

**HAMILTON-WENTWORTH CATHOLIC ATHLETIC ASSOCIATION**  
**STUDENT ATHLETE INFORMATION AND PERMISSION FORM**

**INTERSCHOOL TEAM:** \_\_\_\_\_ **DATE (M/D/Y)** \_\_\_\_\_

*(Pages 3 & 4 MUST BE COMPLETED AND RETURNED TO COACH/STAFF SUPERVISOR BEFORE PARTICIPATING)*

**A) PARENT/GUARDIAN INFORMATION**

Your child/ward has indicated interest in participating on the school's the interschool team listed above. The information below is intended to assist you in making an informed decision as to whether or not you give consent for your child/ward to participate on the school's interschool team listed above. If after reading the information, you give consent, please complete the Acknowledgement of Risks, Concussion Code of Conduct, Consent to Participate and the Emergency Contact - Medical Information sections and return the forms to the staff supervisor/coach **PRIOR TO THE FIRST TRYOUT.**

**B) ELEMENT OF RISK**

The participation in ALL SPORTS organized by the H.W.C.A.A. involve risk of injury, minor or serious, including permanent disability. These types of injury may result from the students' own actions, the actions or inactions of others, or a combination of both. The rules and regulations are designed for the safety and protection of participants and it is required that all participants abide by these rules and regulations. All interschool activities offered by the HWCDSB require a minimum level of fitness for safe protection. Therefore, it is recommended that all participants have a **MEDICAL EXAMINATION PRIOR TO PARTICIPATING.**

**C) CONCUSSION INFORMATION AND CODE OF CONDUCT**

The **HWCDSB Concussion Management Protocol** will be followed if a student sustains a hit or blow to the head or body and shows signs or symptoms of concussion.

The HWCDSB Concussion Management Protocol and other Concussion information/resources for the parent/guardian and the student are available on the HWCDSB website ([www.hwcdsb.ca](http://www.hwcdsb.ca))

This will include information pertaining to the steps towards Return to Learn and Return to Physical Activity of the student. Following these steps is key to supporting the student during recovery from a concussion.

Please read this information carefully as both you and the student will be asked to initial under the section of Acknowledgment of Risks that you have reviewed and understand the HWCDSB Concussion Management Protocol and Code of Conduct.

Please be advised that your child/ward will be asked to seek medical attention if signs and symptoms of concussion arise. You are required, along with your child/ward, to read and review the HWCDSB Support Document for Concussion Related Brain Injuries, which includes information about the definition and seriousness of a concussion, the signs and symptoms of a suspected concussion, the importance of reporting a suspected concussion, and concussion management including Return to Learn and Return to Physical Activity.

For a diagnosed concussion that occurs as a result of activity outside of the school setting, you are to inform the school as soon as possible.

## D) INFORMATION FOR NON-CONCUSSION RELATED INJURIES

When an athlete misses a practice/game due to an injury requiring professional medical attention (e.g. medical doctor, chiropractor, physiotherapist), the parent/guardian must inform the coach/staff supervisor who will then provide the following form - *Permission Return After Injury*.

A parent/guardian will complete the form and return it to the coach/staff supervisor giving their child/ward permission to return to practice and/or competition.

## E) STUDENT ACCIDENT INSURANCE

The Hamilton-Wentworth Catholic District School Board (HWCDsb) strongly recommends the purchase of student accident insurance.

Per s.176, par.4 of the Education Act, the HWCDsb does not and cannot provide insurance coverage for accidents to students occurring on school premises or during school activities. Some injuries incur medical, dental or other expenses that are not covered by provincial health care or employer group plans. As a parent or guardian, you become responsible for these expenses. However, we do make available the *insuremykids® Protection Plan* exclusively through **Reliable Life Insurance Company**. Coverage may be purchased by the parent(s)/guardian(s) or an adult student, through the Reliable Life Insurance Company.

The insurance agreement is between you as parent/guardian and **Reliable Life Insurance Company**; the Board assumes no responsibility for the cost of the plan, applications, premium payments or claims. To subscribe, apply 24/7 directly online at: [www.insuremykids.com](http://www.insuremykids.com) or request an insurance brochure from your school if you have not already received one. You can also contact Reliable Life directly at the toll-free telephone number listed below.

If you have any questions, please visit the "Frequently Asked Questions" page at the above website of contact **Reliable Life Insurance Company** toll free at: 1-800-463-KIDS (5437)

## STUDENT MEDICAL INFORMATION – EMERGENCY CONTACTS

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL TEAM: \_\_\_\_\_

### EMERGENCY CONTACT(S) List in order to call

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### STUDENT MEDICAL INFORMATION

A) Does the student wear or carry a medic alert? (please check)

bracelet       neck chain       card

Please specify what is written on it \_\_\_\_\_

\_\_\_\_\_

B) Does the student have a medical condition or physical limitations that may affect their participation in activities?

Please specify \_\_\_\_\_

\_\_\_\_\_

C) What medications (non-prescription and prescription) should the student have with them daily that may affect their participation in activities?

Please specify \_\_\_\_\_

\_\_\_\_\_

**IT IS RECOMMENDED THAT ALL PARTICIPANTS HAVE A MEDICAL EXAMINATION PRIOR TO PARTICIPATING.** Under the Municipal Freedom of Information and Protection of Privacy Act, 1989, information in these forms and documents pertaining to a student registered/enrolled within The Hamilton-Wentworth Catholic District School Board is collected under the legal authority of Education Act and its Regulations, and the Ontario Student Record (O.S.R.) Guideline, 1989. This information is being collected to ensure that the educational program which is provided meets your child's needs.

**ACKNOWLEDGEMENT OF RISK – CONCUSSION PROTOCOL – CODE OF CONDUCT  
ATHLETICS PERMISSION TO PARTICIPATE - CONSENT FORM**

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ TEAM: \_\_\_\_\_

 **THE FOLLOWING SECTIONS MUST BE SIGNED OR INITIALED FOR ATHLETICS PARTICIPATION**

**CONSENT TO PARTICIPATE**

I give consent for my child/ward to participate in the above listed interschool athletic team.



Signature of Parent/Guardian: \_\_\_\_\_



Signature of Student (if over 18) : \_\_\_\_\_

**ACKNOWLEDGMENT OF RISKS**

I hereby acknowledge and accept the risks in the above listed activity and assume responsibility for my child/ward's personal health, medical, dental and accident insurance.



Signature of Parent/Guardian: \_\_\_\_\_

**CONCUSSION INFORMATION AND CODE OF CONDUCT**

I hereby acknowledge that I have read and understand my responsibilities as outlined in the HWCDSB Concussion Protocol and Code of Conduct for Parents AND that I have watched the Dr. Evans video (<https://www.youtube.com/watch?v=55YmblG9YM>) outlining concussion identification, signs and symptoms.



Initials of Parent/Guardian: \_\_\_\_\_

I hereby acknowledge that I have read and understand my responsibilities as outlined in the HWCDSB Concussion Protocol and Code of Conduct for Student Athletes AND that I have reviewed the material outlining concussion identification, signs and symptoms found on the HWCDSB website.



Initials of Student Athlete: \_\_\_\_\_

**STUDENT ACCIDENT INSURANCE**

I hereby acknowledge that I understand that the HWCDSB does not and cannot provide insurance coverage for accidents to students occurring on school premises or during interschool athletic activities. I also acknowledge that the HWCDSB strongly recommends the purchase of student accident insurance and that the HWCDSB has provided sufficient information and opportunity to purchase third party insurance through **Reliable Life Insurance Company**.



Initials of Parent/Guardian: \_\_\_\_\_