

**ELEMENTARY HEALTH AND PHYSICAL EDUCATION CURRICULUM –
MEDICAL INFORMATION/ELEMENT OF RISK**

This form is to be completed for all students and returned to the classroom teacher.

Dear Parent(s)/Guardian(s):

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 physically active lifestyle. Active participation provides opportunities for students to discover and trust themselves and gain the confidence necessary to play and work cooperatively and competitively with their peers. The physical education curriculum provides opportunities for students to experience the fitness feeling and to help them understand and make decisions regarding personal fitness and the value of physical activity in their daily lives.

It is important that your child participate safely and comfortably in the physical education program. The Dufferin-Peel Catholic District School Board adheres to the Ontario Physical and Health Education Association (OPHEA) Guidelines. In your child's best interests, we recommend the following:

- a) An annual medical examination;
- b) Appropriate attire for safe participation (T-shirt, shorts or track pants and running shoes). Hanging jewelry must not be worn;
- c) The wearing of an eyeglass band and/or shatterproof lens if your child wears glasses which cannot be removed during physical education classes;
- d) The wearing of sun protection for all outdoor activities;
- e) Safety inspection at home of any equipment brought to school for personal use in class.

(Name of Student)

(Grade)

(Teacher)

I would like to inform the school about these facts pertaining to my son/daughter's physical/medical condition related to his/her participation in the Health and Physical Education Curriculum.

1. What medication(s) should your son/daughter have on hand during health and physical education class? _____

2. Does your son/daughter wear a medical alert bracelet ____ neck chain ____ or carry a medical alert card? _____

If yes, please specify what is written on it: _____

3. Any other relevant medical condition that will require modification of the program: _____

4. Should your son/daughter sustain an injury or contract an illness requiring medical attention during the school year, notify the classroom teacher and complete the "Request to Resume Athletic Participation Form", as applicable.

If during the school year your son/daughter's medical information profile changes, please notify the school.

ELEMENTS OF RISK: Educational activity programs, such as sporting events or activities, field trips and other activities, may present various elements of risk. Incidents related to such activities may occur and cause injury through no fault of the school board or the facility at which the activity or event is being held. **Participants must assume these risks.**

The following class activities including and not limited to are identified as having the potential for more serious consequences are: alpine skiing/snowboarding, broomball (ice), cheerleading(acrobatic), field hockey, field lacrosse, gymnastics, ice hockey, ringette (ice), swimming, wrestling, and/or field events: high jump, shot put. 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 contact the school to discuss any sport specific safety concerns.

Various **health/physical education activities** may take students into the immediate community to participate; e.g., in-class cross country running, orienteering, soccer, softball, etc., at nearby community parks.

☐ I acknowledge the element of risk information noted above for the **Health and Physical Education Curriculum**.

Parent/Guardian Signature: _____ Date: _____

NOTE TO STUDENT/PARENT(S)/GUARDIAN(S): The Dufferin-Peel Catholic District School Board does not provide any accidental death, disability, dismemberment or medical expenses' insurance on behalf of students participating in these activities. The Dufferin-Peel Catholic District School Board distributes Student Accident Insurance to the Parent/Guardian/Student, annually.

☐ I acknowledge that the Dufferin-Peel Catholic District School Board does not provide accident or life insurance for students.

☐ I acknowledge that I have received a copy of the student accident insurance brochure.

(Signature of Student)

(Date)

(Signature of Parent/Guardian)

(Date)

Distribution to:

☐ Parent/Guardian
☐ Classroom Teacher

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1990, c.E.2., as amended. This information will be used for purposes of planning and administering Physical Education programs for students and providing health and safety services in the event of an emergency. Questions regarding the collection of personal information are to be directed to the School Principal.