



Secondary Interschool Athletics Package 2021/2022

Part A: Parent/Guardian or Student of the Age of Majority Information Letter

Dear Parent/Guardian or Student of the Age of Majority: Your child/ward or you (student of the age of majority) has/have 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.

Concussions: The HDSB Concussion Administrative Procedure will be followed if a student sustains a jarring impact to the head, face, neck or body and shows signs and/or symptoms of a concussion. Parents/guardians will be asked to seek medical attention for their child/ward from a Physician/Nurse Practitioner using an HDSB Suspected Concussion Form which must be completed and returned to the school. If a concussion is diagnosed, a Home and School Concussion Management Plan must be followed. Included in this plan is the Concussion Medical Clearance Form, to be completed by a Physician/Nurse Practitioner before the student returns to any physical education classes, intramural activities and interschool practices and/or competitions.

Note: Students who receive a suspected or diagnosed concussion outside of school hours or school events are still required to follow the HDSB Concussion Procedure.

All parents/guardians are required to review the HDSB Parent/Guardian Concussion Prevention, Awareness Resources and Code of Conduct video <https://www.youtube.com/watch?v=DbQPWdOnCDM>. More information on concussions can be

found by searching: [HDSB Student Health](#) > Concussions or at the Government of Ontario's website: www.ontario.ca/page/rowans-law-concussion-safety.

Student Accident Insurance: The HDSB 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 Information page as well as a Fainting Episode Form. The student must not participate in physical activity until cleared by a medical assessment and the Fainting Episode Form is completed by the parent/guardian and returned to the school administrator/designate. For further information, visit 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 jewelry 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 jewelry.
- 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 recommended that students have an annual medical examination.
- Students must follow their individual Plan of Care and have immediate access to their emergency medications (e.g., asthma inhalers, epinephrine auto injectors) for all practices and competitions.
- Students must remove eyeglasses during practices and games. If eyeglasses cannot be removed, the student must wear an eyeglass strap and shatterproof lenses.
- Students are to come to school prepared to participate safely outdoors, protecting themselves from environmental conditions where appropriate (for example, use of hats, sunscreen, sunglasses, 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) to ensure it is in good working order and is suitable for personal use.

Note: Students returning to any physical activity from non-concussion related illness or 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 Elements of Risk and Permission to Participate Form

Student Name: _____ **Coach:** _____

Activity: _____ **Student Date of Birth:** ____ (YY) ____ (MM) ____ (DD)

Is the student transferring from another high school? YES NO School Name _____

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 the 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.

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 Elements of Risk/Request to Participate/Informed Consent Agreement:

I have reviewed the HDSB Parent/Guardian Concussion Prevention, Awareness Resources and Code of Conduct video and have discussed the signs, symptoms and management of a concussion with my child/ward or myself (student of age of majority).

_____ 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 2021-2022 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 in the attached letter 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 Information

Parent/Guardian Name: _____

Cell Phone # _____ Work Phone # _____ Alternate Phone #: _____

Emergency Contact Name: _____ Emergency Contact #: _____

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.

Medical Information

***Note: An annual medical examination is recommended. If a medical condition requires further explanation please contact the teacher/supervisor.**

Medical Information

Date of last complete medical examination: _____

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 the medication? Please provide details: _____

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

Please indicate (circle) if your child/ward has been diagnosed as having any of the following medical conditions and provide relevant details.

Allergies (include allergen trigger): _____ Anaphylaxis Asthma

Deafness Epilepsy Heart Disorders Type I Diabetes Type II Diabetes

Other: _____

Please provide relevant details and accommodations (e.g., Plan of Care) to be made if your child/ward cannot fully participate in physical activities:

Physical Ailments

Please indicate any physical ailments that apply and provide relevant details:

Arthritis or Rheumatism Chronic Nosebleeds Dizziness Fainting

Headaches Hernia Orthopaedic Conditions Spinal Conditions

Swollen/Hypermobile/Painful Joints Trick/Lock Knee Other: _____

Please provide relevant details: _____

Concussions

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?

Other Conditions:

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

