

School District No. 73 (Kamloops/Thompson)
PARENT INFORMED CONSENT
FOR PARTICIPATION IN SPORTS ACTIVITIES

Dear Parents:

In accordance with District Policy, informed parent consent is required for your son/daughter to participate in our athletic program. Attached is a medical screening check list. Please complete the check list for your son/daughter before completing and returning the consent form.

The screening check list is for your use only and is not to be returned to the school.

If you check any area considered to be a disqualifier for participation in sports in general or in contact sports, it is recommended that you consult with your family physician in order to determine whether or not your child is fit to participate in sports or contact sports.

Parent Declaration:

I have completed the medical screening check list for my son/daughter and I have considered the disqualifiers for participation in sports/contact sports.

I am aware of the risks and dangers inherent in participation in sports/contact sports. I affirm that my son/daughter is medically fit and grant permission for _____ to participate in sports/contact sports with the following restrictions: (if none, please print "nil")

name of son/daughter

Signature of Parent(s): _____

Date: _____

MEDICAL SCREENING CHECKLIST

AREA	SPORTS Disqualifiers	CONTACT SPORTS ✓ Disqualifiers	✓
Blood	Bleeding & Clotting Problems Chest Pain		
Head	Headaches Skull Defect Uncontrolled Epilepsy Seizures	Repeated Concussion	
Eye, Ear, Nose	Severe Myopia Blindness Detached Retina Perforated Eardrum (swimming & diving only)	Blindness One Eye Contact Lenses	
Heart	Heart Failure Abnormal Heart Sounds	High Blood Pressure	
Lungs	Respiratory Insufficiency Acute and Chronic Infection Asthma/Other Breathing Problems Chest Pain	Severe Asthma	
Endocrine		Uncontrolled Diabetes	
Abdomen	Ascites, Cirrhosis Hydronephrosis	Acute disease of Liver, Kidney, Spleen	
Muscular Skeletal	Muscle Disease Active Hip Disease Incomplete Healing of any Fracture Recurrent Joint Dislocation Atlanto-axial abnormality	Recurrent Sprains, Muscle Tears, Joint Effusion or bleeding Bone Deformity Back/Joint Pain	
Chronic Infection	Herpes (while active) AIDS (disease only)		
Weight	Concerns About Weight		
Other	Fainting Fatigue Shortness of Breath Family History of Severe illness		