

# NORWOSSA Parent Consent Form

Dear Parent/Guardian

Congratulation on your child being selected to play on the high school sports team. NorWOSSA, the school board and the high school have set expectations of behaviour and deportment from the athletes participating in the athletic program. We know that you share these ideals as well. Athletes who exhibit unacceptable behaviour will be subject to discipline from the NorWOSSA league or the school administration.

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

Student Name _____	School _____
Address _____	Postal Code _____
Phone No. _____	Health Card No. _____
Parent/Guardian _____	Work Phone No. _____
Student's Physician _____	Phone No. _____
Emergency Contact Name _____	Phone No. _____

Note to Parent/guardian: An annual medical examination is recommended.

## MEDICAL INFORMATION

1. Date of last complete medical examination: \_\_\_\_\_
2. Date of last tetanus immunization: \_\_\_\_\_
3. List your child's allergies to any drugs, foods or medication/other? \_\_\_\_\_
4. List your child's prescription drugs \_\_\_\_\_
5. What medication should your child have on hand during the sport activity? \_\_\_\_\_  
Who should administer the medication? \_\_\_\_\_
6. Does your child wear a medical alert bracelet, neck chain, carry a medical alert Card? Yes \_\_\_\_ No \_\_\_\_\_  
If Yes, please specify what is written on it: \_\_\_\_\_
7. Does your child wear eyeglasses Yes \_\_\_\_ No \_\_\_\_\_ Contact lenses Yes \_\_\_\_ No \_\_\_\_\_
8. Please indicate if your child has been subject to any of the following and provide pertinent details: epilepsy, diabetes, orthopedic 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, hyper mobile or painful joints, trick or lock knee \_\_\_\_\_  
\_\_\_\_\_  
Any other medical information that will limit participation? \_\_\_\_\_  
\_\_\_\_\_
9. Should your child sustain an injury or contact an illness requiring medical attention during the competitive season, please notify the coach.

**STUDENT ACCIDENT INSURANCE NOTICE**

The school board does not provide any accidental death, disability, dismemberment/medical/dental expenses insurance on behalf of the students participating in these competitive sports activities. For coverage of injuries, you are encouraged to consider the **Student Accident Insurance Plan** made available by the school to parents at the beginning 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 and back. Some injuries can lead to paralysis or prove to be life-threatening. These injuries result from the nature of the activity and can occur without fault on either the part of the student, or the school board or its employees or agents or the facility where the activity is taking place. Activities that are identified as having the potential for more serious consequences are: archery, alpine skiing, snowboarding, broomball, cheerleading (acrobatic), diving, fencing, field hockey, football, gymnastics, ice hockey, lacrosse (field, box), mountain biking, rugby, swimming, track and field—field events: javelin, shot-put, discus, high jump, pole vault, triathlon, water polo, weightlifting and wrestling. By choosing to participate in these activities, you are assuming the risk of an injury occurring. The chances of an injury occurring 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. A copy of the Risk Management Policy for interschool sports is available in the school should you require more information.

**ACKNOWLEDGEMENT OF RISKS/INFORMED CONSENT AGREEMENT**

**I/we agree that the school board or its employees, servants or agents shall not be liable for any injury to my child or loss or damage to personal property arising from, or in any way resulting from participation in school athletic events.**

**I/we have read and understand the notices of accident insurance and elements of risk. I/we have also read the Code of Conduct for Athletes and understand the expectations required for my child to participate in the athletic program.**

Name of Parent (print) \_\_\_\_\_  
Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**I have read and understand the statements in the Code of Conduct for Athletes and agree to conduct myself in a manner that demonstrates the established standards established in the Code.**

Name of Student (print) \_\_\_\_\_  
Signature of Student \_\_\_\_\_ Date \_\_\_\_\_