

LONGFIELDS DAVIDSON HEIGHTS SECONDARY SCHOOL
STUDENT-ATHLETE PARTICIPATION / ACKNOWLEDGEMENT OF RISK FORM (OUTDOOR ED)



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.

Student Name:	Health Card # (optional):
Home Address:	Physician Name:
Home Phone #:	Physician Phone #:
Parent/Guardian Name:	Emergency Contact Name:
Work Phone #:	Emergency Contact Phone #:

Note: An annual medical examination is recommended.

Medical Information

1. Date of last complete examination _____
2. Date of last tetanus immunization _____
3. Is your son/daughter/ward allergic to any drugs, food/medication/other? Yes__ No__ If yes, provide details _____
4. Does your son/daughter/ward take any prescription drugs? Yes__ No__ If yes, provide details _____
5. What medication(s) should the participant have available during the sport activity? _____
6. Who should administer the medication? _____
7. Does your son/daughter/ward wear a medical alert bracelet, neck chain, or carry a medical alert card? Yes__ No__
8. Has your son/daughter/ward been identified as being anaphylactic? Yes__ No__ If yes, does he/she carry an EpiPen®? Yes__ No__
9. Does your son/daughter/ward wear eyeglasses? Yes__ No__ Contact lenses? Yes__ No__
10. Please indicate if your son/daughter/ward has been subject to any of the following, and if so, provide pertinent details:
epilepsy, diabetes, orthopaedic problems, deaf, hard of hearing, asthma, allergies _____
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

11. Please indicate any other medical condition that will limit participation, _____

Should your son/daughter/ward sustain an injury or contract an illness requiring medical attention during the competitive season, notify the coach and complete the "Request to Resume Athletic Participation Form".

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© 2008 Ophea **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 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 Ottawa Carleton 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.

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 very 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 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. Some activities that have the potential for more serious consequences are: alpine skiing, snowboarding, broomball, cheerleading (acrobatic), tackle football, rugby, field hockey, field lacrosse, gymnastics, ice hockey, ringette (ice), swimming, track and field events: high jump, shot-put, javelin, water polo and wrestling. A student choosing to participate in the activity assumes the risk of an injury. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The Ottawa Carleton District School Board attempts to manage, as effectively as possible, the risk involved for students while participating in school athletics.

Acknowledgement of Risks/Request to Participate/Informed Consent Agreement:

I/We have read and understand the notices of accident insurance and Elements of Risk. I/We give permission for my son/daughter/to participate in Outdoor Education.

I/We hereby acknowledge and accept the risk inherent in the requested activity, and assume responsibility for my/our son/daughter/ward for personal health, medical, dental and accident insurance coverage.

Signature of Parent/Guardian _____ Date _____

Signature of Athlete _____ Date _____

Freedom of Information Notice

The information provided on this form is collected pursuant to the 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 Interscholar Athletics. Any questions with respect to this information should be directed to your school principal.

