



# INFORMED CONSENT

## PERMISSION FORM FOR SCHOOL TEAMS

\_\_\_\_\_ is arranging \_\_\_\_\_  
(Name of School) (Description of Activity)

on \_\_\_\_\_  
(Date(s))

**THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT 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 always be reduced by carefully following instructions 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, Daily Physical Activity (DPA), intramural activities and interschool practices and competitions. Request the form from the school administrator.

The **Brant Haldimand Norfolk Catholic District School Board** does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. As per school board policy, **all students** participating in extra-curricular athletic activities **MUST** 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](http://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.

Date: \_\_\_\_\_  
(mm/dd/yyyy)

Student Name: \_\_\_\_\_  
(First name, Last name)

Student Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ (if student is under 18 years)  
(First name, Last name)

Parent/Guardian Signature: \_\_\_\_\_ (if student is under 18 years)