



INFORMED CONSENT/PERMISSION FORM FOR SCHOOL TEAMS

_____ is arranging _____ on _____
(Name of School) (Description of activity) (Date (s))

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT IF THE STUDENT IS UNDER 18 YEARS OF AGE.

ELEMENTS OF RISK:

School activities involve certain elements of risk. Injuries may occur while participating in these activities. The following includes, but is not limited to, examples of the types of injury which may result during an activity: fracture, laceration, sprain, strain, contusion, concussion, etc.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your student may be injured.

The chance of injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate, you must understand that you bear the responsibility for any injury that might occur.

Please indicate if your student has been diagnosed as having any medical conditions and provide pertinent details.

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

The **Upper Grand District School Board** does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. All students participating in extra-curricular athletic activities are encouraged to have **Student Accident Insurance** made available by the school to parents at the beginning of the school year **or have private coverage** in effect. Student accident insurance is available all year, not just at the beginning of the school year. Parents can go to www.insuremykids.com to purchase the insurance.

ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(if student under 18 years of age)

PERMISSION

I give _____ permission to participate in the activity described above.
(Name of Student)

Signature of Parent/Guardian _____ Date _____
(or student if over 18 years of age)

This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in accordance with the Board's Records Management Policy. Questions about this collection should be directed to the principal. Revised July 2014. Form 505 Informed Consent for School Teams