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# Appendix A

## Sample Interschool Athletics Package for Parents/Guardians

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*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.*

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**

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 always reduced by carefully following instructions 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 (that is, 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 to review Parachute's Concussion Guide for Parents and Caregivers:

<http://www.parachutecanada.org/downloads/resources/Concussion-Parents-Caregivers.pdf>

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

You are advised to be aware of:

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

You are advised to review Appendix C-7 – Sample Concussion Prevention Strategies, or (equivalent school board concussion prevention strategies) with your child/ward.

### **SUDDEN ARRHYTHMIA DEATH SYNDROME (SADS)**

Sudden Arrhythmia Death Syndrome 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. For further information please visit [www.sads.ca](http://www.sads.ca).

## **RETURN TO PHYSICAL ACTIVITY – NON-CONCUSSION MEDICAL ILLNESSES/INJURIES**

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

### **STUDENT ABSENCE DUE TO ILLNESS OR INJURY**

If a student misses an interschool activity due to illness or injury requiring professional medical attention (for example, medical doctor, chiropractor, physiotherapist), the principal and/or coach must receive communication from the student's parent/guardian, giving the student permission to return to play.

An annual medical examination is strongly recommended.

Students must follow their individual Plan of Care in having immediate access to their emergency medications (for example, asthma inhalers, epinephrine auto injectors.) when participating in intramural physical activities.

### **CLOTHING, FOOTWEAR AND JEWELLERY**

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 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.

Medic alert identification and religious articles of faith that cannot be removed must be taped or securely covered.

Students that require glasses during physical activity must have a safety strap and/or shatterproof lenses for their glasses.

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, appropriate clothing.)

## **EQUIPMENT**

A safety inspection must be carried out at home of any equipment brought to school for personal use in interschool practices and competitions (for example, skis, skates, helmets) to ensure it is in good working order and is suitable for personal use.

## **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 (for example, 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]

## **PART B: EMERGENCY CONTACT/MEDICAL INFORMATION, ACKNOWLEDGMENT OF RISKS AND PERMISSION TO PARTICIPATE FORM**

*PLEASE NOTE: FREEDOM OF INFORMATION - 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.*

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

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

Student Name:

Coach:

Activity:

Student Date of Birth: [YY/MM/DD)

### **EMERGENCY CONTACTS (IN ORDER OF CONTACT)**

- Name:  
Relationship to athlete:  
Phone number #1:

Phone number #2:

Email address:

- Name:

Relationship to athlete:

Phone number #1:

Phone number #2:

Email address:

- Name:

Relationship to athlete:

Phone number #1:

Phone number #2:

Email address:

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:

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## **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:

## **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 (that is, crowns, bridges)? Yes/No

## **MEDICAL CONDITIONS**

Please indicate (circle) if your child/ward has been diagnosed as having any of the following medical conditions and provide relevant details:

- Allergies
- Anaphylaxis
- Asthma
- Deafness
- Epilepsy
- Heart disorders



- Type I Diabetes
- Type II Diabetes
- Other

Relevant details:

## **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?

## **PHYSICAL AILMENTS**

Circle any physical ailments that apply and provide relevant details:

- Arthritis or rheumatism
- Chronic nosebleeds
- Dizziness
- Fainting
- Headaches
- Hernia

- Orthopaedic conditions
- Spinal conditions
- Swollen, hyper-mobile or painful joints
- Trick or lock knee

Relevant details:

## **CONCUSSION**

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 Assessment (or school board equivalent) must be completed before the student returns to physical education classes, DPA, intramural activities and interschool practices and competitions. Request the form from the school administrator.

## **OTHER CONDITIONS**

Please indicate any other 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 [insert team name] during the [year] 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: