

DSBN CURRICULAR (PHYSICAL EDUCATION CLASSES) INTRAMURAL/ATHLETIC PROGRAMS – PERMISSION TO PARTICIPATE FORM

Name of School _____

Name of Student _____ Grade _____

1. Please indicate if your child/ward has been subject to any of the following and provide pertinent details:
 - epilepsy, diabetes, orthopedic problems, heart disorders, asthma, allergies:
Yes No If yes, please describe _____
 - head or back conditions or injuries (in the past two years):
Yes No If yes, please describe _____
 - arthritis or rheumatism; chronic nosebleeds; dizziness; fainting; headaches; dislocated shoulder, hernia; swollen, hyper-mobile or painful joints; trick or lock knee:
Yes No If yes, please describe _____
2. What medication(s) should your child/ward have on hand during the physical activity?

Who should administer the medication (not DSNB)? _____
3. Has your child/ward been identified as anaphylactic? Yes No
 - If yes, does he/she carry an epinephrine auto injector (e.g., EpiPen)? Yes No
4. Does your child/ward wear a medical alert bracelet, medical chain or medical alert card? Yes No
 - If yes, please specify what is written on it: _____
5. Does your child/ward wear any special equipment such as eyeglasses, contact lenses, and/or required to wear a brace, orthotics, etc. during athletic activities? Yes No
6. If yes, provide details: _____
7. Does your child/ward have any other diagnosed medical condition that will require modification to the program? Yes No
If yes, provide details: _____
8. If a concussion has been diagnosed over the summer break, the forms attached to our Concussion Administrative Procedure (AP 3-27) must be completed by the parent/guardian before the student returns to class/intramural and interschool activities.

ELEMENTS OF RISK NOTICE The risk of injury exists in every athletic activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. These injuries result from the nature of the activity and can occur without fault on either the part of the student, the school board or its employees/agents or the facility where the activity is taking place. Some activities that are identified as having the potential for more serious consequences are: alpine skiing, snowboarding, snowsports, football, broomball (ice), cheerleading (acrobatic), field hockey, field lacrosse, gymnastics, ice hockey, ringette (ice), swimming, wrestling, and/or field events: high jump, shot put. The safety and well-being of students is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks inherent in physical activity.

I acknowledge and have read the Elements of Risk Notice. Yes

I give permission for my child/ward _____ to participate in the curricular athletic program.

Parent/Guardian Signature: _____ Date: _____

School Board of Niagara
ADMINISTRATIVE PROCEDURE

DSBN EXTRA-CURRICULAR ATHLETIC PROGRAM
PERMISSION TO PARTICIPATE FORM

Student Name:		Grade:	
Sport Name: ***This form does NOT cover swimming, skiing or rowing opportunities. Please contact your child's school for these sports***	<input type="checkbox"/> Soccer	Secondary (Grades 9-12) only:	
	<input type="checkbox"/> Cross Country <input type="checkbox"/> Volleyball/Tripleball <input type="checkbox"/> Basketball <input type="checkbox"/> Gymnastics (Elementary Grades 4-8 only) <input type="checkbox"/> Badminton <input type="checkbox"/> Flag Rugby <input type="checkbox"/> Three Pitch/Baseball <input type="checkbox"/> Track and Field <input type="checkbox"/> Other	<input type="checkbox"/> Ball Hockey <input type="checkbox"/> Curling <input type="checkbox"/> Dodgeball <input type="checkbox"/> Field Hockey <input type="checkbox"/> Field Lacrosse <input type="checkbox"/> Football <input type="checkbox"/> Golf <input type="checkbox"/> Ice Hockey	<input type="checkbox"/> Rugby <input type="checkbox"/> Tennis <input type="checkbox"/> Ultimate (Frisbee) <input type="checkbox"/> Wrestling <input type="checkbox"/> Other
Elements of Risk:	The risk of injury exists in every athletic activity. These injuries include but are not limited to bruises, sprains, cuts, fractures, concussions. The safety and well-being of athletes is a prime concern and attempts are made to manage the foreseeable risks inherent in the activity.		
I have previously completed this form this school year and no information has changed.	<input type="checkbox"/> Check this box if none of the information below has changed since the last time this form was fully completed. If nothing has changed, please proceed to the signature box below.		
Emergency Phone Contact #1			
Emergency Contact #2			
Medical Information – Please indicate which, if any, conditions might prevent or limit your child from participating:	<input type="checkbox"/> No condition will limit participation <input type="checkbox"/> Concussion <input type="checkbox"/> Asthma <input type="checkbox"/> Anaphylactic or Severe allergies <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Other condition(s) that will limit participation: _____		
Medical Information (con't):	<input type="checkbox"/> Yes! My child/ward requires medication (epi-pen, insulin, etc.) OR equipment (brace, orthotics, etc.) to participate safely in this activity. Please specify: _____ <input type="checkbox"/> Yes! My child/ward wears or carries a Medic Alert bracelet, necklace or card. Please specify: _____ <input type="checkbox"/> Yes! I have completed Plan of Care for my child/ward this school year.		
Insurance:	<input type="checkbox"/> I understand that the DSBN does not provide insurance on behalf of the student participating in the activity.		
Game/Event Locations:	<input type="checkbox"/> I understand that some games/events will be held at other DSBN schools and/or at other locations (e.g. Brock University, municipal parks, etc.). My child has permission to participate in off-site events/games		
Driver Consent:	<input type="checkbox"/> My child/ward has permission to be transported in a vehicle driven by a volunteer.		
Volunteer Driver Acknowledgement: (*To be completed if you are able to drive your child and others to and from 'away' games. No person 18 or under can act as a volunteer driver.)	Make/Model - Year - Plate Number -	Ins. Policy Number - Ins. Company - (I declare statements, if necessary)	
Signature:			

Please note: The information provided on this form is collected pursuant to the District School Board of Niagara's (DSBN) responsibilities as set out in the Education Act and its regulations and in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), and will be used only for the purposes of risk management for participation in athletic activities. Any questions with respect to the collection, use or disclosure of this information should be directed to the DSBN, 191 Carlton Street, St. Catharines, ON L2R 7P4, 905-641-2929 or your School