

ELEMENTARY/SECONDARY CURRICULAR PHYSICAL EDUCATION INFORMATION FORM

Parent/Guardian Information: (retain pages 1-3 for your information)

The purpose of this form is to provide parent/guardians with information about the HCDSB Physical Education program and for parent/guardians to provide medical information about their child.

Health and Physical Education:

Vigorous 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 skills necessary for an active lifestyle. Physical Education provides opportunities for students to learn the skills necessary to participate in games and sports and develop and increase their fitness levels. Physical education provides opportunities to develop sportspersonship, decision making skills and the value and importance of physical activity in their daily life.

COVID 19 Pandemic-School/Remote Learning-HPE

During the COVID 19 pandemic the HCDSB will be providing the Health and Physical Education program to your child as per parent/guardian selection: a) at school or b) remote learning. Each method will have its own COVID 19 safety protocols to protect your child while being physically active.

For In-Person Learning: refer to your school's parent/guardian communication regarding health and safety protocols that address, but are not limited to, hand hygiene, wearing a mask, physical distancing, equipment disinfecting, types of activities, etc.

For Remote Learning: refer to the HCDSB Parent/Guardian Remote Learning Health and Physical Education Information and Checklist.

ELEMENTS OF RISK

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).

CONCUSSION INFORMATION

HCDSB Concussion Policy and Procedures will be followed if a student sustains a hit or blow to the head or body and shows signs or symptoms of concussion. Please be advised that your child/ward will be asked to seek medical attention (from a medical doctor or nurse practitioner) if signs and symptoms of concussion are observed or reported. The student with a diagnosed concussion will go through the HCDSB Return to School Management Plan for Home and School that addresses Return to Learn and Return to Physical Activity. Concussion information for the parent/guardian and the student is available on the HCDSB website – Parent + Safe, Healthy and Inclusive Schools + Medical Conditions + Concussion Protocol.

Parents along with your child/ward are advised to view Dr. Evans' video - *Concussion Management and Return to Learn*: bit.ly/Concussion-Management . A link to the video is also available on your school's website. The video will provide you with the necessary information regarding: the definition and seriousness of a concussion, the signs and symptoms of a suspected concussion, and the importance of reporting a suspected concussion.

Important Notice: For a diagnosed concussion that occurs as a result of activity outside of the school setting, you are to inform the school Principal as soon as possible.

FOR NON-CONCUSSION RELATED INJURY/ILLNESS

When a student misses an activity due to an injury or illness requiring professional medical attention (e.g. medical doctor, chiropractor, physiotherapist), the parent/guardian must inform the teacher/staff supervisor who will then provide the following form – *A Return to Physical Activity – Non-Concussion Medical Illness/Injuries*. A parent/guardian will complete the form and return it to the teacher/staff supervisor giving their child/ward

permission to return to the activity. When students are returning to activities with injuries/illnesses such as spinal injuries, fractures, torn ligaments or mononucleosis etc., the parent/guardian is requested to provide the teacher/staff supervisor with the treatment, management and recovery plan from their child/ward's medical professional.

Communication of injury/illness:

If your child/ward sustains an injury or contracts an illness requiring medical attention, it is your responsibility to contact the teacher/staff supervisor to provide any necessary or updated information that might influence their ability to participate in the activity.

STUDENT ACCIDENT INSURANCE NOTICE

Halton Catholic District School Board does not provide any accidental death, disability, dismemberment, and medical/dental expenses insurance on behalf of the students participating in the activity. For insurance coverage of injuries, you are encouraged to consider the STUDENT ACCIDENT INSURANCE PLAN made available by the school to parents at the beginning and throughout the school year.

Please initial under the Acknowledgment of Risks section that you have read and understand the Student Accident Insurance Notice.

SAFETY CHECK:

In your child/ward's best interest, we recommend an annual medical examination. It is important that your child/ward participate safely and comfortably in the curricular program. Please note the following:

- a) Students, with applicable medical condition, will have their emergency medication readily accessible during all activities (e.g. asthma inhalers, epinephrine auto injectors, diabetes blood testing kit and fast acting sugar).
- b) Certain types of jewellery can pose a hazard and cause injury to the wearer and/or other participants during activities. Students must comply with the instructions of the teacher/staff supervisor, following the board/school procedures, when requested to remove jewellery. Medic alert identification that cannot be removed must be taped or securely covered.
- c) If your child/ward wears glasses that cannot be removed during curricular activities, the wearing of an eyeglass strap and shatter-resistant/shatterproof lens is required.
- d) Attention to outdoor clothing and footwear when being physically active should be paid to environmental concerns (e.g. protection from sun, hypothermia, dehydration and frostbite).
- e) In the event that the student uses personal or borrowed sports equipment, the student or parent/guardian (if the student is under the age of 18) is responsible for ensuring that the equipment is in good working order, fits properly, conforms with recognized safety standards and has not been altered from its original condition.

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 sudden arrhythmia death syndrome. The school response is to call emergency medical services (911) and inform the parent/guardian. The parent/guardian is to be provided information on – 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. The form is completed by a parent/guardian and returned to the school administrator/designate.

Further information – www.sads.ca



CURRICULAR PHYSICAL EDUCATION

**ACKNOWLEDGEMENT OF INFORMATION FOR HEALTH AND PHYSICAL EDUCATION PROGRAM
Complete and Return to School**

Name of _____ Date: _____
School: _____
Student Name: _____ Grade/Class/Course: _____

Parent/Guardians are requested to initial the following sections of the Physical Education document as being read and provide their signature at the end of this page. Please complete and return this page along with Medical Information as soon as possible.
If there are any questions on the content of the Curricular Physical Education Information Form please contact the school principal.

ACKNOWLEDGEMENT OF RISKS:

I have read the Elements of Risk for curricular activities and understand that participating in the identified activities I am assuming the risks associated with doing so.
Initial(s) of parent/guardian ____

CONCUSSION INFORMATION

I have read and understand the information on concussion and the importance of my child knowing the signs and symptoms of a suspected concussion and reporting them to a teacher.
Also the importance of informing the school as soon as possible if my child is diagnosed with a concussion from an activity outside of school.
Initial(s) of Parent/Guardian __

STUDENT ACCIDENT INSURANCE NOTICE:

I have read and understand the Student Accident Insurance Notice.
Initial(s) of Parent/guardian ____

Parent/Guardian Name: (Print) _____
Signature _____ Date _____

EMERGENCY CONTACT- MEDICAL INFORMATION

This form must be readily accessible to teachers/staff supervisors during all activities.

STUDENT NAME: _____ **TEACHER:** _____ **GRADE:** _____

EMERGENCY CONTACT: List order to call 1-2-3

Parent/Guardian Name: _____	Contact Number(s): _____	
Parent/Guardian Name: _____	Contact Number(s): _____	
Emergency Contact Name: _____	Contact Number(s): _____	

CURRENT MEDICAL INFORMATION:

1. If your child/ward wears or carries a medic alert bracelet, neck chain or card:

Please specify what is written on it: _____
 First aid procedures in case of incident: _____

2. If your child/ward has a medical condition (e.g. anaphylaxis, asthma, concussion, type 1 diabetes, type 2 diabetes, epilepsy, heart condition, other), please specify:

Provide First Aid procedures in case of incident or contact staff supervisor with more detailed management information:

3. What medication(s) (prescription and non-prescription) should your child/ward have with them?

When should the medication be taken? _____
 Who should administer the medication? _____

4. Specify any other physical limitations your child/ward has that may affect their full participation with activities. Provide pertinent details or contact staff supervisor:

MEDICAL SERVICES AUTHORIZATION - (OPTIONAL SIGNATURE)

Every reasonable effort will be made by the school/hospital to contact the parent/guardian before any medical services are provided. In cases where contact is tried, but not made, I give consent to medical services.

Signature of Parent/Guardian: _____ Date: _____

This information is collected under the authority of the *Education Act s. 321, s.265 (1)(d), Sabrina's Law and Ryan's Law*, in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act*. Information will be used in the case of a medical emergency. If you have questions regarding the collection, use or disclosure of this information, please speak to your school Principal.