\_\_\_ or interschool team: \_\_\_\_\_.

The content of this page is to provide you with information on the activities.

#### *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 and/or drowning in water based activities/sports. 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. 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 school board attempts to manage, as effectively as possible, the risk involved for students while participating in school sport and recreation activities.

#### **Student Accident Insurance Notice:**

The Waterloo Catholic 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, parent/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice.

#### **In the interest of safety, we strongly recommend:**

1. Students have an annual medical examination.
2. Students bring emergency medications (e.g., asthma inhalers, epinephrine auto injector) to all activities.
3. Students remove eyeglasses during practices or games. If eyeglasses cannot be removed, the student must wear an eyeglass strap or shatterproof lenses.
4. 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, appropriate clothing).
5. A safety inspection is carried out at home of any equipment brought to school for personal use in sport and recreation activities as well as practices and interschool competitions (e.g., skis, skates, helmets).

#### **Concussions:**

If your son/daughter/ward is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained inside or outside of school activity, the "Concussion Passport for WCDSB" must be completed before the student returns to physical education classes, intramural activities and interschool practices and competitions. Request the form from the school administrator.

#### **Freedom of Information Notice:**

The information provided on this form is collected pursuant to the schools 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 purpose related to the Board's policy on Risk Management for sport and recreation activities and interschool athletics. Any questions with respect to this information should be directed to your school principal.



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### PART B:

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Parent/Guardians are requested to complete the following form and return to the appropriate school personnel.

Note: the student is ineligible to participate in the sport and recreation activity and interschool athletic tryouts, practices and competitions without first providing teacher/coach with the completed form.

Student name: \_\_\_\_\_ Health card # (optional): \_\_\_\_\_  
Home address: \_\_\_\_\_ Physician name: \_\_\_\_\_  
Home phone #: \_\_\_\_\_ Physician phone #: \_\_\_\_\_  
Parent/Guardian name: \_\_\_\_\_ Emergency contact name: \_\_\_\_\_  
Work phone #: \_\_\_\_\_ Emergency contact phone #: \_\_\_\_\_  
Cell phone #: \_\_\_\_\_

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

I have read and understand the notices of Elements of Risk. \_\_\_\_\_ (initials of Parent/Guardian)

I have read and understand the notices of Accident Insurance. \_\_\_\_\_ (initials of Parent/Guardian)

I request our son/daughter to tryout/participate in \_\_\_\_\_ sport and recreation activity during the \_\_\_\_\_ school year.

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

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

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_  
(Secondary students only)

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