



OCDSB 976 Inter-school Sport Consent Form

Participation by students in Inter-school Sports is dependent on the review and submission of the Concussion Code of Conduct. Students will be prohibited from participating until this form has been submitted.

[OCDSB 974: Concussion Code of Conduct \(Electronic\) - Student](#)
[OCDSB 974: Concussion Code of Conduct \(PDF\) - Student](#)
[OCDSB 975: Concussion Code of Conduct \(Electronic\) - Parent/Guardian](#)
[OCDSB 975: Concussion Code of Conduct \(PDF\) - Parent/Guardian](#)

Ministry-approved Awareness Resources

Please confirm that you have read one of the following resources.

[Ages 10 and Under](#)

[Ages 11-14](#)

[Ages 15 and Up](#)

Your child has expressed interest in joining _____.

It runs from _____ to _____ and the expected practice schedule, including league games, tournaments and other related activities, is described below:

Team authorities are expected to exercise reasonable precautions to avoid injury. The Ontario Physical Education Safety Guidelines designate:

as a HIGHER/ LOWER risk activity. (Please select one)

Lead Coach/Supervisor:

Names of Coaches/Supervisors:

STUDENT/ATHLETE HEALTH INFORMATION SHEET			
Please complete the following health form so that the coaching staff is aware of any medical issues that might affect your child's play.			
Player's Name:			
Date of Birth:	Day/Month/Year		
Home Telephone No.:			
Provincial Health Number (optional):			
Parent/Guardian Name:		Parent/Guardian Phone No.:	
Parent/Guardian Name:		Parent/Guardian Phone No.:	
Emergency Contact Name (if parents are not available):		Telephone No.:	

Please check the appropriate response pertaining to your child and provide additional details below.

Yes	No	Previous history of concussions (Please provide details)	Yes	No	Hearing problem
Yes	No	Fainting episodes during exercise	Yes	No	Heart Condition
Yes	No	Asthma	Yes	No	Diabetic
Yes	No	Trouble breathing during exercise	Yes	No	Has had an illness lasting more than a week in the past year
Yes	No	Epileptic	Yes	No	Medication (please provide details)
Yes	No	Wears glasses	Yes	No	Allergies (please provide details)
Yes	No	Are lenses shatterproof?	Yes	No	Wears a medic alert bracelet or necklace (please provide details)
Yes	No	Wears contact lenses	Yes	No	Injuries/illnesses requiring medical attention in the past year (please provide details)
Yes	No	Wears dental appliance (details)	Yes	No	Presently injured (please provide details)
Yes	No	Does your child have any other health problems that would interfere with his/her participation in athletic activities?			

Please give details below if you answered “Yes” to any of the above items.

Medications:

Allergies:

Medical Conditions:

Recent Injuries:

Any information not covered above:

Should your son/daughter sustain an injury, concussion or contract an illness requiring medical attention during the competitive season, please notify the coach/teacher/supervisor.

Parent and Student Consent

I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible and that in the event that no one can be contacted, team management will take my child to the hospital if deemed necessary.

I hereby authorize the physician and nursing staff to undertake the examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (physicians) as deemed necessary.

I understand that participation on a school team is a privilege and, as such, students are expected to obey school rules, follow the National Capital Secondary School Athletic Association (NCSSAA) or Ottawa-Carleton Elementary Athletic Association (OCEAA) Code of Conduct for Athletes, and fulfill their commitment to their team until the season is over. Failure to do so may result in suspension from school athletics for the following season.

I have received and read the background information supplied with this request. Permission is given to the Ottawa-Carleton District School Board for the following student to participate in the activity described above. If the activity supervisor deems the student's behavior so disruptive and/or inappropriate as to warrant cancellation of his/her activity privileges, I agree that he/she will be returned home at my/our (i.e., parents'/guardians') expense.

I give consent for my child to participate in the designated sporting activity.

Date:

Signature of Parent/Guardian:

The personal information on this form is collected under the authority of the Education Act (R.S.O. 1990 c.E2), and in accordance with the Municipal Freedom of Information and Protection of Privacy Act (RSO. 1990 c.M56), as amended. It will be used for student participation in inter-school sports, and for education-related purposes such as administration, communication, collection of fees, data reporting, and student transportation services. In addition, the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety, or discipline related to law enforcement matters. It may be shared with third parties in accordance with established service agreements, or in accordance with any other Act. Questions or concerns should be directed to the school principal or the District's Freedom of Information Coordinator, Ottawa-Carleton District School Board, 133 Greenbank Road, Ottawa, Ontario K2H 6L3, Telephone 613-596-8211. CONFIDENTIAL WHEN COMPLETED.