



## **Dufferin-Peel Catholic District School Board**

40 Matheson Boulevard West, Mississauga, Ontario  
L5R 1C5 .Tel (905) 890-1221 .Fax (905) 890-7610

### **IMAGE RELEASE FORM**

I understand that photographs, written work, video and audio recording, may be used, edited and released to newspapers, radio, television, and internet providers.

I hereby release the Dufferin-Peel Catholic District School Board and its employees and assignees from all claims resulting from the use, editing and release of any photographs, written work, video and audio recordings with respect to this event/activity. This consent shall be continuing with no limitations or reservations, except those stated above.

**Date:** \_\_\_\_\_

**Student:** \_\_\_\_\_  
(Please print name)

**Parent/Guardian:** \_\_\_\_\_  
(Please print name)

**Parent/Guardian Signature:** \_\_\_\_\_

**If student is 18 years of age or older:**

**I am 18 years of age or older and I consent to this authorization and release.**

**Student Signature:** \_\_\_\_\_

**PLEASE RETURN THIS PAGE ALONG WITH THE ACCOMPANIED ELEMENTS OF RISK FORM.**



## DUFFERIN-PEEL CATHOLIC DISTRICT SCHOOL BOARD PHYSICAL EDUCATION SAFETY GUIDELINES SECONDARY PHYSICAL EDUCATION CURRICULUM ELEMENT OF RISK AND MEDICAL INFORMATION FORMS

Dear Parent/Guardian:

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 in games, dance and gymnastics provides opportunities for students to discover and trust themselves and gain the confidence necessary to play and work cooperatively and competitively with their peers. Physical education programs at both the curricular and co-curricular level provide 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.

### **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. 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.

It is important that your child participate safely and comfortably in the physical education program. 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. Jewelry which cannot be removed and which presents a safety concern must be taped.
- 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, e.g. skis, skates, helmets.

**\*\*Please complete the Elements of Risk Notice and the Medical Information forms attached and have your child return them to his/her teacher. If you require further information, please contact the school.**



**DUFFERIN-PEEL CATHOLIC DISTRICT SCHOOL BOARD  
 PHYSICAL EDUCATION SAFETY GUIDELINES  
 SECONDARY PHYSICAL EDUCATION CURRICULUM  
 ELEMENT OF RISK AND MEDICAL INFORMATION FORMS**

**MEDICAL INFORMATION FORM**

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

\_\_\_\_\_

Name of Student	Grade	Event/Activity
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I would like to inform the school about these facts pertaining to my child's physical/medical condition related to his/her participation in Physical Education Curricular and Intramural Programs.

1. Please indicate if your son/daughter/ward has been subject to any of the following and provide pertinent details: epilepsy, diabetes, orthopedic problems, heart disorders, asthma, allergies \_\_\_\_\_, head or back injuries (in the past two years):  
\_\_\_\_\_.
2. What medication(s) should the participant have on hand during the sport activity? \_\_\_\_\_.
3. Does your son/daughter/ward wear a medical alert bracelet \_\_\_\_\_, neck chain \_\_\_\_\_ or carry a medical alert card? \_\_\_\_\_.
4. Any other relevant medical condition that will require modifications of the program: \_\_\_\_\_.

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In signing this form, I acknowledge the element of risk information noted above for the Curricular.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any curricular or Intramural activity which requires transportation to an off-site location (downhill skiing, skating, bowling, camping, etc...) parent/guardian consent forms will be required to take your child off the school grounds (see GAP Excursion Policy 801).  
 PLEASEE NOTE: FREEDOM OF INFORMATION – The information provided on this form is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. This 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 your school principal.