



# TORONTO CATHOLIC DISTRICT SCHOOL BOARD

## Permission Form for Interschool Water Related Activities

School: \_\_\_\_\_ Student Name: \_\_\_\_\_

Teacher/Coach in Charge: \_\_\_\_\_ Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parent/Guardian, your child has expressed an interest in participating in the following water related activity:

\_\_\_\_\_

**Your child will need to pass the Lifesaving Society's *Swim to Survive Standard* swim test, organized by the school teacher in charge/coach/coach liaison. Your child must pass before being allowed to participate. In lieu of completing the swim test, students may provide proof of a Bronze Medallion certification or higher awarded within 24 months of the date of the scheduled activity.**

Before participating we require (provided in this package):

- a) a signed Permission/Consent Form
- b) a signed Acknowledgement of Concussion Education
- c) a completed Student Health & Safety Medical Information Form

Details and Description  (See below for any additional details)	
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Details for one day, multiple day, competition days etc...: (Attach additional sheet as necessary)

Departure Date:	Departure Time:	Travelling to:	Return Date:	Anticipated Time back at School:	Transported By:	Cost per student:

Alternate arrangements for travel, departure, or dismissal must be communicated in advance by the parent and/or the teacher; and must be authorized by the parent. Alternate travel arrangements (if any). Attach separate sheet if needed:

\_\_\_\_\_

**PERMISSION TO PARTICIPATE:**

I give permission for my child to travel to/from and participate in the swim test and tryouts listed. If my child should be successful in making the team I give permission for my child to participate in the practices and competitions listed; and travel to/from these practices & competitions as indicated on this form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## ELEMENTS OF RISK NOTICE:

The risk of injury exists in every athletic activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. These injuries result from the nature of the activity and can occur without fault on either the part of the student, the school board or its employees/agents or the facility where the activity is taking place. The safety and well-being of students is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks inherent in physical activity. Please call the school to discuss safety concerns related to any physical activity in which your child/ward is participating.

## STUDENT ACCIDENT INSURANCE NOTICE:

The Toronto Catholic District School Board does not provide any accidental death, disability, dismemberment/medical/dental expense insurance for student participation in school sponsored activities (e.g., curricular, intramural and interschool). For insurance coverage of injuries, parents/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice. You can access inexpensive student accident insurance here: [www.insuremykids.com](http://www.insuremykids.com)

**I have read and acknowledge The Elements of Risk and Student Accident Insurance Notices.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONCUSSIONS:

### *CONCUSSION POLICY AND PROTOCOL*

Toronto Catholic District School Board concussion policy and procedures will be followed if a student sustains a hit or blow to the head or body and shows signs and/or symptoms of concussion. Please be advised that your child will be removed from the activity and you will be asked to seek medical attention (i.e. medical doctor or nurse practitioner) for your child/ward if signs and/or symptoms of concussion occur. If *Red Flag* signs/symptoms are present coach/teacher/convenor/event organizer will call 911.

In accordance with *Rowan's Law* participants, parents, and coaches must acknowledge and adhere to a Code of Conduct pertaining to concussion safety. Students and Parents must read and sign the Code of Conduct below.



**Student Code of Conduct:** As a student and athlete of my school, I am committed to:

**Maintaining a safe learning environment**

- \* I will bring any potential issues related to the safety of equipment and facilities to the attention of the coach.
- \* I will wear the protective equipment for my sport and wear it properly.

**Fair play and respect for all**

- \* I will show respect for my teammates, opponents, officials, spectators, and practice fair play.
- \* I will not pressure injured teammates to participate in practices or games/competitions.

**Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions**

- \* I will learn and follow the rules of the sport and follow the coach’s instructions prohibiting behaviors that are considered high-risk for causing concussions.
- \* I will respect and accept that the coach will strictly enforce, during practice and competition, the consequences for dangerous behavior.
- \* I will respect and accept the decisions of the officials and the consequences for any behaviors that are considered high-risk for causing concussion.

**Implementing the skills and strategies of an activity in a proper progression**

- \* I will follow my coach’s instructions about the proper progression of skills and strategies of the sport.
- \* I will ask questions and seek clarity for any skills and strategies of which I am unsure.

**Providing opportunities to discuss potential issues related to concussions**

- \* I will talk to my coach or caring adult if I have questions or issues about a suspected or diagnosed concussion or about my safety.

**Concussion recognition and reporting**

- \* I have read/am familiar with an approved Concussion Awareness resource provided by my teacher/coach/school/school board: <https://www.tcdsb.org/ProgramsServices/SchoolProgramsK12/HealthOutdoorPhysEd/Pages/Default.aspx>
- \* I will remove myself immediately from any sport and will tell the coach or caring adult if I think I might have a concussion.
- \* I will tell the coach or caring adult immediately when I think a teammate might have a concussion.
- \* I understand that if I receive a jarring impact to the head, face, neck, or elsewhere on my body that is observed by or reported to the coach, that I will be removed immediately from the sport, and: I am aware that when I have signs or symptoms I should go to a medical doctor or nurse practitioner to be diagnosis as soon as reasonably possible that day, and will report the results to appropriate school staff.
- \* I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and I must stop physical activities and be monitored for the next 24 hours.
- \* If no signs or symptoms appear after 24 hours, I will inform the appropriate school staff and I can then be allowed to participate.
- \* If signs or symptoms begin, I will be assessed by a medical doctor or nurse practitioner as soon as reasonably possible that day and will report the results to appropriate school staff.

**Acknowledging the importance of communication between the student, parent, school staff, and any sport organization with which the student has registered**

- \* I will communicate with my coaches, parent/guardian, and school staff and any sport organization with which I am registered about a suspected or diagnosed concussion or general safety issues.

**Supporting the implementation of a Return to School Plan for students with a concussion diagnosis**

- \* I understand that I will have to follow the Return to School/Return to Physical Activity Plan if diagnosed with a concussion.
- \* I understand I will not be able to return to full participation, including practice or competition until permitted to do so in accordance with the School Board’s Return to School Plan.
- \* I understand that I will need a Medical Clearance as required by the Return to School/Return to Physical Activity Plan, to returning to full participation in “non-contact sports” or returning to a practice that includes full contact in “contact sports”.

**Prioritizing a student’s return to learning as part of the Return to School Plan**

- \* I will follow the recovery stages and learning strategies proposed by the collaborative team (Principal/teacher/coach/parent) for my Return to School/Return to Physical Activity Plan.

I [Print Name] \_\_\_\_\_ have read and understand this Student Code of Conduct.

Date \_\_\_\_\_ Signature \_\_\_\_\_



**Parent Code of Conduct:** As a parent/guardian, I am committed to:

**Maintaining a safe learning environment**

- \* I will encourage my child to bring potential issues with the safety of equipment and the facilities to the attention of the coach.
- \* I will ensure the protective equipment that we provide is properly fitted as per the manufacturer's guidelines, in good working order, and suitable for personal use.

**Fair play and respect for all**

- \* I will demonstrate respect for all students, coaches, officials, and spectators.
- \* I will encourage my child to demonstrate respect for teammates, opponents, officials, and spectators.
- \* I will not pressure my child to participate in practices or games/competitions if they are injured.

**Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions**

- \* I will encourage my child to learn and follow the rules of the sport and follow the coach's instructions about prohibited play
- \* I will support the coach's enforcement of consequences during practices and competition regarding prohibited play.
- \* I will respect the decisions of officials and the consequences for my child for any prohibited play.

**Implementing the skills and strategies of an activity in a proper progression**

- \* I will encourage my child to follow their coach's instructions about the proper progression of skills and strategies of the sport.
- \* I will encourage my child to ask questions and seek clarity regarding skills and strategies they of which they are unsure.

**Providing opportunities to discuss potential issues related to concussions**

- \* I will encourage my child to participate in discussions related to concussions, including signs and symptoms, with the coach.
- \* I will encourage my child to talk to their coach if they have concerns about a suspected or diagnosed concussion or their safety.

**Concussion recognition and reporting**

- \* I have read/am familiar with an approved Concussion Awareness resource identified by the school board:  
<https://www.tcdsb.org/ProgramsServices/SchoolProgramsK12/HealthOutdoorPhysEd/Pages/Default.aspx>
- \* I understand that if my child receives a jarring impact to the head, face, neck, or elsewhere on the body that is observed by or reported to the coach my child will be removed immediately from the sport, and: I am aware that if my child has signs or symptoms of a suspected concussion they should be taken to a medical doctor or nurse practitioner for a diagnosis as soon as reasonably possible that day and I will report any results to appropriate school staff.
- \* I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and in these cases my child must stop all physical activities and be monitored at home and at school for the next 24 hours.
- \* If no signs or symptoms emerge after 24 hours, I will inform the appropriate school staff and I understand my child will be permitted to resume participation.
- \* If signs or symptoms emerge, I will have my child assessed by a medical doctor or nurse practitioner as soon as reasonably appropriate that day and will report the results to appropriate school staff.
- \* I will inform the school principal, coach and/or other relevant school staff when my child experiences signs or symptoms of a concussion, including when the suspected concussion occurs during participation in a sport outside of the school setting.
- \* I will inform the school principal, coach and/or other relevant school staff any time my child is diagnosed with a concussion by a medical doctor or nurse practitioner.
- \* I will encourage my child to remove themselves from the sport and report to a coach or caring adult if they have signs or symptoms of a suspected concussion.
- \* I will encourage my child to inform the coach or caring adult when they suspect a teammate may have sustained a concussion.

**Acknowledging the importance of communication between the student, parent, school staff, and any sport organization with which the student has registered**

- \* I will share with the coach, school staff, and/or staff supervisor of all sport organizations with which my child has registered if/when my child has experienced a suspected or diagnosed concussion or general safety issues.

**Supporting the implementation of a Return to School Plan for students with a concussion diagnosis**

- \* I understand that if my child has a suspected or diagnosed concussion, they will not return to full participation, including practice or competition, until permitted to do so in accordance with the School Board's Return to School Plan.
- \* I will ensure my child receives a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in "non-contact sports" or returning to a practice that includes full contact in "contact sports".

**Prioritizing a student's return to learning as part of the Return to School Plan**

- \* I will follow the recovery stages and learning strategies proposed by the collaborative team for my child as part of the Return to School Plan.

I [Print Name] \_\_\_\_\_ have read and understand this Parent Code of Conduct.

Date \_\_\_\_\_ Signature \_\_\_\_\_



# TORONTO CATHOLIC DISTRICT SCHOOL BOARD STUDENT'S HEALTH AND SAFETY INFORMATION FORM

The information you provide on these forms is collected under the authority of the Education Act, R.S.O. 1991, Section 170(1) and will be used for administration of school excursions and in the event of a medical emergency. All information is collected, used, disclosed, and disposed of in accordance with the Municipal Freedom of Information and Protection of Privacy Act (RSO 1990 M.56).. If you have any questions regarding the collection or use of this information, please contact the school Principal.

School Name: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
First Name Last Name Y- M- D

Student's Home Address: \_\_\_\_\_  
Number Street City Postal Code

Student's Home Phone Number: \_\_\_\_\_

Mother's (Guardian's) Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's (Guardian's) Address: \_\_\_\_\_  
(If different from student's)

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's (Guardian's) Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's (Guardian's) Address: \_\_\_\_\_  
(If different from student's)

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does your child have a Student Plan of Care for one of the following:

Anaphylaxis  Asthma  Diabetes  Epilepsy and Seizure

Provide details of any special condition(s) your child may have which must or should be taken into consideration in his/her participation in a full academic and physical program:

Allergy: insect plant food drug/serum other allergy or sensitivity: \_\_\_\_\_

Does your child carry an Epi Pen or AUVI-Q? Yes  No

Asthma: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Epilepsy or Seizure: \_\_\_\_\_

Feet or Legs: \_\_\_\_\_

Heart: \_\_\_\_\_

Skin: \_\_\_\_\_



# TORONTO CATHOLIC DISTRICT SCHOOL BOARD STUDENT'S HEALTH AND SAFETY INFORMATION FORM

Recent illness or operation:

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Other \_\_\_\_\_

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Concussion(s) date(s): \_\_\_\_\_

Details of Concussion: \_\_\_\_\_

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Blood type (if known): \_\_\_\_\_

Date of last Tetanus shot (if known): \_\_\_\_\_

If there are any other medical details that you feel might be of some assistance to the teacher to ensure the safety of your child, please contact the teacher at school or use the space below to inform the teacher of these details.

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## EMERGENCY CONTACT INFORMATION (Please Print):

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell # \_\_\_\_\_ Work/Home # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Cell # \_\_\_\_\_ Work/Home # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian  
(or student over the age of 18 years or students 16 or 17 years old who have withdrawn from parental control)

\_\_\_\_\_  
Date



**A concussion is a brain injury** that can't be seen on routine X-rays, CT scans or MRIs. It affects the way a person may think and remember things, and can cause a variety of symptoms. Any blow to the head, face or neck, or a blow to the body that jars your head, could cause a concussion.

## Signs and symptoms of a concussion



### Physical

- Headache
- Pressure in the head
- Dizziness
- Nausea or vomiting
- Blurred vision
- Sensitivity to light or sound
- Ringing in the ears
- Balance problems
- Feeling tired or low energy
- Drowsiness
- "Don't feel right"



### Cognitive

- Not thinking clearly
- Feeling slowed down
- Feeling like "in a fog"
- Problems concentrating
- Memory problems



### Emotional

- Easily upset or angered
- Sadness
- Nervous or anxious
- Feeling more emotional



### Sleep-related

- Sleeping more or less than usual
- Having a hard time falling asleep

## What to do if you suspect a concussion

**In all suspected cases of concussion, the person should stop the activity right away.** Continuing increases their risk of more severe, longer-lasting concussion symptoms, as well as increases their risk of other injury.

Anyone with a suspected concussion should be checked out by a medical doctor.

## Red flags

- Neck pain or tenderness
- Double vision
- Weakness or tingling in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness (knocked out)
- Deteriorating conscious state
- Vomiting more than once
- Increasingly restless, agitated or combative
- Growing confusion

**If any red flag symptoms are present, call an ambulance right away.** These may be signs of a more serious injury.



## Concussion treatment

General recommendations for concussion recovery include a short period of rest, followed by a gradual return to activity under the supervision of a medical professional. Caring for a concussion can involve a variety of treatments to manage symptoms and a team of health professionals, depending on the symptoms and how a person's condition improves.

## Concussion healing time varies

The symptoms of a concussion usually last one to four weeks, but may last longer. In some cases, it can take weeks or months to heal. If a person has had a concussion before, it may take them longer to heal the next time.

## Concussion prevention

The best way to prevent concussions is to prevent the incidents that cause concussions, such as falls and motor vehicle collisions.

Concussion prevention in sports and recreation includes:

- Respecting and following the rules of the sport or activity, especially rules that are in place to reduce hits to the head
- Wearing properly fitted equipment, such as the right footwear to prevent falls
- Training, practising and playing in ways that are appropriate for your skill level
- Developing and enforcing policies and rules in sport to prevent injury, such as minimum bodychecking age in hockey. According to current research, these kinds of policies are the most effective way to prevent sport-related concussions.