

DSBN CURRICULAR (PHYSICAL EDUCATION) ATHLETIC PROGRAM

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, orthopaedic 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? \_\_\_\_\_
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 have any other diagnosed medical condition that will require modification to the program?  
\_\_\_\_\_
6. If a concussion has been diagnosed over the summer break, the Request to Resume Athletic Participation - Concussion Related Injuries form must be completed by a physician before the student returns to class/intramural and interschool activities. See Appendix D.

**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, 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: \_\_\_\_\_

PLEASE NOTE: FREEDOM OF INFORMATION - The information provided on this form is collected pursuant to the District School Board of Niagara 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 Risk Management. Any questions with respect to this information should be directed to your school principal.