



Osgoode Twp HS HPE/Athletics

Health Information Form

STUDENT- ATHLETE HEALTH INFORMATION SHEET:

Student's Name: _____

Date of birth: _____ Day _____ Month _____ Year

Telephone: _____ - _____

Provincial Health Number (optional): _____

Mother's Name: _____ Father's Name: _____

Cell Phone Numbers: Mother: _____ Father: _____

Person to contact in case of an accident or emergency if the parents are not available.

Name: _____ Telephone: _____

Please circle the appropriate response below pertaining to your child. Provide additional details on the following page.

- | | | |
|-----|----|---|
| Yes | No | previous history of concussions |
| Yes | No | fainting episodes during exercise |
| Yes | No | asthma |
| Yes | No | trouble breathing during exercise |
| Yes | No | epileptic |
| Yes | No | wears glasses |
| Yes | No | are lenses shatterproof? |
| Yes | No | wears contact lenses |
| Yes | No | wears dental appliance (details _____) |
| Yes | No | hearing problem |
| Yes | No | heart condition |
| Yes | No | diabetic |
| Yes | No | has had an illness lasting more than a week in the past year |
| Yes | No | medication (details on back) |
| Yes | No | allergies (details on back) |
| Yes | No | wears a medic alert bracelet or necklace (details _____) |
| Yes | No | has had injuries/illness requiring medical attention in the past year (details on back) |
| Yes | No | presently injured (details _____) |
| Yes | No | does your child have any other health problem that would interfere with participation on a sports team? |

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Please give details below if you answered "Yes" to any of the above items.

Medications: _____

Allergies: _____

Medical Conditions: _____

Recent Injuries: _____

Concussions: _____

Any information not covered above: _____

Should your son/daughter/ward sustain an injury or contract an illness requiring medical attention during the semester/competitive season, notify the teacher/coach and complete the "Request to Resume Athletic Participation Form". (Form A)

Should your son/daughter/ward sustain an injury which is Concussion-Related, notify the school administration and teacher/coach and complete the "Request to Resume Athletic Participation Form". (Form B)

Concussion-Related Injuries form **must be completed by a physician** before the student returns to class/intramural and interschool activities.

I understand that it is my responsibility to keep the school administration advised of any change in the above information as soon as possible and that in the event no one can be contacted; team management will take my child to the hospital if deemed necessary.

I hereby authorize the physician and nursing staff to undertake the examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (physician) as deemed necessary.

Date: _____ Signature of Parent or Guardian: _____

Freedom of Information Notice

The information provided on this form is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Freedom of Information and Protection of Privacy Act and will be utilized only for the purposes related to the Boards' policy on Risk Management for Interscholar Athletics. Any questions with respect to this information should be directed to the school principal.