

LAKEHEAD DISTRICT SCHOOL BOARD
PREVALENT MEDICAL CONDITIONS SAFETY PLAN FOR DAY FIELD TRIP

Sport Risk Consent Form

LAKEHEAD DISTRICT SCHOOL BOARD
PREVALENT MEDICAL CONDITIONS SAFETY PLAN FOR DAY FIELD TRIP

Sport Risk Consent Form

11. Please indicate any arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, hernia, swollen or painful joints, trick or lock knee, hearing aid, hearing aid, heart or lung disease or supports for physical mobility:

12. Please indicate any other medical condition that will require accommodation:

If a concussion has been diagnosed over the summer break, during non-school related activities or during school related activities, the request to Resume Participation – Concussion related injuries form (OPHEA) must be completed by a physician before the student returns to class/sports activities.
