

**ELEMENTARY INTERSCHOOL –
MEDICAL INFORMATION/ELEMENT OF RISK/PERMISSION TO PARTICIPATE**

This form is to be completed on behalf of a student who wishes to participate in interschool sports and returned to the coach prior to the student's first tryout.

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. Participation in interschool activities 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. Interschool activities may take place either at school or at an out-of-school location.

It is important that your child participate safely and comfortably in the interschool activity. 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.

STUDENT NAME _____ TEACHER _____

HOME ADDRESS _____ GRADE _____

HOME PHONE # _____

PARENT/GUARDIAN _____ WORK PHONE # _____

EMERGENCY CONTACT NAME _____ PHONE # _____

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 Interschool activity:

1. What medication(s) should your son/daughter have on hand during the interschool activity?

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 contact an illness requiring medical attention during the school year, notify the coach 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. Participant must assume these risks.

The following interschool 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 related to this activity.

- ☐ I acknowledge the element of risk information noted above for the **interschool** activity.

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)

PERMISSION: I give permission for my son/daughter: _____ to participate in:

(Name of Interschool Activity)

(Signature of parent/Guardian)

(Date)

MEDICAL SERVICES AUTHORIZATION

Every reasonable effort will be made by the school/hospital to contact me. Should it become necessary for our son/daughter to have medical care, I/we hereby give the teacher permission to use her/his best judgement in obtaining the best of such service for our son/daughter. We understand that any cost will be our responsibility. We also understand that in the event of illness or accident, we will be notified as soon as possible.

Signature of Parent/Guardian: _____ Date: _____

Distribution to:

____ Parent/Guardian

____ Coach

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.

(Revised April 2013)