

Edenwood Middle School: Interschool Athletic Participation & Health Form

May 22nd 2019

Dear Parent/Guardian,

Your son/daughter has indicated a desire to participate on the Boys Soccer interschool team.

**TOURNAMENT DATE & LOCATION: Tuesday, May 22nd at Tomken Middle School (travelling by school bus)
Schedule attached**

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 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 athletics.

Should your son/daughter sustain an injury or contract an illness requiring medical attention during the competitive season, notify the coach. You are to complete the appropriate return to sport forms with a signature from a physician.

Student Accident Insurance Notice:

The Peel 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.

Transportation Insurance Notice: Transportation to Games, Tournament and/or meet will be provided by **buses**, teachers, TAXI or parent volunteers who have completed the required paper work.

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 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.

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 Accident Insurance _____ (initials of Parent/Guardian)

I understand and I agree that my child **may be photographed or filmed** during this event and these images may be posted on **school/board related social media** sites _____ (initials of Parent/Guardian)

I request our son/daughter to try out/participate on the _____ team 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:** _____

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 anaesthesia and drugs. I understand that any cost will be my responsibility.

Signature of Parent/Guardian: _____ **Date:** _____

Edenwood Middle School: Interschool Athletic Participation & Health Form

Parent/Guardians are requested to complete the following form and return to the appropriate school personnel. **The student is ineligible to participate in practices or competitions without first providing teacher/coach with the completed form.**

(Where your son's/daughter's/ward's condition is confidential or requires further explanation you are requested to contact your son's/daughter's coach.)

Athlete 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 #:	

Date of last complete medical examination: _____

Date of last tetanus immunization: _____

Is your son/daughter allergic to any drugs, food or medication/other? **Yes** ___ **No** ___

If yes, provide details _____

1. Medic Alert Information:

Does your son/daughter/ward wear a medical alert bracelet? **Yes** ___ **No** ___

A neck chain? **Yes** ___ **No** ___ Carry a medical alert card? **Yes** ___ **No** ___

If yes, please specify what is written on it: _____

2. Medications:

Does your son/daughter/ward take any prescription drugs? **Yes** ___ **No** ___

If yes, provide details _____

What medication(s) should be accessible during the sport activity?

Who should administer the medication? _____

3. Oral and Visual Appliance:

Does your son/daughter/ward wear eyeglasses? **Yes** ___ **No** ___

Contact lenses? **Yes** ___ **No** ___

Orthodontic appliance? **Yes** ___ **No** ___ Crowns? **Yes** ___ **No** ___ Bridges? **Yes** ___ **No** ___

4. Medical Conditions:

Please indicate if your son/daughter/ward has been diagnosed as having any of the following medical conditions and provide pertinent details.

Has your son/daughter/ward been identified as anaphylactic? **Y**___ **N**___

If yes, does he/she carry an epinephrine auto injector (e.g., EpiPen/Allerject)? **Y**___ **N**___

arthritis or rheumatism ___ spinal conditions___ orthopaedic conditions___ hernia___

chronic nosebleeds ___ fainting ___ trick or lock knee ___ dizziness ___

headaches ___ swollen, hyper-mobile or painful joints___

Head or back conditions or injuries, including any diagnosed concussions (in the past two years)

Please indicate any other medical condition that will limit participation:
