



## OCDSB 907: Extra-Curricular Sport and Travel Consent Form

### CONSENT FOR EXTRA-CURRICULAR SPORT

Your child has expressed interest in joining \_\_\_\_\_ (insert team name).

It runs from \_\_\_\_\_ to \_\_\_\_\_ (dates) and the expected practice schedule, including league games, tournaments and other related activities is described below:

Team authorities are expected to exercise reasonable precautions to avoid injury. The Ontario Physical Education Safety Guidelines designate:

(Name of sport)

As a  HIGHER/  LOWER risk activity. (please select one)

Names of Coaches/Supervisors

### CONSENT FOR ATHLETIC DAY TRIP TRAVEL

Travel for team related events, or athletic day trips, may occur throughout the season. Travel dates, locations, and method of transportation, which may include volunteer drivers, are described below. Parents will be notified about any changes to this schedule as soon as they are made available by the appropriate coach and/or supervisor.

Date:

Signature of Principal:

**PLEASE RETURN BY:**

**STUDENT/ATHLETE HEALTH INFORMATION SHEET**

*Please complete the following health information form so that the coaching staff is aware of any medical issues that might affect your child's play.*

Player's Name:		
Date of birth	<i>(Day/Month/Year)</i>	
Home Telephone No.		
Provincial Health Number (optional):		
Parent/Guardian Name and cell phone number:		
Parent/Guardian Name:		
Emergency Contact: (if parents are not available)	Name: Telephone:	

*Please circle the appropriate response below pertaining to your child and provide additional details below.*

<b>Yes</b>	<b>No</b>	Previous history of concussions (Please provide details)	<b>Yes</b>	<b>No</b>	Hearing problem
<b>Yes</b>	<b>No</b>	Fainting episodes during exercise	<b>Yes</b>	<b>No</b>	Heart Condition
<b>Yes</b>	<b>No</b>	Asthma	<b>Yes</b>	<b>No</b>	Diabetic
<b>Yes</b>	<b>No</b>	Trouble breathing during exercise	<b>Yes</b>	<b>No</b>	Has had an illness lasting more than a week in the past year
<b>Yes</b>	<b>No</b>	Epileptic	<b>Yes</b>	<b>No</b>	Medication (please provide details)
<b>Yes</b>	<b>No</b>	Wears glasses	<b>Yes</b>	<b>No</b>	Allergies (please provide details)
<b>Yes</b>	<b>No</b>	Are lenses shatterproof?	<b>Yes</b>	<b>No</b>	Wears a medic alert bracelet or necklace (please provide details)
<b>Yes</b>	<b>No</b>	Wears contact lenses	<b>Yes</b>	<b>No</b>	Injuries/illness requiring medical attention in the past year (please provide details)
<b>Yes</b>	<b>No</b>	Wears dental appliance (details )	<b>Yes</b>	<b>No</b>	Presently injured ( please provide details)
<b>Yes</b>	<b>No</b>	Does your child have any other health problem that would interfere with his/her participation in athletic activities?			

