

FORM 230-3A	
Adopted	April, 2005
Last revised	September, 2018
Review date	September, 2023

PERMISSION TO TRY-OUT FOR ATHLETIC TEAM AND PARTICIPATION CONSENT

In accordance with Ophea, this form must be completed on behalf of a student who wishes to participate in Inter-school sports and returned to the coach(es) prior to the students' first try-out for any sport.

Student Name: _____ School: _____

Parent/Guardian: _____

Work Phone #: _____ Cell #: _____

MEDICAL INFORMATION (Note: An annual medical examination is recommended.)

NOTE: It is the responsibility of parents/guardians to inform the school of changes in relation to the student athlete's medical information prior to participation in each sport/team.

1. Is your child allergic to any drugs, foods or medication/other? Yes No
If yes, provide details:

2. Does your child take any prescription drugs? Yes No
If yes, provide details:

3. What medication(s) should the participant have on hand during the sport activity?

Who should administer the medication?

4. Does your child wear a: medical alert bracelet? neck chain? carry a medical alert card?
If yes, please specify what is written on it:

5. Does your child wear: Eyeglasses? Yes No Contact lenses? Yes No

6. Please indicate if your child has been subject to any of the following and provide pertinent details:
Concussion (head, neck, or body injury) - indicate date(s) and number of occurrences:

Epilepsy, diabetes, orthopaedic problems, deaf, hard of hearing, asthma, allergies, head or back conditions or injuries (in the past two years), arthritis or rheumatism, chronic nosebleeds; dizziness; fainting; headaches; hernia; swollen or hyper mobile joints, trick or lock knee:

Other medical information that would limit participation:

7. Medical Services Authorization: In case of emergency medical or hospital services being 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.**

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 very nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back (i.e., concussion). Some injuries can lead to paralysis or prove to be life-threatening. These injuries result from the nature of the activity and can occur without fault on either the part of the student, or the school board or its employees or agents or the facility where the activity is taking place. The chances of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. The Hastings and Prince Edward District School Board attempts to manage as effectively as possible the risk involved for students while participating in school athletics.

Sport Specific Risks:

ACCIDENT INSURANCE NOTICE

Parents/Guardians and students are advised that it is their responsibility for additional health and accident insurance. Students planning to participate in athletic activities and events during the school year are advised to purchase Student Accident Insurance. To purchase Student Accident Insurance, contact the school office.

CONCUSSION MANAGEMENT – ACKNOWLEDGEMENT OF AWARENESS RESOURCES AND CODE OF CONDUCT

In compliance with Rowan’s Law, all student athletes and parents/guardians must review the appropriate Concussion Awareness Resources on a yearly basis, as well as read and acknowledge the appropriate Concussion Code of Conduct.

Student athletes will be ineligible to participate in try-outs until all of these requirements have been met.

Student

I, _____ (student name) have reviewed the appropriate Concussion Awareness Resource and have read and understand the Concussion Code of Conduct.

Signature: _____

Date: _____

Parent(s)/Guardian(s)

I, _____ (parent/guardian name) have reviewed the appropriate Concussion Awareness Resource and have read and understand the Concussion Code of Conduct.

Signature: _____

Date: _____

ACKNOWLEDGMENT OF RISKS/REQUEST TO PARTICIPATE/INFORMED CONSENT AGREEMENT

I/We have read and understand the Elements of Risk Notice and the Accident Insurance Notice. I/We hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my child for personal health, medical, dental and accident insurance coverage.

I/We agree that the Hastings and Prince Edward District School Board or its employees, servants or agents shall not be liable for any injury to my child or loss or damage to personal property arising from, or in any way resulting from participation in the above listed activities.

Signature of Parent/Guardian _____

Date _____