

## Informed Consent for Student Participation and Acknowledgment of Risks

Please sign and return to the school

**The coach/teacher/supervisor will ensure that the PVNC Informed Consent for Student Participation and Acknowledgement of Risks is provided to parents/guardians, or students over the age of 18, before any student participation in extra-curricular sport activities, interschool sport activities each 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 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. 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.

### Student Accident Insurance Notice:

The PVNC Catholic District 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.

**STUDENT NAME:** \_\_\_\_\_  
(Please print)

**Date of Birth:**     /     /     \_\_\_\_\_  
                          mm     dd     year

**Home Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Home/Work Phone #:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Emergency Contact #:** \_\_\_\_\_

**Medical Information:**

1. Has the student been diagnosed with any of the following conditions? (please circle those that apply); **Heart condition, Asthma, Diabetes, Severe Allergies, Epilepsy, Anaphylaxis, or other life-threatening conditions.**
2. Does the student carry an epinephrine auto-injector?  
Yes  No
3. Does the student require any medication that should be accessible during the sport?  
Yes  No

If yes, please provide a list of medication(s) below;

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4. Please indicate any other physical ailments or medical conditions that could affect participation and provide relevant details:

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**Concussion Information**

The PVNC concussion policy and procedures will be followed if a student sustains a hit or blow to the head or body and shows signs and symptoms of concussion. Concussion information for the parent/guardian and the student is available on the PVNC website ([PVNC AP 324 Concussion](#)) In order to help minimize and manage potential concussions, it is imperative for the coach to know about any current/previous hits to the head/neck/body whereby the athlete sustained a concussion. It is also important for the athlete to immediately inform the coach of any signs or symptoms of a concussion. **Please be advised that the student will be asked to seek medical attention if signs and symptoms of concussion arise.**

Has the student had head or back conditions or injuries, including any diagnosed concussions in the past two years? Yes  No

If yes, please provide details (when, how long symptoms were sustained);

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If the student is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school physical activity, a signed Medical Clearance Form must be completed before the student returns to physical education classes, intramural activities and/or interschool practices and competitions. Request the form from the school administrator.

**Acknowledgment of Risks/Informed Consent**

- I have read and understand the notices of Elements of Risk.
- I have read and understand the notices of Accident Insurance.
- I have read and understand the notices of concussions.
- I agree to notify the school in the event my daughter/son should sustain an injury or contract an illness that requires medical attention during the competitive season.
- I hereby acknowledge and accept the risk inherent in the requested physical activity and assume responsibility for my child/ward for personal health, medical, dental and accident insurance coverage.

Parent/Guardian Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(Please print)

Signature (age 9-12 only): \_\_\_\_\_

Date: \_\_\_\_\_

**Information Collection Authorization:** *The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the PVNC Catholic School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended and in accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990 c.M.56) The information will be used to register and place the student in a school, school activity, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. If you have any questions, please contact the school Principal and/or the Freedom of Information Officer at the Catholic Education Centre, 1355 Lansdowne Street West, Peterborough, Ontario K9J 7M3, Canada, 705-748-4861.*

**USER: PRINCIPAL, TEACHERS, SPECIAL EDUCATION RESOURCE TEACHER, COACHES**

**ORIGINAL: OSR COPIES: 1. PARENT/GUARDIAN/STUDENT, IF OVER THE AGE OF 18**