



OTTAWA
CATHOLIC
SCHOOL BOARD

**Parent/Guardian Permission Form/
Student Medications, Health Precautions and Accommodation Information Form**

Student Name

Excursion Destination

Calypso Park, Limoges

Date of Excursion

Monday, June 26th, 2017

Educational activity programs such as this excursion involve certain elements of risk. Injuries or health issues may arise while participating in these activities. Some common examples are slips and falls, insect bites and infections common to the local environment. The risk of sustaining these injuries results from the nature of the activities without any fault of either the student or the School Board, its employees/agents or the facility where the activities take place. By choosing to give your consent for your son/daughter to participate in this trip/excursion, you are accepting the risk that your son/daughter may be susceptible to physical or health injuries while taking part in school organized excursions.

The Board does not provide accidental injury or disability insurance or medical and dental insurance on behalf of students participating in this activity. For insurance coverage, parents may wish to consider student accident insurance (www.insuremykids.com) made available each fall and throughout the year to parents on the aforementioned website. Parents must purchase additional out-of-country medical insurance for each participant in all excursions **outside** of Canada.

Parent/Guardian Name(s)

Home #

Cell #

E-mail

Emergency Contact Name

Home #

Cell #

Does your son/daughter have any special health concerns or accommodation needs? Please choose one of the following:

1. There are no medical concerns for my child

(Sign below)

2. There are medical concerns for my child

(If you check this box please complete page 2)

Additional medical insurance has been purchased (excursions outside Canada only)

I/We the parents of:

acknowledge that should it become necessary for the student to receive medical care I/we give my/our permission to provide emergency care and further agree to hold harmless the Ottawa Catholic School Board, employees, volunteers and supervisors for any and all actions in emergency situations.

I/we have read the Excursion letter and understand that in participating in the activity above, I/we are assuming the risks associated with doing so, and give my/our consent for:

Student's name

to participate in this excursion as described above. I agree to provide him/her with the equipment and requirements for this excursion.

Parent/Guardian Name(s)

Parent/Guardian Signature(s)

Date



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Any additional health information or requests for accommodation not included on this form are the responsibility of the parent(s)/guardian(s) to provide prior to the day of departure.

I/We acknowledge that my/our son/daughter has been medically diagnosed and treated for life-threatening health conditions or health issues that require medications for control of:

Diabetes

Allergies

Asthma

Other

Please provide details

I/We have provided my son/daughter with the following prescription medications included on the Board's "Request for Medication" form provided to the school administration:

Insulin

EpiPen

Other medications (Please provide details)

Please indicate where these medications will be carried or kept during the trip/excursion

Please provide any additional health information or requests for accommodation below.

By signing this consent form, I agree that I have disclosed medical concerns, and I am responsible to provide any and all prescribed medications for the duration of the trip/excursion and any and all prescription devices required and necessary to protect the health and wellbeing of my son/daughter.

Parent(s)/Guardian(s) name:

Parent(s)/Guardian(s) Signature:

Date



Informed Consent for Student Participation and Acknowledgment of Risks

Please sign and return to the school

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.

Medical Information

Athlete Name:	Date of Birth:
Home Address:	Emergency Contact Name:
Home Phone #	Emergency Contact #
Parent/Guardian Name:	Physician Name:
Work Phone # Cell Phone #	Physician Phone #

Does your son/daughter have allergies to any drugs, food, or medication? Yes ___ No ___

Does your son/daughter wear a medical alert bracelet or carry a card? Yes ___ No ___

Does your son/daughter take any prescription drugs? Yes ___ No ___

If yes, please provide details

What medication should be accessible during the sport activity? _____

Has your son/daughter been identified as an anaphylactic? Yes ___ No ___

If yes, does he/she carry an epinephrine auto injector? Yes ___ No ___



Please indicate any other physical ailments or medical condition that could/will limit participation and provide relevant details.

Should your son/daughter sustain an injury or contract an illness requiring medical attention during the competitive season, notify the coach.

Concussion Information

Anytime an athlete is involved in physical activity, there is a chance of sustaining a concussion. The OCSB follows the safety procedures and protocols in the OPHEA safety guidelines for concussions and the OCSB policy on Concussion Recognition, Intervention and Awareness. 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.

Has your son/daughter/ward had head or back conditions or injuries, including any diagnosed concussions in the past two years? Yes ___ No ___

Please provide details (when, how long symptoms were sustained)

If your son/daughter/ward is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school physical activity, a signed *Form C4: Diagnosed Concussion Injury - Completion of Step 4: Clearance for Return to Physical Activity (Step 5)* 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.

Acknowledgement of Risks/Informed Consent

I have read and understand the notices of Elements of Risk.

I have read and understand the notices of concussions.

I hereby acknowledge and accept the risk inherent in the requested physical activity and assume responsibility for my son/daughter/ward for personal health, medical, dental and accident insurance coverage.

Signature of Parent/Guardian _____ Date: _____