



**Niagara Catholic District School Board
Curricular/Interschool/Intraschool Medical Information and
Participation/Acknowledgement of Risk Form**

Parents/Guardians are required to complete this form and return it to the appropriate school personnel.

Physical activity is essential for healthy growth and development. Growing bones and muscles require not only good nutrition, but also the stimulation of vigorous physical activity to increase the strength and endurance necessary for a physically active lifestyle. Active participation in physical education classes, intramurals and interschool activities provides opportunities for students to develop the skills and confidence necessary to play and work co-operatively and competitively with their peers. Note: For interschool sports this form must be signed and returned to the appropriate school personnel for the student to be eligible to participate in tryouts, practices, or competitions.

Student Name	
Home Address	Home Phone
Parent/Guardian Name	Emergency Contact Name
Work Phone #	Emergency Contact Phone #

Medical Information

1. Does the student have any allergies (anaphylaxis included) that may impact their participation in physical activities?
Yes ☐ No ☐ If yes, provide any necessary details to assist the coach/activity lead. This includes if the student carries an epi-pen with them. _____.
2. Should the student have any medication available during the sport/ activity? Yes ☐ No ☐
If yes, list medication: _____
3. Who can/should administer the medication? _____
4. Does the student wear eyeglasses? Yes ☐ No ☐ Contact lenses? Yes ☐ No ☐
5. Does the student wear a medical alert bracelet, neck chain, or carry a medical alert card? Yes ☐ No ☐
6. Please indicate if the student has experienced any medical conditions that may impact their participation in physical activity.
Examples include:
epilepsy, diabetes, orthopaedic problems, deaf, hard of hearing, asthma, head or back conditions or injuries (in the past two years)
arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, hernia, swollen or hyper-mobile or painful joints, trick
or lock knee. Please provide details where relevant.

7. Has the student previously been diagnosed with a concussion? Yes ☐ No ☐ How many times? _____
8. When was the last diagnosis (month/day/year) _____
9. Has the student been cleared to return to full participation in contact sports/games/competitions from a doctor or nurse practitioner?
Yes ☐ No ☐

Should the student sustain an injury or contract an illness requiring medical attention during the school year, please notify the appropriate school personnel.



In a situation when emergency medical or hospital services are required by the student, 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 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: _____

Student Accident Insurance Notice:

The Niagara Catholic District School Board does not provide any accidental death, disability, dismemberment/medical/dental insurance on behalf of the students participating in the activity. For coverage of injuries, you are encouraged to consider the Student Accident Insurance Plan made available by the school to parents at the beginning of, and throughout, the school year. Please refer to website www.insuremykids.com for more information.

Transportation Insurance Notice: The Niagara Catholic District School Board suggest all authorized volunteer drivers of students have a minimum of \$1,000,000 third party liability insurance coverage. Furthermore, for the protection of the student against a minimally insured third party, the Niagara Catholic District School Board recommends that the student's parent or legal guardian strongly consider obtaining the appropriate insurance on their own vehicle in order that the student be covered as passengers in the vehicle of the trip-driver.

Elements of Risk Notice:

A student participating in curricular, interschool and or intraschool activities assumes the risk of an injury occurring. The chances of an injury can always be reduced by carefully following instructions while engaged in physical activity. Niagara Catholic attempts to manage, as effectively as possible the risk involved for students while participating in curricular, interschool and or intraschool activities. Falls, collisions and other incidents may occur and cause injury. Due to the very nature of 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. Some activities that have the potential for more serious consequences are: alpine skiing, snowboarding, cheerleading (acrobatic), tackle football, rugby, field lacrosse, gymnastics, ice hockey, swimming, rowing, track and field events: high jump, shot-put, javelin, discus, pole-vault, steeplechase and wrestling. 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. The following is a link to the Ontario Physical Activity Safety Standards in Education (OPASSE) website where safety standards pertaining to sport and physical activity can be found: <https://safety.ophea.net/>.

Acknowledgement of Risks/Informed Consent Agreement/Certification of Accurate Information:

I have discussed the signs, symptoms and management of a concussion with the student based on [Rowan's Law Concussion Awareness Resources](#). (Initials of Parent/Guardian _____)

I/We have read and understand the notices of Accident Insurance and Elements of Risk. Initials of Parent/Guardian _____)

I/We hereby give permission, acknowledge and accept the risks inherent in curricular, interschool and or intraschool activities, and assume responsibility for the student for personal health, medical, dental and accident insurance coverage.

Signature of Parent/Guardian _____ Date _____

Signature of Athlete _____ Date _____

Notice of Collection Personal information on this form is being collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Health Information Protection Act (PHIPA). The purpose of collection is to obtain parental/guardian consent for participation in athletic activities at school and to identify protocols in the event the student experiences a medical emergency or injury while participating in athletic activities at school. Questions about this collection should be directed to the Superintendent of Education, Safe and Accepting Schools, Niagara Catholic District School Board, 427 Rice Road, Welland, ON L3C 7C1, (905) 735-0240.