
Appendix A

Sample Interschool Athletics Package for Parents/Guardians and Students of the Age of Majority

Sample Interschool Athletics Package for Parents/Guardians

Package Contents:

- Part A: Sample Information Letter to Parents/Guardians
- Part B: Emergency Contact/Medical Information, Acknowledgment of Risks and Permission to Participate Form

Part A: Sample Information Letter to Parents/Guardians

This form is to be completed on behalf of a student who wishes to participate in interschool sport and must be returned to the coach prior to the athlete's first team tryout.

Dear Parent/Guardian,

Please retain these pages for your information.

Your child/ward has indicated a desire to participate on the interschool team:
_____. The content of this page is to provide you with
information on the interschool program.

Parents/guardians are requested to complete the attached Part B: Emergency
Contact/Medical Information, Acknowledgment of Risks and Permission to Participate
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 school board attempts to manage, as effectively as possible the risk involved for students while participating in school athletics.

(School/board may wish to provide information about their concussion
protocol/procedures)

Concussions - sample statement:

(Name of School Board)'s concussion policy and procedures will be followed if a student sustains a hit or blow to the head or body and shows signs and/or symptoms of concussion. Please be advised that you will be asked to seek medical attention (i.e. medical doctor or nurse practitioner) for your child/ward if signs and/or symptoms of concussion occur. Concussion information for parents/guardians and students is available at (school board website).

You are advised along with your child/ward to view Dr. Evans' video - *Concussion Management and return to learn*: www.health.gov.on.ca/en/public/programs/concussions

For a diagnosed concussion that occurs as a result of activity outside of the school setting, you are to inform the school principal as soon as possible.

You are advised to be aware of:

- dangers of participating with a concussion;
- school board's concussion policy; and
- importance of encouraging the ethical values of fair play and respect for opponents.

You are advised to review Appendix C-5 - Sample Concussion Prevention Strategies, section 1. d) or (equivalent school board concussion prevention strategies) with your child/ward.

Sudden Arrhythmia Death Syndrome (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 sudden arrhythmia death syndrome. The school response is to call emergency medical services (911) and inform the parents/guardians. Parents/guardians are to be provided with Appendix M - Sudden Arrhythmia Death Syndrome (SADS), which contains information about SADS as well as a Documentation of a Fainting Episode Form. The student is not to participate in physical activity until cleared by a medical assessment and the Documentation of a Fainting Episode Form is completed by parent/guardian and returned to the school administrator/designate. Further information - www.sads.ca

Return to Physical Activity - Non-Concussion Medical Illnesses/Injuries

Should your child/ward sustain an injury or contract an illness requiring medical attention during the competitive season, notify the coach. You are to complete Appendix B - Return to Physical Activity - Non-Concussion Medical Illnesses/Injuries. Request this form from your child/ward's coach.

In the interest of safety:

1. 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.
2. Certain types of jewellery 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 board/school procedures, when requested to remove jewellery.

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3. Medic alert identification and religious articles of faith that cannot be removed must be taped or securely covered.
 4. It is strongly recommended that students have an annual medical examination.
 5. Students must bring emergency medications (e.g., asthma inhalers, epinephrine auto injector) to all practices and competitions.
 6. Students must remove eyeglasses during practices or games. If eyeglasses cannot be removed, the student must wear an eyeglass strap or shatterproof lenses.
 7. Students, when appropriate, must be made aware of ways to protect themselves from environmental conditions (e.g., use of hats, sunscreen, sunglasses, access to liquid replacement, insect repellent, appropriate clothing)
 8. 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).

Student Accident Insurance Notice:

The (name of school board) 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.

Transportation Insurance Notice:

[Include your specific Transportation Policy here]

Freedom of Information Notice:

The information provided on this form is collected pursuant to the school board's education 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 the Board's policy on Risk Management for Interschool Athletics. Any questions with respect to this information should be directed to your school principal.

Part B: Emergency Contact/Medical Information, Acknowledgment of Risks and Permission to Participate Form

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

Parents/Guardians are requested to complete the following form and return to the appropriate school personnel.

Note: the student is ineligible to participate in practices or competitions without first providing teacher/coach with the completed form.

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: _____ |

Physician name: _____ Physician phone number: _____

(Where your child's/ward's condition is confidential or requires further explanation you are requested to contact your child's/ward's coach.)

Date of last complete medical examination: _____

Date of last tetanus immunization: _____

Is your child/ward allergic to any drugs, food or medication/other? Yes ___ No ___

If yes, provide details _____

1. Medic Alert Information:

Does your child/ward wear a medical alert bracelet? Yes ___ No ___

Does your child/ward wear a neck chain? Yes ___ No ___

Does your child/ward carry a medical alert card? Yes ___ No ___

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

2. Medications:

Does your child/ward take any prescription drugs? Yes ___ No ___

If yes, provide details _____

What medication(s) should be accessible during the sport activity?

Who should administer the medication? _____

3. Oral and Visual Appliance:

Does your child/ward wear eyeglasses? Yes ___ No ___

Does your child/ward wear contact lenses? Yes ___ No ___

Does your child/ward wear an orthodontic appliance? Yes ___ No ___

Does your child/ward have dental restorations (i.e., crowns, bridges)? Yes ___ No ___

4. Medical Conditions:

Has your child/ward been identified as anaphylactic? Yes___ No ___

If yes, does your child/ward carry an epinephrine auto injector

(e.g., EpiPen/Allerject)? Yes___ No___

Please indicate if your child/ward has been diagnosed as having any of the following medical conditions.

Circle any that apply and provide relevant details:

Asthma

Epilepsy

Type I Diabetes

Type II Diabetes

Heart disorders

Allergies

Deafness

Other

5. Physical Ailments:

Circle any that apply and provide relevant details:

arthritis or rheumatism

spinal conditions

orthopaedic conditions

chronic nosebleeds

fainting

trick or lock knee

dizziness

headaches

hernia

swollen, hyper-mobile or painful joints

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

Has your child/ward previously been diagnosed with a concussion? Yes__ No__

How many times? ____

When was the last diagnosis? _____ (month/day/year)

What medical advice was given by a medical doctor/nurse practitioner about participating in future physical activity? _____

If your child/ward is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school physical activity, the Appendix C-3 - Documentation of Medical Examination (or school board equivalent) must be completed before the student returns to physical education classes, intramural activities and interschool practices and competitions. Request the form from the school administrator.

Please indicate any other medical condition that will limit participation or that the coach should be aware of:

Medical Services Authorization (optional)

In a situation when 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: _____

Acknowledgement of Risks/Request to Participate/Informed Consent Agreement

I have discussed the signs, symptoms and management of a concussion with my child/ward based on the school's/board's concussion protocol and/or Dr. Evans' YouTube video. _____ (initials of Parent/Guardian)

I have read and understand the notices Accident Insurance _____ (initials of Parent/Guardian)

I request our child/ward to try out/participate on the _____ team during the _____ school year.

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

Signature of Parent/Guardian: _____ Date: _____

Sample Interschool Athletics Package for Students of the Age of Majority

Package Contents:

- Part A: Sample Information Letter to Students of the Age of Majority
- Part B: Emergency Contact/Medical Information, Acknowledgment of Risks and Permission to Participate Form

Part A: Sample Information Letter to Students of the Age of Majority

This form is to be completed by a student of the age of majority who wishes to participate in interschool sport and must be returned to the coach prior to the athlete's first team tryout.

Dear Student,

Please retain these pages for your information.

You have indicated a desire to participate on the interschool team:

_____. The content of this page is to provide you with information on the interschool program.

You are requested to complete the attached Part B: Emergency Contact/Medical Information, Acknowledgment of Risks and Permission to Participate Form, and return to the appropriate school personnel.

Note: You are 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 school board attempts to manage, as effectively as possible the risk involved for students while participating in school athletics.

(School/board may wish to provide information about their concussion protocol/procedures)

Concussions - sample statement:

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parents and students is available at (school board website).

You are advised to view Dr. Evans' video - *Concussion Management and return to learn*:
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For a diagnosed concussion that occurs as a result of activity outside of the school setting, you are to inform the school principal as soon as possible.

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Further information - www.sads.ca

Return to Physical Activity - Non-Concussion Medical Illnesses/Injuries

Should you sustain an injury or contract an illness requiring medical attention during the competitive season, notify the coach. You are to complete Appendix B - Return to Physical Activity - Non-Concussion Medical Illnesses/Injuries. Request this form from your coach.

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2. Certain types of jewellery 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 board/school procedures, when requested to remove jewellery.
3. Medic alert identification and religious articles of faith that cannot be removed must be taped or securely covered.
4. It is strongly recommended that students have an annual medical examination.
5. Students must bring emergency medications (e.g., asthma inhalers, epinephrine auto injector) to all practices and competitions.
6. Students must remove eyeglasses during practices or games. If eyeglasses cannot be removed, the student must wear an eyeglass strap or shatterproof lenses.
7. Students must be made aware of ways to protect themselves from environmental

conditions (e.g., use of hats, sunscreen, sunglasses, access to liquid replacement, insect repellent, appropriate clothing)

8. 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).

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Transportation Insurance Notice:

[Include your specific Transportation Policy here]

Freedom of Information Notice:

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Part B: Emergency Contact/Medical Information, Acknowledgment of Risks and Permission to Participate Form

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

You are requested to complete the following form and return to the appropriate school personnel.

Note: the student is ineligible to participate in practices or competitions without first providing teacher/coach with the completed form.

Emergency Contacts: (in order of contact)

1. Name: _____ Relationship to you: _____
Phone number #1: _____ Phone number #2: _____
2. Name: _____ Relationship to you: _____
Phone number #1: _____ Phone number #2: _____
3. Name: _____ Relationship to you: _____
Phone number #1: _____ Phone number #2: _____

Physician name: _____ Physician phone number: _____

(Where your condition is confidential or requires further explanation you are requested to contact your coach.)

Date of last complete medical examination: _____

Date of last tetanus immunization: _____

Are you allergic to any drugs, food or medication/other? Yes ___ No ___

If yes, provide details _____

6. Medic Alert Information:

Do you wear a medical alert bracelet? Yes ___ No ___

Do you wear a neck chain? Yes ___ No ___

Do you carry a medical alert card? Yes ___ No ___

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

7. Medications:

Do you take any prescription drugs? Yes ___ No ___

If yes, provide details _____

What medication(s) should be accessible during the sport activity?

Who should administer the medication? _____

8. Oral and Visual Appliance:

Do you wear eyeglasses? Yes ___ No ___

Do you wear contact lenses? Yes ___ No ___

Do you wear an orthodontic appliance? Yes ___ No ___

Do you have dental restorations (i.e., crowns, bridges)? Yes ___ No ___

9. Medical Conditions:

Have you been identified as anaphylactic? Yes ___ No ___

If yes, do you carry an epinephrine auto injector (e.g., EpiPen/Allerject)? Yes ___ No ___

Please indicate if you have been diagnosed as having any of the following medical conditions.

Circle any that apply and provide relevant details:

Asthma	Epilepsy	Type I Diabetes	Type II Diabetes
Heart disorders	Allergies	Deafness	Other

10. Physical Ailments:

Circle any that apply and provide relevant details:

arthritis or rheumatism	spinal conditions	orthopaedic conditions
chronic nosebleeds	fainting	trick or lock knee
dizziness	headaches	hernia
swollen, hyper-mobile or painful joints		

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

Have you previously been diagnosed with a concussion? Yes__ No__

How many times? ____

When was the last diagnosis? _____ (month/day/year)

What medical advice was given by a medical doctor/nurse practitioner about participating in future physical activity? _____

If you are presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school physical activity, the Appendix C-3 - Documentation of Medical Examination (or school board equivalent) must be completed before you return to physical education classes, intramural activities and interschool practices and competitions. Request the form from the school administrator.

Please indicate any other medical condition that will limit participation:

Medical Services Authorization (optional)

In a situation when emergency medical or hospital services are required, 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 Student: _____ Date: _____

Acknowledgement of Risks/Request to Participate/Informed Consent Agreement

I have reviewed the signs, symptoms and management of a concussion based on the school's/board's concussion protocol and/or Dr. Evans' YouTube video. _____ (initials)

I have read and understand the notices Accident Insurance _____ (initials)

I request to try out/participate on the _____ team during the _____ school year.

I hereby acknowledge that I have read and understand the notice of Elements of Risk, and accept the risk inherent in the requested activity and assume responsibility for my personal health, medical, dental and accident insurance coverage.

Signature of Student: _____ Date: _____