Medicine Hat Public School Division

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HEALTH CERTIFICATION AND CONSENT FORM

Extracurricular Activities

(To be completed by **Parent/Guardian**)

Student Name: _____ **Date:** _____

HEALTH CERTIFICATION

I am satisfied that my child/ward, _____ is in good health to take part in strenuous activities. My child/ward has my permission to participate in the extracurricular activities indicated below and conducted by _____ School. If I have any reason to believe my child / ward may have a health or medical issue that could be or become an issue with their participation in the identified activities below, I will secure a medical exam so a doctor may declare them healthy and fit to participate.

I also agree with the need to have my child/ward 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/ward 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	☐ Other

Specify Other: _____

FOOD AND/OR DRUG ALLERGIES:

Does your child carry an Epipen or Neffy for this allergy? ☐ Yes, Specify: ☐ 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:

PARENT/GUARDIAN CONSENT

I HEREBY AGREE to allow my child/ward _____
(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.

- **STUDENTS ARE NOT TO TRANSPORT OTHER STUDENTS**

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)

_____ _____
(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.

_____ day of _____ , _____ _____
(day) (month) (Year) (Signature of Student)

Protection of Privacy Notice
Personal information collected on this form is collected under the authority of Alberta's Protection of Privacy Act (POPA) and the Education Act. The information will be used to assess and respond to the student's health, medical, accessibility, and safety needs, and to support participation in school activities, programs, or trips. Personal information may be disclosed where authorized by law to School Division staff, emergency responders, medical personnel, insurers, or others involved in providing care or responding to an incident. Questions regarding the collection, use, disclosure, or protection of personal information may be directed to the Privacy Officer at ***privacy@mhpsd.ca*** *or* ***403-528-6700****.*