SASKATCHEWAN HIGH SCHOOLS ATHLETIC ASSOCIATION
Consent Form

(This form is provided as a resource to schools. Members may contact the SHSAA for an editable version. If utilized, the form **must** be completed by a parent/guardian and signed by **both** parent/guardian and student.)

Name of Student: _____ **Date of Birth:** _____

Medical Information

We recommend that all students have a physical examination by an appropriate healthcare provider before participation in any high school sport. Please provide any relevant medical information that will help ensure the safety of your son/daughter:

_____
_____
_____
_____

Optional: The "Medical Certificate" form can be used to provide further medical information if required. *http://assets.ngin.com/attachments/document/0128/8619/Form_E-7_Supplement.pdf.*

ALL MEDICAL INFORMATION IS FOR CONFIDENTIAL USE ONLY TO HELP ENSURE THE SAFETY OF THE STUDENT.

If your child has any of the following conditions, we highly recommend a thorough evaluation by a healthcare practitioner or specialist before participating in high school sport.

1. Heart Problem or High Blood Pressure	2. Serious Neck or Back issue
3. Problems due to hot or cold weather	4. Epilepsy (seizures)
5. Head Injury/Concussion–within the last year	6. Asthma (wheezing or bronchitis)
7. Diabetes	8. Bleeding Problem (blood disorder)
9. Kidney Problem	10. Eye Injury/Problem
11. Loss/Lack of a paired organ (e.g. only one eye, kidney, testicle)	
12. Infectious Disease (e.g. Mono, Hepatitis within the past year)	
13. Significant injury to bone, joint, ligament, tendon within the last 2 years	
14. Major surgical procedure	
15. Family history of sudden death at a young age (<40 years)	
16. Allergies, Current Prescription or Non-Prescription Medications	
17. Any other significant health problems	

Terms and Conditions of Consent

Acceptance of Risk

1. I acknowledge that there is the possibility for injury in any sport. I have reviewed the risks associated with the sport(s) listed below and understand that serious injury, and even death, is possible with such participation and I accept that there is a risk of injury to the student. I have had time to gather information about the sport(s) and to ask questions of the school if I wished to do so.

Medical Information

2. I understand that certain activities require a minimum level of fitness and health (physical, mental, emotional) and that each person has a different capacity for participation in these activities. I agree that:
- I have accurately set out the medical information concerning the student in this form;
- I will immediately update the school/coach with any changes to that medical information.

Authorize Emergency treatment

3. I authorize emergency medical treatment for the student should the need arise for such treatment while the student is under the supervision of school division staff or coaches and I authorize the use or disclosure of the student's individually identifiable health information should treatment for illness or injury become necessary.

Compliance with Rules and Regulations

4. I understand that the school division policy, procedures, and rules for athletics are designed for the safety and protection of participants, and I will make my best efforts to have the student abide by these policies, procedures, and rules.

Liability of School Divisions limited

5. I agree that the Board of Education, including its employees, servants, or agents, shall not be liable for any injury to the student or loss or damage to any personal property arising from, or in any way resulting from participation in this activity, unless such injury, loss, or damage is caused by the sole negligence of the School Division or its employees, servants, or agents while acting within the scope of their duties.

Consent of Parent/Guardian

I have carefully completed this form as accurately and fully as possible. I have read the *Terms and Conditions for Consent* outlined above and have had the opportunity to ask questions about any of those terms and the rest of this form.

I give permission for the student to participate in the following sports during the 20___ - 20___ school year:

☐ All sports listed below

Or: Only the following sports:

☐ Badminton	☐Curling	☐ Soccer	☐ Wrestling
☐ Basketball	☐Football	☐ Track and Field	
☐Cross Country	☐Golf	☐ Volleyball	

Parent/Guardian Signature: _____ Date_____

Phone #_____ Email _____

Second Parent/Guardian: Phone #_____ Email _____

Consent of Student

I have carefully read and reviewed the information on this form:

- I agree that the information provided with regard to my health is accurate. I understand that I must provide updates about my health if anything changes.
- I understand that there is a risk of injury when participating in the sport listed above. I have had the time to research or to ask about those risks.
- I understand that I must follow the rules and regulations of school sport.
- I agree that the school can share my medical information if needed for emergency treatment.

Student Signature: _____ Date: _____