RETURN TO ACTIVITY CONSENT

In the event that obtaining a medical certificate proves impossible, Hockey Quebec has designed this consent with information obtained from the Quebec Ministry of Health and Social Services and the Ministry of Education.

By signing this consent, I confirm that _____________________________
(participant’s name) is able to return to his / her sports team / organization and that he / she meets the five criteria of the Public Health of Quebec for the lifting of isolation, namely:

☐ 10 days have passed since the first symptoms (or since the 1st positive test if the person remains asymptomatic during the entire period of isolation);
☐ That there has been no symptoms for at least 24 hours (excluding cough, anosmia (loss of smell) or residual ageusia (loss of taste));
☐ That there has been no fever for at least 48 hours;
☐ That he / she has not received a contrary opinion from his / her attending physician or from Public Health regarding the resumption of sport;
☐ That he / she does not have any new symptoms.

Name of participant: ____________________________________________

MHA / Organisation: ____________________________________________

Division: ___________________________ Class: _______________________

Signature of participant (parent / guardian if minor): _______________________

Date: __________________________________________________________________

Confidentiality is of the utmost importance and must be respected by all members of the association/organization regarding all files, including those relating to COVID-19.

CONSULT HOCKEY QUÉBEC’S RETURN TO HOCKEY PLAN
WWW.HOCKEY.QC.CA