

Secondary Physical Education and Intramurals Information Letter and Acknowledgement of Risk, Consent and Medical Information Form

Please retain this page for your information and return the last page containing required acknowledgement, consent and medical information to the school.

Physical activity is essential for healthy growth and development. Active participation in Physical Education classes and Intramurals/Clubs activities, provides opportunities for students to develop the skills and confidence necessary to be independently physically active and to make positive decisions regarding personal fitness and the value of physical activity in daily life.

The HDSB strives to provide the safest possible environment in which all students, regardless of physical, mental, emotional abilities/challenges or cultural background, can be physically active.

Physical Education Curriculum: Students will participate in a variety of activities as an integral part of the Physical Education curriculum. These activities **may include, but are not limited to:** Target Games (e.g., curling, bowling, bocce), Striking/Fielding Games (e.g., cricket, baseball, field hockey), Net/Wall Games (e.g., volleyball, tennis, badminton), Invasion/Territorial Games (e.g., soccer, basketball), Individual Pursuits (e.g., fitness, yoga, self defense) and Outdoor Education (e.g., hiking, orienteering and canoeing).

Intramurals/ Clubs: Throughout the school year students will also have an opportunity to participate in co-curricular intramural and club activities that **may include, but are not limited to:** Ball Hockey, Basketball, Badminton, Volleyball, Tchoukball, Terry Fox Run, running and fitness clubs and Try It Days.

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 (e.g., concussion). 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.

Concussion Protocol: The HDSB Concussion Protocol will be followed if a student sustains a hit or blow to the head or body and shows signs and/or symptoms of a concussion. You will be asked to seek medical attention from a Medical Doctor or Nurse Practitioner. If a concussion has been diagnosed, Form C3: Documentation of Monitoring/Medical Examination must be completed and returned to the school and Form C4: Return to Learn/Return to Physical Activity must be followed before the student returns to physical education classes, intramural activities and inter-school practices and competitions.

Concussion information for parents and students is available at:
<https://www.hdsb.ca/students/Pages/Health%20and%20Well-Being/Concussion.aspx>

You are advised, along with your child/ward to view this video – Concussion Management
www.health.gov.on.ca/en/public/programs/concussions

Student Accident Insurance: The Halton 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.

Sudden Arrhythmia Death Syndrome (SADS): SADS refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden cardiac death in young apparently healthy people. Fainting or seizure during/after physical activity or resulting from emotional excitement, emotional distress or being startled can be a warning sign of SADS. The school response is to call Emergency Medical Services (911) and inform parents/guardians. Parents/guardians are to be provided with a SADS Form (Appendix M), which contains information about SADS as well as a Documentation of a Fainting Episode Form. The student is not to participate in physical activity until cleared by a medical assessment and the SADS Form (Appendix M) is completed by the parent/guardian and returned to the school administrator/designate. **Further information** – www.sads.ca

In the interest of student safety in physical education and intramurals:

Students must:

- wear appropriate attire for safe participation; running shoes with a flat rubber treaded sole which are secured to the foot are a minimum requirement along with appropriate clothing for the physical activity (e.g., shorts/sweatpants and t-shirt/sweatshirt)
- bring emergency medications (e.g., asthma inhalers, epinephrine auto injectors) to all physical activities comply with the instructions of the teacher/supervisor, following board/school procedures when requested to remove jewellery. Note that Medic Alert identification and religious articles of faith that cannot be removed must be secured (i.e., athletic tape, sweatbands or compression clothing).
- remove eyeglasses during all physical activity; if eyeglasses cannot be removed, the student must wear an eyeglass strap and shatterproof lenses.
- be made aware of ways to protect themselves from environmental conditions (e.g., use of hats, sunscreen, sunglasses, access to liquid replacement, insect repellent, and appropriate clothing).
- ensure that all equipment brought to school for personal use (e.g., skis, skates, helmets) is in safe working order

Note: Students returning to any physical activity from **non-concussion related injuries** are required to complete Appendix B: Return to Physical Activity - Non-Concussion Medical Illness/Injuries.

Should you have any further questions or concerns we invite you to discuss this with your child's/ward's teacher/supervisor.



Secondary Physical Education and Intramurals Acknowledgement of Risk, Consent and Medical Information Form

Last Name: _____

First Name: _____

Teacher/Grade: _____

Parents/Guardians are requested to complete the following acknowledgement of Elements of Risk Notice, consent to participate and return to the school.

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990, c. E.2 and will be used only for purposes related to the HDSB policy on Risk Management. Questions with respect to this collection should be directed to your school principal or to privacy@hdsb.ca.

Elements of Risk Notice: I acknowledge and have read the Elements of Risk notice.

Parent/Guardian Signature: _____ Date: _____

Intramural Activities/Clubs Permission: I give permission for my child/ward to participate in intramural activities/clubs.

Parent/Guardian Signature: _____ Date: _____

*If a medical condition requires further explanation please contact the teacher/supervisor.

Parent/Guardian Name: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Emergency Contact Name: _____ Emergency Contact # _____

Medical Information ***Note: An annual medical examination is recommended.**

Date of last complete medical examination: _____

Date of last tetanus immunization: _____

Is your child/ward allergic to any drugs, food or medication/other? **Yes No**

If yes, please provide details _____

Medical Alert Information

Does your child/ward wear a medical alert bracelet? **Yes No**

Does your child/ward wear a neck chain? **Yes No**

Does your child/ward carry a medical alert card? **Yes No**

If yes, please specify what is written on it: _____

Medications

Does your child/ward take any prescription drugs? **Yes No**

If yes, please provide details: _____

What medication(s) should be accessible during the physical activity? Who should administer?

Please provide details: _____

Oral and Visual Appliance

Does your child/ward wear eyeglasses? **Yes No**

Does your child/ward wear contact lenses? **Yes No**

Does your child/ward wear an orthodontic appliance? **Yes No**

Does your child/ward have dental restorations (i.e., crowns, bridges) **Yes No**

Medical Conditions

Has your child/ward been identified as being anaphylactic? **Yes No**

If yes, do they carry an epinephrine auto injector (e.g. Epi Pen/Allerject)? **Yes No**

Please indicate if your child/ward has been diagnosed as having any of the following medical conditions and provide pertinent details. Circle any that apply and provide relevant details:

- Asthma** **Epilepsy** **Type I Diabetes** **Type II Diabetes** **Heart Disorders**
- Deafness** **Allergies**

Other: _____

Physical Ailments

Please circle any that apply and provide relevant details:

- Arthritis or Rheumatism** **Spinal Conditions** **Orthopaedic Conditions**
- Hernia** **Chronic Nosebleeds** **Fainting** **Trick/ Lock Knee** **Dizziness**
- Headaches** **Swollen/Hypermobile/Painful Joints**

Other: _____

Head or back conditions or injuries (in the past 2 years) _____

Has your child/ward previously been diagnosed with a concussion? **Yes No**

How many times? _____ When was the last diagnosis? _____ (mm/dd/yy)

What medical advice was given by a medical doctor/nurse practitioner about participating in future physical activity? _____

Please indicate any other medical conditions that will limit participation or that the teacher/supervisor should be aware of:

