APPENDIX E

INFORMATION LETTER TO PARENTS/GUARDIANS AND MEDICAL HISTORY & INFORMED CONSENT

Part A: Information Letter (please retain this page for your information)

Dear Parent/Guardian,
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 endurance necessary for a physically active lifestyle. Active participation in physical activities provides opportunities for students to develop the skills and confidence necessary to play and work co-operatively with their peers. Students learn to be independently physically active and to make positive 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, including those that affecting the head (concussions), neck or back. 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.

Student Accident Insurance Notice:
District School Board Ontario North East 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.

In the interest of safety, students must:
1. Wear appropriate attire for safe participation (e.g., t-shirt, shorts or track pants). Running shoes that provide good support and traction are a minimum requirement.
2. Not wear hanging jewelry (e.g., necklaces, hoop earrings). In some activities (e.g., tag games), no jewelry can be worn. Jewelry which cannot be removed must be taped or covered.

In the interest of safety, we strongly recommend:
1. Students have an annual medical examination.
2. Students bring emergency medications (e.g., asthma inhalers, epinephrine auto injectors) to all activities involving physical activity.
3. Students remove eyeglasses during DPA, physical education classes and intramurals. If eyeglasses cannot be removed, the student must wear an eyeglass strap and shatterproof lenses;
4. 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, appropriate clothing).
5. A safety inspection is carried out at home of any equipment brought to school for personal use in class, physical education and/or intramural/club activities (e.g., skis, skates, helmets).

Part B – Medical History & Informed Consent

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

The personal information provided on this form is collected by District School Board Ontario North East (DSB1) under the authority of the Education Act, the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), the Personal Health Information Privacy Act (PHIPA) and other applicable legislations. Personal information is collected for the purpose of planning and delivering educational programs and services which best meet students' needs and for reporting to the Ministry of Education and other authorities as required. In addition, the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to law enforcement matters, or in accordance with any other Act. Information may be shared with employees as required to carry out their duties. For questions about this collection, contact the Board's Freedom of Information Coordinator at comments@dsb1.ca or by calling 705-360-1151.

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 the school administrator.

Date of last complete medical examination: _____

Date of last tetanus immunization: _____

Is your child/ward allergic to any drugs, food or medication/other? ☐ **Yes** ☐ **No**

If yes, provide details _____

1. **Medic Alert Information:** Does your child/ward have a:

   Medical alert bracelet? ☐ **Yes** ☐ **No**
   Neck chain? ☐ **Yes** ☐ **No**
   Medical alert card? ☐ **Yes** ☐ **No**

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

2. **Medications:** Does your child/ward take any prescription drugs? ☐ **Yes** ☐ **No**

   If yes, provide details _____

   What medication(s) should be accessible during the school day or sport activity?

   _____

   Who should administer the medication? _____

3. **Oral, Hearing, and Visual Appliances:** Does your child/ward wear:

   Eyeglasses? ☐ **Yes** ☐ **No**
   Contact lenses? ☐ **Yes** ☐ **No**
   Orthodontic appliance? ☐ **Yes** ☐ **No**
   Crowns? ☐ **Yes** ☐ **No**
   Hearing aid? ☐ **Yes** ☐ **No**

4. **Medical Conditions:** Please indicate if your child/ward has been diagnosed as having any of the following medical conditions and provide pertinent details.

   Has your child/ward been identified as anaphylactic? ☐ **Yes** ☐ **No**

   If yes, does he/she carry an epinephrine auto injector (e.g., EpiPen/Allerject)? ☐ **Yes** ☐ **No**

Check any that apply and provide relevant details:

☐ Asthma	☐ Epilepsy	☐ Type I Diabetes	☐ Type II Diabetes
☐ Heart disorders	☐ Allergies	☐ Hearing Loss	☐ Other

_____

_____

_____

5. Physical Ailments: Check 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		

_____

_____

_____

Head or back conditions or injuries, including any diagnosed concussions (in the past two years)

_____

Please indicate any other medical condition that will limit active participation:

_____

If your child/ward is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school physical activity, the Medical Concussion Form (**Appendix H**) must be completed before the student returns to physical education classes, Daily Physical Activity, intramural activities and interschool practices and competitions. This form can be obtained at the school office. If required, a Return to Learn and/or Return to Play Plan will be developed to assist in their recovery.

Elements of Risk Notice: I acknowledge and have read the Elements of Risk notice outlined in Part A of this Appendix.

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Physical Activity Permission: I give permission for my child/ward to participate in physical activity in class and in intramural clubs.

Parent/Guardian Signature: _____ Date: _____