



OCDSB Extra-Curricular Sport Consent & Physical Health Information Form

CONSENT FOR EXTRA-CURRICULAR SPORT:

Your child has expressed interest in joining _____ (insert team name).

It runs from _____ to _____ (dates) and the expected practice schedule, including league games, tournaments and other related activities is described below:

Team authorities are expected to exercise reasonable precautions to avoid injury. The Ontario Physical Education Safety Guidelines designate:

(name of sport) _____

As a HIGHER /LOWER risk activity. (please select one)

Names of Coaches/Supervisors _____

Whom to Contact with or for Information _____

STUDENT/ATHLETE HEALTH INFORMATION SHEET:

Please complete the following health information form so that the coaching staff is aware of any medical issues that might affect your child's play.

Player's Name: _____

Date of birth: _____ Day _____ Month _____ Year

Home Telephone No.: _____ - _____

Provincial Health Number (optional): _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Cell Phone Numbers: _____

Person to contact in case of an accident or emergency if the parents are not available.

Name: _____ Telephone: _____

**Please circle the appropriate response below pertaining to your child.
Provide additional details below.**

Yes	No	previous history of concussions <i>(please provide details)</i>	Yes	No	hearing problem
Yes	No	fainting episodes during exercise	Yes	No	heart condition
Yes	No	asthma	Yes	No	diabetic
Yes	No	trouble breathing during exercise	Yes	No	has had an illness lasting more than a week in the past year
Yes	No	epileptic	Yes	No	medication <i>(please provide details)</i>
Yes	No	wears glasses	Yes	No	allergies <i>(please provide details)</i>
Yes	No	are lenses shatterproof?	Yes	No	wears a medic alert bracelet or necklace <i>(please provide details)</i>
Yes	No	wears contact lenses	Yes	No	injuries/illness requiring medical attention in the past year <i>(please provide details)</i>
Yes	No	wears dental appliance <i>(details _____)</i>	Yes	No	presently injured <i>(please provide details)</i>
Yes	No	does your child have any other health problem that would interfere with his/her participation in athletic activities:			

Please give details below if you answered "Yes" to any of the above items.

Medications: _____

Allergies: _____

Medical Conditions: _____

Recent Injuries: _____

Any information not covered above:

Should your son/daughter sustain an injury, concussion or contract an illness requiring medical attention during the competitive season, please notify the coach/teacher/supervisor.

Parent and Student Consent

I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible and that in the event no one can be contacted; team management will take my child to the hospital if deemed necessary.

I hereby authorize the physician and nursing staff to undertake the examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (physician) as deemed necessary.

I understand that participation on a school team is a privilege and, as such, students are expected to obey school rules, follow the National Capital Secondary School Athletic Association (NCSSAA) or Ottawa-Carleton Elementary Athletic Association (OCEAA) Code of Conduct for Athletes, and fulfill their commitment to their team until the season is over. Failure to do so may result in suspension from school athletics for the following season.

I have received and read the background information supplied with this request. Permission is given to the Ottawa-Carleton District School Board for the following student to participate in the activity described above. If the activity supervisor deems the student's behaviour so disruptive and/or inappropriate as to warrant cancellation of his/her activity privileges, I agree that he/she will be returned home at my/our (i.e., parents'/guardians') expense.

I give consent for my child to participate in the designated sporting activity.

Date: _____ Signature of Parent or Guardian: _____

Date: _____ Signature of Student: _____

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 Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and will be utilized only for the purpose of managing student learning and well being. Access to this information will be limited to those who have an administrative need, to the student to whom the information relates and the parent(s)/guardian (s) of a student who is under 18 years of age. Any questions with respect to this information should be directed to the school principal.