DIVISION SCOLAIRE LOUIS RIEL SCHOOL DIVISION
INTERNATIONAL STUDENT PROGRAM

INFORMED CONSENT AND WAIVER FORM FOR HIGH-RISK ACTIVITIES

Student Name: _____ Biological Parent Name: _____

I, the undersigned, parent of _____, hereby acknowledge that certain risks of injury are inherent to participation in high-risk to medium risk activities. These types of injuries may be minor or serious and may result from my child's own actions or the actions or inactions of others, or a combination of both.

I understand that certain activities require a minimum level of fitness and health (physical, mental and emotional) and that each person has a different capacity for participating in these activities.

I hereby declare that our child is physically fit to participate and understand that the choice to participate brings with it the assumption of those risks and results which are part of these activities.

I understand and acknowledge that despite the precautions taken by the student and their homestay family, there are potential risks associated with engaging in high-risk activities, including risks of physical injury, accident, sickness, death, delay, inconvenience or damage to personal property as a result of my child's participation in the activity.

I authorize my child to participate in the following activities by checking off the selected activities. Some of the associated risks arise from and include, but are not limited to, the activities listed below:

- ☐ School Sport Teams (Interscholastic Sport); please complete the backside of this form;
- ☐ Encountering wildlife;
- ☐ Travel by snowmobile;
- ☐ Water skiing/tubing
- ☐ Travel by motorized boat or small self-propelled watercraft
- ☐ Ice sport events (includes but is not limited to skating, curling, hockey)
- ☐ Downhill skiing
- ☐ Other: _____

I agree that the Louis Riel School Division (LRSD) and its homestay families and employees shall not be liable for any injury to my child or loss or damage to personal property arising from, or in any way resulting from, my child's participation in these activities. Student will be covered by medical insurance for all approved LRSD/ISP Program and activities including sporting events.

In adherence with the ISP Policy, I understand that my child is forbidden from operating motorized vehicles.

I declare having read and understood the above INFORMED CONSENT AND WAIVER AGREEMENT in its entirety and give consent for our child to participate acknowledging all of the foregoing.

_____ _____

(Signature of Parent) (Date)

DIVISION SCOLAIRE LOUIS RIEL SCHOOL DIVISION
INTERNATIONAL STUDENT PROGRAM

INTERSCOLASTIC MEDICAL FORM

This form must be completed prior to the participant's involvement in each interscholastic sport. The rationale is to provide coaches with the most up-to-date medical information for your son/daughter. It will be readily available at the interscholastic site for our immediate referral if an emergency or mishap occurs.

Player's Name: _____ Gender: _____
Date of Birth: Day _____ Month _____ Year_____

International ISP Contact:
LRSD (Board Office), 900 St. Mary's Road, Winnipeg, MB Canada R2M 3R3 Phone: 1-204-257-7827

Person to contact in case of emergency in Winnipeg:
Name: _____ Relationship to the Student: _____
Address: _____ Phone: _____
Manitoba Medical Number (6 digits) _____PIN (9 digits) _____
Extended Health Coverage? Yes __ No __ If yes, who is the carrier?_____
Policy Number _____ ***(All students will be covered by Guard Me and/or Manitoba Health.)***

Please check off appropriate response below pertaining to your child:

☐Yes	☐No	Previous history of concussions(s)	☐Yes	☐No	Is taking some form of medication
☐Yes	☐No	Fainting spells during exercise	☐Yes	☐No	Has allergies
☐Yes	☐No	Epileptic	☐Yes	☐No	Is allergic to penicillin or any form of drug
☐Yes	☐No	Wears glasses	☐Yes	☐No	Wears a medical alert bracelet
☐Yes	☐No	Wears contact lenses	☐Yes	☐No	Has body piercing
☐Yes	☐No	Wears a dental appliance	☐Yes	☐No	Has had surgery in the last year
☐Yes	☐No	Hearing problem	☐Yes	☐No	Has been hospitalized in the last year
☐Yes	☐No	Asthma/exercise induced asthma	☐Yes	☐No	Has had a serious injury from an accident in the last year (sport/otherwise)
☐Yes	☐No	Requires the use of an 'inhaler'	☐Yes	☐No	Is presently injured and receiving treatment
☐Yes	☐No	Trouble breathing during exercise	☐Yes	☐No	Is presently injured and not receiving treatment
☐Yes	☐No	Heart condition	☐Yes	☐No	Has had a tetanus shot in the last year
☐Yes	☐No	Diabetic	☐Yes	☐No	Smokes
☐Yes	☐No	Has had an illness lasting more than a week in the last 6 months			

Please give details below if you answered YES to any of the preceding questions.

_____

_____

As the parent/guardian of this athlete I understand that it is my responsibility to advise the coaches of any changes in the above information as soon as possible.

I hereby authorize the coach(es) to take my child to the hospital/physician if she/he deem it necessary.

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

I authorize the release of this medical information to appropriate individuals (paramedics, physicians or nurses) if deemed necessary.

Date: _____ **Signature of Parent/Guardian _____**

Signature of Participant _____