



TCDSB Permission Form for Swim Team Participation

SCHOOL: _____ Student Name: _____

Teacher in Charge/Coach(es) _____

Principal Signature: _____ Date: _____

Dear Parent/Guardian, your child has expressed an interest in trying out for and/or participating on the school Swim Team. **YOUR CHILD MUST BE ABLE TO SWIM IN THE DEEP END WITHOUT ASSITANCE. Completion of City of Toronto Swim Ultra Level 5 is recommended.**

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

ACTIVITY INFORMATION

Practice Times & Location	
Meet Date(s), Time(s), and Location(s)	
Transportation to/from Meet(s)	

ELEMENTS OF RISK

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.

I acknowledge and have read the Elements of Risk and Student Accident Insurance notice.

Parent/Guardian Signature: _____ Date: _____



CONCUSSIONS:

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. Concussion information for parents/guardians and students is available at <https://www.tcdsb.org/ProgramsServices/SchoolProgramsK12/HealthOutdoorPhysEd/Pages/Default.aspx>

You are advised along with your child to review the **Heads Up** Concussion Information Sheet (attached)

For a diagnosed concussion that occurs as a result of activity outside of the school setting, you must inform the school principal as soon as possible.

You are advised to be aware of:

- the dangers of participating with a concussion;
- the TCDSB concussion policy; and
- the importance of encouraging the ethical values of fair play and respect for opponents.

Athlete: I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____

Date: _____ Athlete Signature: _____

Parent: I have read the **Heads Up** Concussion Information sheet and/or the TCDSB Concussion Guideline Power Point provided on the TCDSB Board website with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent/Guardian Name Printed: _____

Date: _____ Parent/Guardian Signature: _____

PERMISSION TO PARTICIPATE:

I give permission for my child/ward to participate in Swim Team tryouts. I understand my child must be able to and confirm that my child can swim in the deep end without assistance.

If my child should be successful in making the team I give permission for my child to participate in practices and Meets; and travel to/from these practices/Meets as indicated on the activity information section of this form. **If an alternate travel, accommodation or activity plan for your child has been made, list details on a separate sheet and sign that your permission is given for these changes.**

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION (Please Print)

Name _____ Relationship to Child _____

Cell # _____ Work/Home # _____

Name _____ Relationship to Child _____

Cell # _____ Work/Home # _____



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: _____ Sex: _____
First Name Last Name Y- M- D M or F

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:

Other: _____

Concussion(s) date(s): _____

Details of Concussion: _____

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.

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

Signature of Teacher-in-charge of Excursion

Date

CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to* or *after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to www.cdc.gov/HEADSUP



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

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What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to
www.cdc.gov/HEADSUP

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.