Medicine Hat Public School Division

601-1st Avenue SW, Medicine Hat, AB T1A 4Y7 | Phone 403.528.6700 | Fax 403.529.5339 | www.mhpsd.ca

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 medical examination, is my sole responsibility.

Please check each of the sports/clubs below your child is permitted to try out for and/or take part in:

☐ Badminton	☐ Baseball	☐ Basketball	☐ Cross Country
☐ Curling	☐ Football	☐ Golf	☐ Rugby
☐ Soccer	☐ Track & Field	☐ Volleyball	☐ Other (Specify)
☐ Band	☐ Choir	☐ Drama	_____

HEALTH INFORMATION: (Check where applicable)

☐ Asthma	☐ Blood Clotting Disorder	☐ Bruise Easily	☐ Diabetes
☐ Epilepsy	☐ Heart Disease	☐ Hernia	☐ High Blood Pressure
☐ Kidney Disease	☐ Pneumonia	☐ Rheumatism	☐ Tetanus Booster
☐ Other (Specify)	_____		

FOOD AND/OR DRUG ALLERGIES:

Does your child carry an Epipen for this allergy? ☐ Yes ☐ No

PREVIOUS INJURIES: (Sprains, strains, fractures, torn muscles, ligament injuries, dislocations, etc. If yes, check below and describe.)

☐	Ear	☐	Eye	☐	Nose	☐	Skull Fracture
☐	Neck Injury	☐	Lower Back	☐	Chest or Ribs	☐	Abdominal
☐	Shoulder	☐	Upper Arm	☐	Elbow	☐	Forearm
☐	Wrist	☐	Hand	☐	Pelvis	☐	Hip
☐	Upper Leg	☐	Lower Leg	☐	Knees	☐	Ankle
☐	Concussion	☐	Other (Specify)	_____			

Previous Surgery or Major Illness:

REMARKS:

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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PARENT CONSENT

I HEREBY AGREE to allow my child _____
(Name of Student)

- 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.

☐ Yes ☐ No

- to drive my/our vehicle, having proper and adequate insurance, to and from off-campus activities within the City of Medicine Hat;

☐ Yes ☐ No

**** IMPORTANT NOTE ****

- Students are strongly discouraged from driving to and from activities in their own vehicle. Students are expected to ride with their team or parents when possible.
- **<u>STUDENTS ARE NOT TO TRANSPORT OTHER STUDENTS</u>**

I ACKNOWLEDGE that the indicated activities include inherent risks, hazards and dangers that have the potential for serious bodily injury, permanent disability, paralysis and loss of life.

I GIVE PERMISSION for my child to participate in the indicated activities.

I HEREBY ACKNOWLEDGE that this consent is signed as a personal representative of

_____ .
(Name of Student – printed)

1) _____ _____
(Name of Parent/Guardian/ Independent Student – printed) (Signature of Parent/Guardian/ Independent Student)

2) I, _____ , have read the regulations pertaining to athletics and
(Name of Student – printed)

extra-curricular activities and am prepared to follow them. I also acknowledge and accept the inherent risks 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.