

ELEMENTARY/SECONDARY CURRICULAR PHYSICAL EDUCATION INFORMATION FORM

Dear Parents/Guardians:

Please retain this page for your information.

Parent/Guardian Information

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 a physical active lifestyle. Physical Activity programs at both the curricular and intramural level provide opportunities for students to experience the fitness feeling and help them to make decisions regarding personal fitness and the value of physical activity in their daily life.

www.hcdsb.org

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).

CONCUSSION

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. Concussion information for parents and students is available on the HCDSB web site – Parents + Safe, Healthy and Inclusive Schools + Medical Conditions + Concussion Protocol.

Management of concussion is key to supporting the student during recovery. Please be advised that your son/daughter will be asked to seek medical attention if signs and symptoms of concussion arise. You are advised along with your son/daughter to view Dr. Evans' video – *Concussion Management and Return to Learn* on the Board's web site: www.hcdsb.org.

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.

STUDENT ACCIDENT INSURANCE NOTICE

The 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 coverage of injuries, you may wish to consider the STUDENT ACCIDENT INSURANCE PLAN made available by the school to parents at the beginning and throughout the school year.

In your child's best interest we recommend an annual medical examination.

It is important that your child participates safely and comfortably in the physical education curricular program.

- a) Students must have their emergency medication readily accessible at all physical education activity sites,(e.g. asthma inhalers, epinephrine auto injectors, diabetes blood testing kit and fast acting sugar)
- b) Students are to wear appropriate attire for safe participation (e.g. t-shirt, shorts or track pants, and running shoes).
Certain types of jewelry can pose a hazard and cause injury to the wearer and/or other participants during physical activity. Students must comply with the instructions of the teacher, following board/school procedures, when requested to remove jewelry. Medic alert identification that cannot be removed must be taped or securely covered.
- c) The wearing of any eyeglass band and/or shatterproof lens if your child wears glasses which cannot be removed during physical activities.
- d) Attention to environmental concerns (e.g. protection from the sun, hypothermia, dehydration, and frostbite).
- e) In the event the student has been given permission to use personal or borrowed sports equipment, the student or parent/guardian 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.

Communication of injury/illness:

Should your son/daughter/ward sustain an injury or contract an illness requiring medical attention during the competitive season of this sport it is your responsibility to contact the coach/supervising teacher and provide any necessary or updated information that might influence the ability to participate in the sport.

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 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 and the Documentation of a Fainting Episode.

The form is completed by a parent/guardian and returned to the school administrator/designate.

Further information – www.sads.ca

Please complete the curricular medical information form (attached) and have your child return it to his/her physical education teacher. If you require further information, please contact the school's principal.

School Specific Information: (School administrators or course teachers may put course and program specific details here) _____

CURRICULAR PHYSICAL EDUCATION EMERGENCY CONTACT- MEDICAL INFORMATION FORM

The information on this form must be readily accessible
To the teacher providing the physical education program.

Parents/Guardians are requested to complete the following Medical Information Form and return it to the appropriate school personnel.

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

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

_____ Mother's Name: _____ Contact Number(s): _____
_____ Father's Name: _____ Contact Number(s): _____
_____ Emergency Contact Name: _____ Contact Number: _____

CURRENT MEDICAL INFORMATION:

(Where your son's/daughter's/ward's condition is confidential or requires further explanation you are requested to contact your son's/daughter's/ward's teacher.)

1. If your son/daughter/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. Has your son/daughter previously been diagnosed with a concussion? yes__ no__
How many times? ___ When was the last diagnosis? Yr. ___ mo. ___ day ___
What medical advice was given by a medical doctor/nurse practitioner about participating in future physical activity? _____
3. If your son/daughter/ward has a medical condition (e.g. asthma, anaphylaxis, type 1 diabetes, epilepsy, other) that will affect full participation on the trip, please specify:
First aid procedures in case of incident or contact supervising teacher: _____

4. What medication(s) (prescription and non-prescription) should your son/daughter/ward have with them, take during the field trip? _____
When should the medication be taken? _____
Who should administer the medication? _____
5. Specify any other physical limitations your son/daughter/ward has that may affect their full participation with activities. Provide pertinent details or contact supervising teacher: _____

Revised September 2015

MEDICAL SERVICES AUTHORIZATION - (OPTIONAL SIGNATURE TO PARTICIPATE)

Every reasonable effort will be made by the school/hospital to contact parents/guardians before any medical services are provided. In cases where contact is tried but not made I/we give consent for medical personnel to administer medical and/or surgical services including anaesthesia and drugs.

Signature of Parent/Guardian _____ Date _____

FREEDOM OF INFORMATION NOTICE

The information provided on this form 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 Out-of-Classroom Programs.