Saskatoon High School Football
Health Certificate and Parent's Informed Consent Agreement

Name: _____ School: _____ Grade: _____
Surname First

Address: _____ Postal Code: _____ Date of Birth: _____
Day Month Year

Hospitalization #: _____ Family Physician: _____

THIS SIDE TO BE COMPLETED BY PARENT

If yes is indicated for questions #1-#6 a complete physical examination is mandatory.

Do you presently HAVE or HAVE HAD any of the following:

1. YES _____ Heart Problem or High Blood Pressure
2. YES _____ Serious Neck or Back Problem
3. YES _____ Problems due to Hot or Cold Weather
4. YES _____ Epilepsy (seizures)
5. YES _____ Head Injury/Concussion - within the last year
6. YES _____ Asthma (wheezing or bronchitis)
7. YES _____ Diabetes
8. YES _____ Bleeding Problem (blood disorder)
9. YES _____ Kidney Problem
10. YES _____ Eye Injury/Problem
11. YES _____ Loss/Lack of a paired organ (e.g. only one eye, kidney, testicle)
12. YES _____ Infectious Disease (e.g. Mono, Hepatitis, in the past year):
    Please identify: _____
13. YES _____ Significant injury to bone, joint, ligament, tendon within the last 2 years.
    Identify: _____
14. YES _____ Major Surgical Procedure: _____
15. YES _____ Family history of sudden death at a young age (< 40 years).
    If so cause: _____
16. YES: _____ Allergies. Describe reaction: _____
17. YES: _____ Current Prescription or Non Prescription Medications:
    _____
18. YES _____ Wear Contact or Corrective Lenses
19. Any other health problems or relevant information:
    _____

The Saskatoon Public and Catholic School Divisions recommend that students have physical examinations before participating in football.

We, the undersigned, hereby acknowledge that we have been provided with the description of the activity and we wish our child to participate in FOOTBALL.

We understand this activity could have some type of injuries, minor or serious, and may result from one's actions, or the actions or interactions of others.

We understand that the RULES AND REGULATIONS for football as outlined by the Board of Education are designed for the safety and protection of participants, and hereby undertake to have our child:
_____ abide by these rules and regulations.

We understand that certain activities require a minimum level of fitness and health (physical, mental, emotional) and that each person has a different capacity for participation in these activities. We also hereby warrant that any known medication needs of our child will be clearly indicated in writing on this form.

We agree that the Saskatoon Public and Catholic School Divisions, or its employees, servants or agents shall not be liable for any injury to our child or loss or damage to any personal property arising from, or in any way resulting from participation in these activities, unless such injury, loss, or damage is caused by the sole negligence of the School Division or its employees, servants or agents while acting with the scope of their duties.

We declare having read and understood the INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging the foregoing.

Parent/Guardian Signature: _____

Date: _____