



Golden Hawks

Sports Package



**DSBN EXTRA-CURRICULAR ATHLETIC PROGRAM
PERMISSION TO PARTICIPATE FORM**

This form is to be completed on behalf of an athlete who wishes to participate in extra-curricular athletic programs and must be returned to the coach/staff member after being selected by the coach/staff to participate in the athletic activity (after tryouts).

It is the responsibility of the in-school coach/advisor to keep an outside coach informed of the information on this form.

School: _____
Student's Name: _____
Athletic Activity: _____

A DSBN Extra-Curricular Athletic Program Permission to Participate Form must be completed for every athletic activity.

TO THE PARENT/GUARDIAN

Your child/ward has been chosen to participate in our DSBN Extra-Curricular Athletic Program. This may involve vigorous physical activity.

In case of an injury, most basic Medical Plans do not provide coverage of permanent teeth or private nurses. If you wish this coverage, it is recommended that you investigate a Student Accident Insurance Plan.

GENERAL INFORMATION

Home Address: _____	Postal Code: _____
Home Telephone No. _____	
Parent/Guardian: _____	Work Telephone No. _____
	Cell Telephone No.: _____
Parent/Guardian: _____	Work Telephone No. _____
	Cell Telephone No.: _____
Student's Physical _____	Telephone No. _____
Emergency Contact: _____	Telephone No. _____

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MEDICAL INFORMATION

1. Date of last complete medical examination *{An annual medical examination is recommended}*: _____
2. Date of last tetanus immunization: _____
3. Is your child/ward allergic to any drugs, food/medication/other? Yes No
If yes, provide details: _____

4. Does your child/ward take any prescription drugs? Yes No
If yes, provide details: _____

5. What medication(s) should the participant have available during the sport activity?
Provide details: _____

6. Who should administer the medication? _____
7. Does your child/ward wear: a medical alert bracelet a medical alert neck chain carry a medical alert card?
If yes, specify what is written on it: _____

8. Does your child/ward wear any special equipment such as eyeglasses, contact lenses, and/or required to wear a brace, orthotics, etc. during athletic activities?
 Yes No
If yes, provide details: _____

10. Has your child/ward been identified as being anaphylactic? Yes No
If yes, does he/she carry an EpiPen? Yes No
Have you completed the Emergency Action Plan for Students with Anaphylaxis (Appendix C)? Yes No

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MEDICAL INFORMATION (cont'd)

10. Please indicate whether your child/ward has been subject to any of the following and provide pertinent details:

- Epilepsy: _____
- Diabetes: _____
- Orthopaedic problems: _____
- Deaf/Hard of Hearing: _____
- Wheezing/Asthma: _____
- Allergies: _____
- Back or spinal cord conditions or injuries (in the past two years): _____
- Head conditions or injuries (in the past two years): _____
- Swollen or hyper-mobile or painful joints, trick or lock knee: _____
- Arthritis or Rheumatism: _____
- Chronic Nosebleeds: _____
- Skin/Kidney/Intestinal Problems: _____
- Hepatitis/Mononucleosis: _____
- Severe Allergic Reaction: _____
- Serious Illness/Injury: _____
- Previous Surgery (include date): _____
- Headaches/Concussions: _____
- Dizziness/Seizures/Fainting: _____
- Vision Impairment: _____
- Joint Conditions/Injuries: _____
- Heart Conditions/Injuries (give details): _____

- Concussion (give details). Please note, if a concussion has been diagnosed throughout the year, the *Concussion Final Medical Examination Documentation Request Form* (Appendix D) must be completed by the parent/guardian before the student returns to class, curricular (physical education) or extra-curricular athletic programs.

11. Please indicate any other medical condition that will limit participation

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Medical Services Authorization (optional)

In a situation when emergency medical or hospital services are required by the above listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes medical and/or hospital to administer medical and/or surgical services, including an anesthesia and drugs. I understand that any cost will be my responsibility.

Signature of Parent/Guardian _____

Date _____

Athlete Accident Insurance Notice

The District School Board of Niagara does not provide any accidental death, disability, dismemberment/medical/dental insurance on behalf of the students participating in the activity. For coverage of injuries, you are encouraged to consider the Student Accident Insurance Plan made available by the school to parents at the beginning of, and throughout, the school year.

Transportation Insurance Notice

Please review your current vehicle insurance policy for insurance coverage.

Elements of Risk Notice (please refer to <http://Safety.OPHEA.net> for further information)

ELEMENTS OF RISK NOTICE The risk of injury exists in every athletic activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. These injuries result from the nature of the activity and can occur without fault on either the part of the student, the school board or its employees/agents or the facility where the activity is taking place. Some activities that are identified as having the potential for more serious consequences are: alpine skiing, snowboarding, snowsports, football, broomball (ice), cheerleading (acrobatic), field hockey, field lacrosse, gymnastics, ice hockey, ringette (ice), swimming, wrestling, and/or field events: high jump, shot put. The safety and well-being of students is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks inherent in physical activity.

PARENT/GUARDIAN SIGNATURE

**Acknowledgement of Risks/Request to Participate/
Informed Consent Agreement**

I/We have read and understand the notice of Athlete Accident Insurance, ____ (initials of parent/guardian)

I/We have read and understand the notice of Elements of Risk, ____ (initials of parent/guardian)

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

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

Date _____

DISTRICT SCHOOL BOARD OF NIAGARA

ADMINISTRATIVE PROCEDURE

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PARENT/GUARDIAN CONSENT FORM RE: VOLUNTEER DRIVER

School Name: Nelles Public School

Date:

Dear Parent/Guardian:

Your son/daughter will be participating in:

(Provide a brief description)

The District School Board of Niagara (DSBN) Policy stipulates that volunteers show proof of car insurance, proof of ownership, and a valid driver's license before driving to a school-sponsored event. Please note that the volunteer driver is at least 18 years of age, licensed to drive in Ontario with a full Class G license, and their vehicle is insured by valid automobile liability insurance, as required by Ontario law.

The DSBN's insurance policy provides coverage for liability for bodily injury to students who are being driven by an employee of the DSBN and/or a volunteer driver. However, the employee's or volunteer's insurance provides the initial coverage; the policy carried by the DSBN becomes operative only in the event that the claim for bodily injury to students exceeds the employee's or volunteer's coverage.

Please complete the section below giving permission for your son/daughter to be a passenger in the car of a volunteer driver.

Yours truly,

Mrs. L. Klassen

Principal

PARENT/GUARDIAN CONSENT FORM RE: VOLUNTEER DRIVER

Student's Name _____

I give permission for the above named student to be transported in a vehicle driven by a volunteer.

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date: _____

VOLUNTEER DRIVER ACKNOWLEDGEMENT

PLEASE BE INFORMED AND REVIEW THE DISTRICT SCHOOL BOARD OF NIAGARA SUMMARY OF INSURANCE COVERAGE AND COMPLETE THE REVERSE.

School:

SUMMARY OF INSURANCE COVERAGE

1. **VOLUNTEER SUPERVISORS ON SCHOOL OUTINGS**

The District School Board of Niagara's (DSBN) liability insurance policy protects both staff and volunteers who are working within the scope of their duties for the DSBN. This coverage responds to lawsuits that are brought against staff or volunteers who are supervising school events and provides protection to the \$24 million policy limit.

2. **VOLUNTEER DRIVERS FOR SCHOOL ACTIVITIES**

Ontario Legislation makes automobile insurance compulsory in the Province of Ontario. This same legislation makes the vehicle insurance primary coverage. In other words, the insurance on the vehicle responds to claims first.

The DSBN's liability insurance policy contains an endorsement, called the non-owned automobile endorsement, which extends liability coverage to those who are using personal vehicles on the business of the DSBN. In accordance with legislation, this coverage is excess to the insurance on the vehicle. For example, if an accident occurred while the vehicle was being operated on a school outing, the vehicle was insured for \$1 million of liability insurance, and there was a successful suit against the owner of the vehicle for \$3 million, the Board's liability insurance would respond to the \$2 million in excess of the \$1 million carried by the owner.

There is no coverage under this endorsement for damage to the vehicle itself. It is liability insurance only.

Passengers who are insured would recover accident benefits under their own automobile policies. Thus, students injured in an automobile accident would report the injuries to their parents' automobile insurer. If there is no automobile insurance policy in the family, the injured passenger would collect benefits under the liability policy in place on the vehicle in which they were riding at the time of the accident.

Seat Belts/Air Bags/Child Safety Seats

Volunteer Drivers are reminded:

- That seat belts must be used by passengers at all times.
- To comply with Transport Canada and car manufacturer's recommendation that no person under twelve years of age travels in the front seat of a car outfitted with air bags.
- Ministry of Transportation directives regarding the use of child safety seats require:
 - the use of an infant seat for a child weighing less than 9 kg. (20 lbs.) which must be positioned so the child faces the back of the vehicle;
 - the use of a forward facing seat for a child weighing between 9 kg. (20 lbs.) and 18 kg. (40 lbs.);
 - the use of a booster seat for a child under the age of eight weighing between 18 kg. (40 lbs.) and 36 kg. (80 lbs.) and having a standing height of less than 145 cm. (4' 9").

3. **PERSONAL AUTOMOBILE INSURANCE COVERAGE**

For the personal protection of volunteer drivers, it is recommended that drivers carry a minimum of \$1 million of liability insurance. If there is any doubt about the insurance coverage carried, or the use of the vehicle to transport students, volunteers should review their coverage with their insurance brokers.

SEE REVERSE

DECLARATION TO BE SIGNED BY DRIVER

VEHICLE INFORMATION

Make: _____ Year: _____ License Plate No.: _____

Insurance Policy No.: _____ Insurance Agent: _____

I declare:

- That I hold an unrestricted driver's license and am authorized to drive in Ontario, and my vehicle is insured by a valid automobile liability insurance policy as required by Ontario law. That I am at least 18 years of age, licensed to drive in Ontario with a full Class G license, and my vehicle is insured by valid automobile liability insurance, as required by Ontario law.
- That the vehicle described above is mechanically fit and that there are seat belts in working condition for all passengers.

Name {Please Print}: _____ Signature: _____

Please print first & last names of children attending this school below: _____ Date: _____

School Administrator {Please Print}: _____ Signature: _____

DECLARATION TO BE SIGNED BY OWNER OF VEHICLE (if Volunteer Driver does not own the Vehicle)

I declare:

- That I have authorized *{Please Print Name}* _____ to drive my vehicle, as described above, to transport students participating in school event(s) listed on this form.
- That he/she holds an unrestricted driver's license, is licensed to drive and is insured as an operator under the vehicle's liability insurance.
- That the vehicle described above is mechanically fit and that there are seat belts in working condition for all passengers.

Name {Please Print}: _____ Signature: _____

Date: _____

All Volunteer Drivers are advised that in order to bring into effect the DSBN's Excess Liability Insurance, they must:

- a) Use a licensed automobile which carries valid third-party liability insurance, as required under legislation in the Province of Ontario.
- b) Provide the DSBN prompt written notice, with all available particulars, of any accident arising out of the use of a licensed automobile during a trip on business of the DSBN.
- c) Be aware that the DSBN's Excess Liability Insurance comes into effect only after the "Volunteer Driver's" insurance has been exhausted, to a combined total of \$24 million.

Note: A "volunteer driver" is defined as any person who has agreed to be a driver for a certain trip on which they are driving their own or another licensed automobile, who has indicated to the DSBN that they meet the requirements as indicated on this form. Teachers and other DSBN staff whose job description does not normally include driving students are considered "volunteer drivers".