

KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

Purpose

Appendix D6 is used to gain **parent/guardian** informed consent for a student to tryout, participate and travel with an interschool athletics team for the duration of the season. A signed permission form is required for each athlete prior to the first tryout.

Schedule and Travel Arrangements

Provide parents/guardians with a schedule of tryouts, practices and games. Indicate which games will include travel, the method(s) of transportation that will be organized, and the location of each game. Indicate that a detailed schedule will be distributed at a later date if information is not known at the time permissions forms are sent home.

Student Emergency and Medical Information

Student emergency and medical information must accompany and be readily available to the coach(es) at all tryouts, practices and games.

Elements of Risk

Fundamental to this form is “informed consent”. Therefore, it is critical to describe the activities in which students will participate, in particular those activities that are considered higher risk. There are various sections of the form to provide details of the activities, such as: Schedule, Transportation Arrangements, Additional Requirements, and the Elements of Risk Notice. Most common activities have been designated as “prohibited”, “higher risk” or “permitted”. Classifications and corresponding guidelines can be found in the Program Safety Guidelines for Out-of-Classroom Programs and the Physical Education Safety Guidelines. All excursions must be approved by the Principal. All excursion involving higher risk activities must be approved by a Superintendent.

Additional Requirements

A parent information meeting is required for all excursions involving considerable expense, out-of-province/country travel, or overnight travel. Instructions for this meeting and other additional requirements may be included in Additional Requirements section of the form.

Financial Arrangements

In certain situations, it may be prudent for supervisors to indicate that “Deposits are non-refundable”, particularly if payments must be made in advance to a facility.

Student Information

Although the Ontario Health Card number is requested, it is within the rights of the parent/guardian to withhold that information, therefore, the student cannot be denied the right to participate.

Permission Form Storage

The permission forms (in particular the emergency contact and health information) must accompany the coach(es) to all tryouts, practices and games. Forms must be kept on file at the school for one year.

Related documents

- [Program Safety Guidelines for Out-of-Classroom Programs](#)
- [Physical Education Safety Guidelines](#)

Revisions

January 2013:

- Addition of information page
- Addition of specific methods of transportation

**PARENT/GUARDIAN PERMISSION TO TRYOUT, PARTICIPATE
AND TRAVEL FOR INTERSCHOOL ATHLETICS**

APPENDIX "D6"

PAGE 1 OF 3

PARENTS RETAIN PAGE 1

KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

Parents should retain:

Page 1: Information regarding the interschool athletic activity/team/club.

Please return pages 2 & 3 to the coach prior to the athlete's first team tryout by: _____

Page 2: Student, Emergency and Medical Information.

Page 3: Acknowledgment of Risks, Permission to Participate and Travel.

School:			Phone:	
Head Coach:		<input type="checkbox"/> KPR Staff <input type="checkbox"/> Volunteer	Grade(s):	
Team Name:		Selection of Members:	<input type="checkbox"/> All interested students <input type="checkbox"/> Based on tryouts <input type="checkbox"/> Other: _____	
School Year:				
Schedule of tryouts, practices and/or games:				
Travel arrangements: The following transportation methods will be used for the majority of travel	<input type="checkbox"/> KPR Bus <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> Private vehicle <input type="checkbox"/> Public transit <input type="checkbox"/> By foot <input type="checkbox"/> Plane	<input type="checkbox"/> Train <input type="checkbox"/> Boat <input type="checkbox"/> Participants must arrange own transportation <input type="checkbox"/> Other: _____	Additional Instructions:	
	<i>All drivers of private vehicles (volunteers) must be approved by the Principal. A "Departure from Itinerary" form must be completed in advance if a student intends to depart from the specified itinerary or uses alternative modes of transportation to and from destinations. This form is available on request.</i>			
Clothing and equipment requirements:				
Additional requirements (e.g. fees)				
Supervision arrangements:				

Coach's signature: _____ Date: _____

Principal's signature: _____ Date: _____



KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

This form is to be completed on behalf of an athlete who wishes to participate on the _____ team and must be returned to the coach **prior to the athlete's first team tryout by:** _____

Student Information:

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

Emergency Contact Information:

Emergency Contact Name:		Home Phone #	
		Work Phone #:	
Emergency Contact Name:		Home Phone #	
		Work Phone #::	
Physician Name:		Physician Phone #:	

Medical Information (note: an annual medical examination is recommended)

- Date of last complete examination: _____
- Date of last tetanus immunization: _____
- Is your son/daughter/ward allergic to any drugs, food or medication/other? Y__ N__
If yes, provide details _____
- Does your son/daughter/ward take any prescription drugs? Y__ N__
If yes, provide details _____
- What medication(s) should the participant (son/daughter/ward) have available during the sport activity?

- Who should administer the medication? _____
- Does your son/daughter/ward wear a medical alert bracelet, neck chain, or carry a medical alert card? Y__ N__
- Has your son/daughter/ward been identified as being anaphylactic? Y__ N__
If yes, does he/she carry an EpiPenâ Ô? Y__N__
- Does your son/daughter/ward wear eyeglasses? Y__ N__ Contact lenses? Y__ N__
- Please indicate if your son/daughter/ward has been subject to any of the following and provide pertinent details:
 - epilepsy, diabetes, orthopaedic problems, deafness, hearing loss, 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: _____
- Please indicate any other medical condition that will limit participation:

- If a concussion has been diagnosed over the summer break, the Request to Resume Participation - Concussion Related Injuries form must be completed by a physician before the student returns to class/intramural and interschool activities. 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".

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 Interscholar Athletics. Any questions with respect to this information should be directed to your school principal.



**PARENT/GUARDIAN PERMISSION TO TRYOUT, PARTICIPATE
AND TRAVEL FOR INTERSCHOOL ATHLETICS**
RETURN PAGES 2 AND 3 TO THE COACH

APPENDIX "D6"

PAGE 3 OF 3

KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

This form is to be completed on behalf of an athlete who wishes to participate on the _____ team and must be returned to the coach **prior to the athlete's first team tryout by:** _____

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: _____

Athlete Accident Insurance Notice: The Kawartha Pine Ridge District School Board does not provide any accidental death, disability, dismemberment/medical/dental expense insurance on behalf of the athletes 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.

Transportation Insurance Notice: The "Departure from Itinerary Form" must be completed in advance if a student intends to depart from the specified itinerary. Departure from itinerary includes finding alternative modes of transportation to and from destinations. This form is available on request. In the case of an accident the Kawartha Pine Ridge District School Board recognizes the insurance coverage carried by the vehicle owner as the primary insurance and the primary owner's policy would apply before any other insurance. Only if the claim exceeds the liability limit carried on the owner's Auto policy would the Board's excess insurance for non-owned automobiles apply, and then only for the amount in excess of the limit. The Kawartha Pine Ridge District School Board will not cover speeding tickets or other parking or traffic fines; collision, comprehensive, or other primary insurance policy deductibles carried by owner; reimbursement of vehicle damage not otherwise covered by the owner's primary policy and premium increases resulting from at-fault accidents.

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 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. The Kawartha Pine Ridge District School Board does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of students participating in these activities.

Higher Risk Activity: This is is not considered a higher risk activity. Examples of risks associated with this higher risk activity are:

1. _____ 2. _____ 3. _____

These risks result from the nature of the activity and can occur without any fault on either the part of the student, or the School Board or its employees or agents, or facility where the activity is taking place. By choosing to participate in the activity, you, the student, are assuming the risk of an accident occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The Kawartha Pine Ridge District School Board attempts to manage, as effectively as possible, the risk involved for students while participating in school athletics.

Acknowledgement of Risks, Permission to Participate and Travel, Informed Consent Agreement: As this activity is part of or an extension of the school program, students must adhere to the school Code of Conduct. Please discuss with a school representative, any personal, family, financial, or cultural factors which may prevent your child/ward from participating in this activity.

- I/We have read and understand the notices of Accident Insurance. _____ (initials of Parent/Guardian)
- I/We have read and understand the notice of Elements of Risk. _____ (initials of Parent/Guardian)
- I/We give permission for my son/daughter/ward to try out, participate and travel with the _____ team during the _____ school year.
- 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.

Student Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Photo and Video Consent: In compliance with the Municipal Freedom of Information and Protection of Privacy Act, the Kawartha Pine Ridge District School Board requires permission to allow photo/video recording of identifiable students and staff. Please indicate your consent by checking the boxes and signing in the space provided.

- I authorize the Kawartha Pine Ridge District School Board to use the name, grade, photograph, art work, articles and school projects of my child/children, in school newsletters, Board publications, Board supported electronic media (e.g. Board website) or other displays.
- I authorize the Kawartha Pine Ridge District School Board to allow the news media to interview and publish photographs or audio/visual productions of my son/daughter.

Signature of Parent/Guardian: _____ Date: _____

