

ELEMENTARY/SECONDARY INTRAMURAL ACTIVITIES/CLUBS FORM

To Parents/Guardians: **(Please read fully and retain this page for your information.)**

TEACHER/SUPERVISOR: TBD **DATE:** 2018-2019 School Year

INTRAMURAL ACTIVITY/CLUB: Organized Active Games

Parent/Guardian Information

Your son/daughter/ward has indicated interest in participating in the school's intramural program (listed above). The information below is intended to assist you in making a decision as to whether you give consent for your son/daughter/ward to participate in the school's intramural program (listed above). If after reading the information you give consent, please complete both the Consent to Participate and Medical Information portions of this form and return to the appropriate school personnel.

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. The emphasis in the intramural program is maximum participation, fair play, teamwork, and sportspersonship. The program is used to enhance and extend the physical education program in the classroom.

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.

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.

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 intramural program.

- a) Students must have their emergency medication readily accessible at all intramural activities (e.g. asthma inhalers, epinephrine auto injectors, diabetes blood testing kits and fast acting sugar).
- b) Student are to wear appropriate attire for safe participation (e.g.t-shirt, shorts or track pants, and running shoes).
- c) Certain types of jewelry can pose a hazard and cause injury to the wearer and/or other participants during intramural activity. Students must comply with the instructions of the teacher/supervisor, following board/school procedures, when requested to remove jewelry.
- d) The wearing of any eyeglass band and/or shatterproof lens if your child wears glasses which cannot be removed during physical activities.
- e) Attention to environmental concerns (e.g. protection from the sun, hypothermia, dehydration, and frostbite).
- f) 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 duration of the activity it is your responsibility to contact the supervising teacher and provide any necessary or updated information that might influence the ability to participate in the activity.

School Specific Information: *(Activity co-ordinators list details specific to the program delivery)*

INTRAMURAL ACTIVITIES EMERGENCY CONTACT- MEDICAL INFORMATION FORM

The information on this form must be readily accessible to the supervising teacher during the activity.

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 coach.)

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.__ date__
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: _____

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.

INTRAMURAL ACTIVITIES
ACKNOWLEDGEMENT OF RISKS AND CONSENT TO PARTICIPATE FORM

Student Name: _____ Teacher: _____ Grade: _____

Parent/Guardians are requested to complete the following Acknowledgement of Risks and Consent to Participate Form and return to the appropriate school personnel.

Note: The student is ineligible to participate in the intramural program without first providing the teacher/coach with both the Acknowledgement of Risks and Consent to Participate Form.

REQUIRED INITIALS/SIGNATURES FOR PARTICIPATION

ACKNOWLEDGEMENT:

I/We hereby acknowledge and accept the risks inherent in the requested activity
_____ and assume responsibility for my son's/daughter's/ward's
(name of activity)

personal health, medical, dental and accident insurance. **Initials of parent/guardian** _____

I/we have discussed the identification (signs and symptoms) and management of concussion with our son/daughter based on the HCDSB Concussion protocol and/or Dr. Evans YouTube video. Initials of parent/guardian _____

I/We have read and understand the notice of Accident Insurance. **Initials of parent/guardian** _____

CONSENT TO PARTICIPATE:

I/We give consent for our son/daughter/ward to participate in the following Intramural activity:
_____ during the _____ school year.
(name activity)

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Should any of the following intramural programs be offered throughout the school year please check off which activities your child would be allowed to participate in.

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Ball Hockey | <input type="checkbox"/> Basketball | <input type="checkbox"/> Dodgeball/Tag Games |
| <input type="checkbox"/> Football (Flag/Touch) | <input type="checkbox"/> Skipping | <input type="checkbox"/> Soccer/Soccer Baseball |
| <input type="checkbox"/> Ultimate Frisbee | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Other: _____ |

PLEASE NOTE:

FREEDOM OF INFORMATION: The information provided on this form is collected pursuant to the Board's educational responsibility as set out in the Education Act and its regulations. The 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 the school's principal.