

**SECONDARY INTRAMURAL –
MEDICAL INFORMATION/ELEMENT OF RISK/PERMISSION TO PARTICIPATE**

This form is to be completed for all students and returned to the Intramural Teacher.

Dear Parent(s)/Guardian(s)/Adult Student:

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. 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.

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 and footwear for safe participation;
- c) Hanging jewelry must not be worn. Jewelry which cannot be removed and which presents a safety concern must be taped;
- d) The wearing of an eyeglass band and/or shatterproof lens if your child wears glasses which cannot be removed during intramurals;
- e) The wearing of sun protection for all outdoor activities;
- f) Safety inspection at home of any equipment brought to school for personal use must meet appropriate certification, e.g. Canadian Standards Association (CSA) approved.

STUDENT NAME: _____ TEACHER: _____
 HOME ADDRESS: _____ GRADE: _____
 STUDENT ADDRESS: (If different from home) _____ PHONE: _____
 HOME PHONE # _____ WORK PHONE # _____
 PARENT/GUARDIAN: _____
 EMERGENCY CONTACT NAME: _____ PHONE # _____

The emphasis in the intramural activity is maximum participation, fair play, teamwork and sportsmanship. The activity is used to enhance and extend the Health and Physical Education Curriculum. Your son/daughter has indicated an interest in participating in _____ .
 (Intramural Activity)

I would like to inform the school about these facts pertaining to my child's physical/medical condition related to his/her participation in the Intramural activity.

1. What medication(s) should your son/daughter have on hand during the sport 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: _____

Should your son/daughter sustain a concussion or an injury requiring medical attention, notify the school immediately 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 class/intramural/club activities including and not limited to are identified as having the potential for more serious consequences: alpine skiing/snowboarding, broomball (ice), cheerleading(acrobatic), field hockey, field lacrosse, gymnastics, weight and fitness rooms, ice hockey, ringette (ice), swimming, wrestling, football 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.

INTRAMURAL ACTIVITY: _____

Various intramural activities may take students into the immediate community to participate. e.g., in class cross country running, orienteering, soccer, softball, etc., at nearby community venues.

I acknowledge the element of risk information for the above **Intramural** activity.

Parent/Guardian/ Signature: _____ Date: _____

Student 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. For your information the following website has been provided: www.insuremykids.com

- 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/Adult Student) (Date)

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

(Name of Intramural Activity) (Signature of Parent/Guardian/Adult Student)) (Date)

Distribution to:
____ Parent/Guardian/Adult Student
____ School

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 the School Principal.