

LAKEHEAD DISTRICT SCHOOL BOARD
PREVALENT MEDICAL CONDITIONS SAFETY PLAN FOR DAY FIELD TRIP

Sport Risk Consent Form

Elementary/ Secondary Athletic Participation Form

Student Athlete Name:

Home Address:

Parent/Guardian Name:

Home Phone Number:

Work Phone Number:

Emergency Contact Name:

Emergency Contact Phone Number:

Medical information:

1. Date of last complete examination:
2. Date of last tetanus immunization:
3. Is your child allergic to any drugs, food, or medication? Y / N
If yes, provide details:
4. Does your child take any prescription drugs? Y / N
If yes, provide details:
5. What medication(s) should the participant have available during the sport activity?
6. Does your child wear a medical alert bracelet, neck chain, or carry a medical alert card? Y / N
7. Has your child been identified as anaphylactic? Y / N If yes, does your child carry an EpiPen? Y / N
8. Does your child wear eyeglasses? Y / N Contact Lenses Y / N
9. Please indicate if your child has been subject to any of the following and provide pertinent details: epilepsy, diabetes, orthopaedic problems, deafness, hearing loss, asthma, allergies:
10. Please indicate any history (age 5 to present) of head (including concussions) or back conditions or injuries:

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11. Please indicate any arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, hernia, swollen or painful joints, trick or lock knee, hearing aid, hearing aid, heart or lung disease or supports for physical mobility:

12. Please indicate any other medical condition that will require accommodation:

If a concussion has been diagnosed over the summer break, during non-school related activities or during school related activities, the request to Resume Participation – Concussion related injuries form (OPHEA) must be completed by a physician before the student returns to class/sports activities.

Parent/Guardian Signature

Field Trip Supervisor Signature

DATE:

DATE: