

NOTES ONLY FOR SCHOOL STAFF:

THIS PAGE NOT INTENDED TO BE PRINTED

This document is to remain in its current state for the 2017-2018 school year – please do not alter any portion of this document.

Pages 5-9 are to be completed for all students participating in Health and Physical Education classes and/or Intramural Programs at the Secondary level.

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;

Please retain these 4 pages for your information.

Physical activity is essential for 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 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 of value of physical activity in their daily lives.

All programs and courses within HDSB are taught in learning environments that promote inclusive education, and identify and eliminate discriminatory biases, systemic barriers, and power dynamics that limit the ability of students to participate, learn, grow, and succeed. All students see themselves reflected in the curriculum, their physical surroundings, and the broader environment, so that they are engaged in and empowered by their learning experiences.

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)

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 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 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.

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 concussion. Please be advised that you will be asked to seek medical attention (i.e., 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:

<https://www.hdsb.ca/students/Pages/Health%20and%20Well-Being/Concussion.aspx>

You are advised, along with your child/ward to view Dr. Evans' video – *Concussion Management and Return to Learn* at 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 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**

In the interest of safety:

1. 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 or sweatpants and t-shirt/sweatshirt).
2. Certain types of jewellery 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/supervisor, following board/school procedures, when requested to remove jewellery.
3. Medic Alert identification and religious articles of faith that cannot be removed must be taped or securely covered (i.e., athletic tape, sweatbands or compression clothing).
4. We strongly recommend that students have an annual medical examination.
5. Students must bring emergency medications (e.g., asthma inhalers, epinephrine auto injectors) to all curricular and co-curricular physical activities.
6. Students must remove eyeglasses during physical education classes and intramurals. If eyeglasses cannot be removed, the student must wear an eyeglass strap or shatterproof lenses.

7. Students must 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).
8. A safety inspection must be 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).

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

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MEDICAL INFORMATION FORM

Parents/Guardians are requested to complete the following medical information form, acknowledgement of Elements of Risk Notice and request to participate in intramural activities/clubs and return to their child's/ward's teacher.

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.

Name of Student: _____ Grade: _____

Name of Teacher: _____

****Where your child's/ward's condition is confidential or requires further explanation you are requested to contact your child's/ward's teacher.**

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: _____
3. 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 the medication?

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*
Chronic Nosebleeds *Fainting* *Trick or Lock Knee* *Dizziness*
Headaches *Hernia* *Swollen, Hyper-mobile or 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:

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, HDSB Concussion Protocol Form C3: Documentation of Monitoring/Medical Examination must be completed and returned to the school. HDSB Concussion Protocol 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 are available through the school or at

<https://www.hdsb.ca/students/Pages/Health%20and%20Well-Being/Concussion.aspx>

****Students returning to daily 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 (HDSB Safety Guidelines).**



PHYSICAL EDUCATION/
INTRAMURAL/CLUB ACTIVITIES
ACKNOWLEDGEMENT OF RISK
and CONSENT TO PARTICIPATE

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.

Name of Student: _____ Grade: _____

Name of Teacher: _____

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: _____