



Secondary Interschool Athletics Package 2023/2024

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 Elements of Risk, Request to Participate and Informed Consent 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 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 inter school 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](#).

More information on concussions can be found by searching: [HDSB Student Health](#) > Concussions or at the [Government of Ontario's website](#).

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. Companies that offer student insurance are [Study Insured](#) or [Insure My Kids](#). In general, school age children would access medical/dental/health insurance through their parents/guardians insurance coverage offered through work. If the parents/guardians do not have benefits through work, then insurance can be purchased through one of the above companies or care can be accessed through [Halton Public Health](#).

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 a **Return to Physical Activity Form - 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, Request to Participate and Informed Consent Form

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.

Student Name: _____ **Coach:** _____

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

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

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 the 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 the age of majority) try-out/participate on the _____ team during the 2023-2024 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 the 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 #: _____

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

****Note: For the following statements, "you" refers to Students at the Age of Majority.**

Medical Information

Date of last complete medical examination: _____

Are you/is your child/ward allergic to any drugs, food or medication/other? **Yes No**

If yes, please provide details: _____

Medical Alert Information

Do you/does your child/ward wear a medical alert bracelet? **Yes No**

Do you/does your child/ward wear a neck chain? **Yes No**

Do you/does your child/ward carry a medical alert card? **Yes No**

If yes, please specify what is written on it: _____

Medications

Do you/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

Do you/does your child/ward wear eyeglasses? **Yes No**

Do you/does your child/ward wear contact lenses? **Yes No**

Do you/does your child/ward wear an orthodontic appliance? **Yes No**

Do you/does your child/ward have dental restorations (i.e., crowns, bridges) **Yes No**

Medical Conditions

Please indicate (circle) if you or your child/ward have/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 you or your child/ward cannot fully participate in physical activities:

Physical Ailments

Please circle any that apply and provide relevant details:

Arthritis or Rheumatism Chronic Nosebleeds Dizziness Fainting Headaches

Head or back conditions or injuries (in the past two years) Hernia

Orthopaedic Conditions Spinal Conditions Swollen/Hypermobile/Painful Joints

Trick/Lock Knee Other: _____

Please provide relevant details: _____

Concussions

Have you or 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 physician/nurse practitioner about participating in future physical activity? _____

Other Conditions

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

Note: Where the athlete's condition is confidential or requires further explanation, please contact the coach of the team directly.