

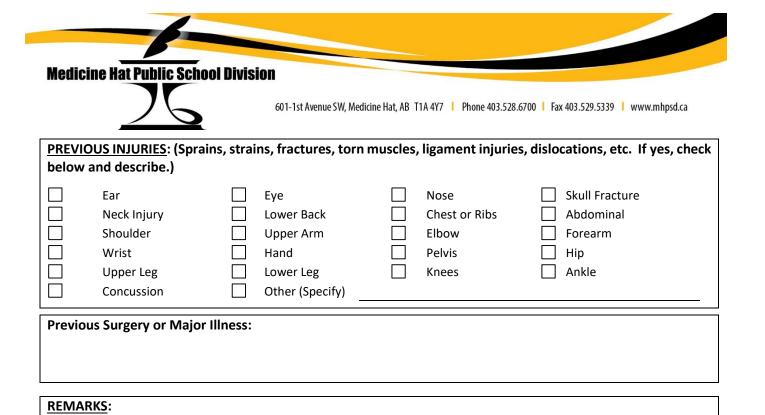
# **HEALTH CERTIFICATION AND CONSENT FORM**

### **Extracurricular Activities**

(To be completed by Parent/Guardian)

Student Name:	Date:								
HEALTH CERTIFICATION									
I am satisfied that my child, is in good health to take part in strenuous activities. My child has my permission to participate in the extracurricular activities indicated below and conducted by School.  It is with my knowledge that my child has been examined by a medical doctor within the last 12 months and									
has been declared physically fit to compete in the following extracurricular activities indicated below and conducted by School.  I also agree with the need to have my child examined by a physician following an illness or injury to re-establish									
the bill of good health and understand that this, or any other medic	• .								
Please check each of the sports/clubs below your child is permitted to try out for and/or take part in:									
Badminton Baseball Basketball Curling Football Golf Soccer Track & Field Volleyball Band Choir Drama	Cross Country Rugby Other (Specify)								
HEALTH INFORMATION: (Check where applicable)									
Epilepsy Heart Disease H	ruise Easily Diabetes  Jernia High Blood Pressure  heumatism Tetanus Booster								
FOOD AND/OR DRUG ALLERGIES:									
Does your child carry an Epipen for this allergy?	☐ Yes ☐ No								

Exhibit 720 E 002 Revised: April 22, 2022



#### STUDENT CONDUCT

Students are expected to conduct themselves at all times in accordance with the rules and regulations that are set by the administration and faculty of the school.

The advisor/coach will provide the rules to the students at the beginning of the term or, in the case of several trips, prior to the beginning of the trip.

Disciplinary action will be taken if students do not abide by the rules.

Violation of rules set by the coach/supervisor will be dealt with under the terms of the discipline plan outlined by the coach/supervisor. Consequences to violation of the rules may include but are not limited to:

- the coach/supervisor may immediately remove the offending student from further participation in the
  activity;
- the coach/supervisor may contact the parents by telephone and request that they come and take the offending student home or arrange to have the student transported home;
- the Principal may suspend the student for a period not exceeding five (5) days and may also prohibit that student from participating in any further field trip activities;
- the police may be contacted to discuss the possibility of charges being laid if the student's actions are in violation of the law.

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## **Medicine Hat Public School Division**



### **PARENT CONSENT**

I HE	REB	Y AGREE to allow my child								
				(Name of S	tudent)					
	•	<ul> <li>to travel with the school teams/clubs indicated, under the supervision of the designated coach/supervisor for each of the trips as scheduled for the teams/clubs; including any post regular season games and rescheduled games.</li> </ul>								
			Yes			No				
	•	to drive my/our vehicle, having proper and adequate insurance, to and from off-campus activities within the City of Medicine Hat;								
		the city of Medicine Hat,	Yes			No				
** I	MP	ORTANT NOTE **								
	•	Students are strongly discoura expected to ride with their te	_	_		tivities in their	own vehicle.	Students are		
STUDENTS ARE NOT TO TRANSPORT OTHER STUDENTS										
		<b>DWLEDGE</b> that the indicated ac bodily injury, permanent disab				ards and dang	ers that have t	he potential for		
I GI\	/E P	<b>ERMISSION</b> for my child to par	ticipate in the	e indicated ac	tivitie	5.				
I HE	REB	Y ACKNOWLEDGE that this cor	nsent is signed	d as a person	al repr	esentative of				
		(Name of Student – printed)		<u> </u>						
1)										
		(Name of Parent/Guardi Independent Student – pri					of Parent/Guardian/ endent Student)			
2)	l,	(Name of Student – p	rintad)	, have	, have read the regulations pertaining to athletics and					
	extra-curricular activities and am prepared to follow them. I also acknowledge and accept the inherent risk involved with these activities.									
				Dated this		day of		,		
		(Signature of Student)		-	(day)	_	(month)	(Year)		

The personal information contained on this form is collected under the authority of the Education Act and the Freedom of Information and Protection of Privacy Act (FOIP) for the purpose of participating in school off-site activities. If you have any questions about this consent form, please contact the School Principal or the Superintendent of Schools.