

**LAKEHEAD DISTRICT SCHOOL BOARD**  
**PREVALENT MEDICAL CONDITIONS SAFETY PLAN FOR ATHLETICS**

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?      Yes              No  
If yes, provide details:
4. Does your child take any prescription drugs?      Yes              No  
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?      Yes              No
7. Has your child been identified as anaphylactic?      Yes              No  
If yes, does your child carry an EpiPen?      Yes              No
8. Does your child wear eyeglasses?      Yes      No      Contact Lenses      Yes      No
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, or allergies.
10. Please indicate any history (age 5 to present) of head (including concussions), back conditions, or injuries.
11. Please indicate any arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, hernia, swollen or painful joints, trick or lock knee, 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.

Date of Contact with Parent/Guardian to develop collaborative safety plan for students with a prevalent medical condition:

Questions to be addressed in the development of the plan:

- a) How does / will the bus/airline/other mode of transportation have the means to deal with the prevalent medical condition?
- b) How will appropriate food / restaurants be chosen to address the student's prevalent medical condition?
- c) What is the plan for emergency action:
  - a. While travelling to / from event destinations? While at the destination?
- d) Other considerations/ information/ knowledge?

This Prevalent Medical Conditions safety plan specific has been developed in collaboration by:

Parent/Guardian Signature

Coach/ Supervisor Signature