

NOTES ONLY FOR SCHOOL STAFF:

THIS PAGE NOT INTENDED TO BE PRINTED

This document is to remain in its current state for the 2016-2017 school year – please do not alter any portion of this document.

If you have any questions regarding this document, please contact Rebecca Richardson directly @ (905) 631-6120 ext. 490 or richardsonr@hdsb.ca.



Dear Parent/Guardian;

Physical activity is essential for normal, healthy growth and development. Growing bones and muscles require not only good nutrition, but also the stimulation of vigorous physical activity to increase the strength and endurance necessary for a physically active lifestyle. Active participation in **physical education** classes, which includes games, fundamental movement skills, body awareness and movement, and outdoor pursuits, provides opportunities for students to develop the skills and confidence necessary to play and work cooperatively and competitively with their peers.

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)

Focus Courses: cycling, in-line skating, Crossfit, strength training, yoga, Pilates, spinning, ultimate disc, in-line skating, disc golf, orienteering, hiking, skiing, cross country skiing, canoeing, climbing, snowshoeing, wilderness survival

Intramurals/ Clubs:

Throughout the year students may also have an opportunity to participate in 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.

In the interest of student safety, participants must:

1. For physical education classes and intramural activities: wear appropriate athletic footwear (running shoe with a flat rubber treated sole that is secured to the foot) and attire (shorts/sweatpants and t-shirts/long sleeved shirts) that are safe for participation
2. Jewelry (e.g., necklaces, hoop earrings or studs, rings, watches/bracelets, spacers, hair pins/clips/barrettes) must not be worn. Note: Jewelry which cannot be removed and which presents a safety concern (e.g., medical alert identification, religious requirement jewelry) must be taped or securely covered with compression fitted clothing.

In the interest of safety, we strongly recommend:

1. Students have an annual medical examination.
2. Students bring emergency medications (e.g., asthma inhalers, epinephrine pen) to all curricular and co-curricular physical activities.
3. Students remove eyeglasses during DPA, physical education classes and intramurals. If eyeglasses cannot be removed, the students must wear an eyeglass strap or shatterproof lenses.
4. Students wear/apply environmental protection for all outdoor activities (e.g., sunscreen, sunglasses hat, insect repellent and appropriate clothing).
5. A safety inspection is carried out at home of any equipment brought to school for personal use in class, or in intramural/club activities (e.g., skis, skates, helmets).

Sudden Arrhythmia Death Syndrome (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 sudden arrhythmia death syndrome. The school response is to call emergency medical services (911) and inform the parents/guardians. Parents/guardians are to be provided with Appendix M – Sudden Arrhythmia Death Syndrome (SADS), 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 Documentation of a Fainting Episode Form is completed by parent/guardian and returned to the school administrator/designate. Further information – www.sads.ca

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.

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Instructional Program Leader K-12

Physical Education and Health, Safety

Halton District School Board



MEDICAL INFORMATION FORM

SECONDARY PHYSICAL EDUCATION, INTRAMURALS & CLUBS

Parents/Guardians are requested to complete the following medical information form.

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.

The information provided on this form is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Freedom of Information and Protection of Privacy Act and will be utilized only for the purposes related to the Board's Policy on Risk Management. Any questions with respect to this information should be directed to your school principal.

Student's Name: _____

Homeroom Teacher and Grade: _____

Home Address: _____

Parent/Guardian Name: _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____

Physician Name: _____ Physician Phone # _____

Emergency Contact Name: _____

Emergency Contact Phone # _____

Note: An annual medical examination is recommended.

MEDICAL INFORMATION

1. Date of last complete medical examination: _____
2. Date of last tetanus immunization: _____

Medical Alert Information

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

Does your child/ward wear a medical alert bracelet, neck chain, or carry a medical alert card?
Yes No

If yes, provide details _____

Medical Conditions

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

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 circle any that apply and provide relevant details:

Asthma Epilepsy Type I Diabetes Type II Diabetes Heart Disorders

Deafness Allergies

Medications

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

If yes, provide details _____

What medication(s) should the participant (child/ward) have available during the sport activity?

Who should administer the medication? _____

Oral and Visual Appliance

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

Orthodontic appliances? **Yes** **No** Crowns? **Yes** **No** Bridges? **Yes** **No**

Physical Ailments

Please circle any that apply and provide relevant details:

Arthritis or Rheumatism Spinal Conditions Orthopaedic Conditions

Chronic Nosebleeds Fainting Trick or Lock Knee Dizziness Headaches

Hernia Swollen, Hyper-mobile or Painful Joints Other

Head or back conditions or injuries, including any diagnosed concussions (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 in future physical activity?

Please indicate any other medical condition that will limit participation:

NOTE:

***If your child/ward is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school physical activity, Form C3-Dokumentation of Medical Examination must be completed. 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. Forms available through the school or at**

<http://www.hdsb.ca/ParentInfo/Pages/Health%20and%20Nutrition%20in%20Schools/Protocol.aspx>

****Students returning to physical activity, physical education class, intramural and interschool activities from non-concussion related injuries are required to complete Appendix B: Return to Physical Activity - Non-Concussion Medical Illness/Injuries (Curricular Safety Guidelines).**



SECONDARY PHYSICAL EDUCATION, INTRAMURALS and CLUB ACTIVITIES

PERMISSION and ACKNOWLEDGEMENT OF RISK

ELEMENTS OF RISK NOTICE Physical Education/DPA/ Intramural/ Club Activities:

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. Please call the school to discuss safety concerns related to any physical activity in which your child/ward is participating.

HDSB CONCUSSION PROTOCOL:

The HDSB Concussion Protocol will be followed if a student sustains a hit or blow to the head, neck, body or face and shows signs and/or symptoms of concussion. Please be advised that you will be asked to seek medical attention (e.g., Medical Doctor or Nurse Practitioner) for your child/ward if signs and symptoms of concussion occur.

Concussion information for parents and students is available at

<http://www.hdsb.ca/ParentInfo/Pages/Health%20and%20Nutrition%20in%20Schools/Protocol.aspx>

You are advised, along with you child/ward to view Dr. Evans' video – Concussion

Management and Return to Learn at www.health.gov.on.ca/en/public/programs/concussions

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Students Name: _____

Classroom Teacher/Grade: _____

I have read and acknowledge the information related to the *ELEMENTS OF RISK NOTICE Physical Education/ Intramural/ Club Activities, HDSB Concussion Protocol and Freedom of Information Notice*

Parent/Guardian Signature: _____ Date: _____

I give permission for my child/ward _____ to participate in *Physical Education/Intramural/ Club Activities.*

Parent/Guardian Signature: _____ Date: _____