

## PHYSICAL ACTIVITY LETTER TO PARENTS

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 education** classes, which includes games, fundamental movement skills, body awareness and movement, and outdoor pursuits, provides opportunities for students to develop the skills and confidence necessary to play and work cooperatively with their peers.

### **Physical Education Curriculum:**

Students will participate in a variety of activities as an integral part of the Physical Education curriculum. These activities **may include but are not limited to:**

*Primary School:* Tag games, fitness building activities and fundamental movement skills (circuits and relays), body awareness and movement/gymnastics, target games.

*Middle School:* Low Organizational and Team Building games, body awareness and movement/gymnastics, Lead up Volleyball and Soccer, Target Games, Track and Field and Fitness Activities

*High School:* Low Organizational and Team Building games, body awareness and movement/gymnastics, Badminton, Basketball, Soccer, Target Games, Track and Field and Fitness Activities;

### **Daily Physical Activity:**

Every student in our schools will be participating daily in moderate-to-vigorous physical activity. Research has shown that daily sustained physical activity has a positive impact on students' readiness to learn, behaviour, self-esteem, level of physical fitness and academic achievement. This daily physical activity will take place in physical education classes and in other areas of the school on non-physical education class days. Aerobic routines, fitness circuits, and power walks are some examples of daily physical activity sessions.

### **Intramurals/ Clubs:**

Throughout the year students will also have an opportunity to participate in intramural and club activities that **may include but are not limited to:** Ball Hockey; Basketball; Badminton; Volleyball; Dodgeball; Terry Fox Run; running clubs; Track and Field days, Play days and Fun Fairs.

### **In the interest of safety, students must:**

1. For physical education classes and intramural activities: 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. Hanging jewelry (e.g., necklaces, hoop earrings) must not be worn. In many activities (e.g., tag games, climbing, etc.) no jewelry can be worn. Jewelry which cannot be removed and which presents a safety concern (e.g., medical alert identification, religious requirement jewelry) must be taped or securely covered.
3. For the daily physical activities: wear appropriate running shoes and loose- fitting clothing that will not inhibit movement.

**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 pen) to all curricular and co-curricular physical activities.
3. Students remove eyeglasses during daily physical activity, physical education classes and intramurals. If eyeglasses cannot be removed, it is recommended that the student wear an eyeglass strap or shatterproof lenses.
4. Students wear/apply environmental protection for all outdoor activities (e.g., sunscreen, hat, insect repellent).
5. A safety inspection is carried out at home of any equipment brought to school for personal use in class, or in intramural/club activities (e.g., skis, skates, helmets).

*Should your son/daughter/ward sustain an injury where a concussion is suspected then the Greater St. Albert Roman Catholic Separate School District No. 734 School Board Concussion Protocol must be followed.*

*If your son/daughter/ward is diagnosed with a concussion, the “Monitoring/Medical Examination Form” must be completed and the Greater St. Albert Roman Catholic Separate School District No. 734 School Board Concussion Protocol must be followed before the student returns to physical education classes and intramural/ club activities. The school administrator or schools lead will provide further information should it be required.*

## MEDICAL INFORMATION FORM SCHOOL, PHYSICAL EDUCATION, OFF-SITE ACTIVITIES, INTRAMURALS & CLUBS

### STUDENT INFORMATION

#### Current Student Mailing Address

Student's Last Name:

Student's First Name:

Street Address:

City/Town:

Prov:

PC:

Student's Health Care # (Optional):

#### Parent/Guardian Contact Information

Parent/Guardian Name(s):

Home phone:

Cell phone:

### OTHER INFORMATION

Physician's Name:

Physician's Phone Number:

#### Emergency Contact Information

Emergency Contact Name:

Home phone:

Cell phone:

**NOTE: An annual medical examination is recommended.**

### MEDICAL INFORMATION

1. Date of last complete examination: \_\_\_\_\_
2. Date of last tetanus immunization: \_\_\_\_\_
3. Is your son/daughter/ward allergic to any drugs, food or medication or other? ☐ Yes ☐ No

4. Does your son/daughter/ward wear a medical alert bracelet, neck chain, or carry a medical alert card? ☐ Yes ☐ No

If yes, please provide details. \_\_\_\_\_

5. Has your son/daughter/ward been diagnosed as anaphylactic? ☐ Yes ☐ No

If yes, does he/she carry an EpiPen? ☐ Yes ☐ No

6. Does your son/daughter/ward take any prescription drugs? ☐ Yes ☐ No

If yes, please provide details and if medication is required, ensure appropriate medical labels are attached to the medication. \_\_\_\_\_

a. What medication(s) should the participant (son/daughter/ward) have available during the sport activity? \_\_\_\_\_

b. Who should administer the medication? \_\_\_\_\_

7. Does your son/daughter/ward wear glasses? ☐ Yes ☐ No

8. Does your son/daughter/ward have:

a. Orthodontic Appliances? ☐ Yes ☐ No

b. Crowns? ☐ Yes ☐ No

c. Bridges? ☐ Yes ☐ No

9. Please indicate if your son/daughter/ward has been subject to any of the following:

☐ epilepsy

☐ diabetes

☐ orthopedic problems

☐ hearing loss

☐ asthma

☐ allergies

☐ heart disorder

☐ head or back injuries

☐ arthritis

☐ rheumatism

☐ chronic nosebleeds

☐ dizziness

☐ fainting

☐ headaches

☐ diagnosed concussion (in the past 3 years)

☐ hernia

☐ dislocated shoulder

☐ swollen or hyper mobile or painful joints  
trick or lock knee

Please provide pertinent details for anything checked off in questions 9.

10. Please indicate any other medical condition that will limit your participation or require medication to the activity program: \_\_\_\_\_

**NOTE:**

**If a concussion has been diagnosed over the summer break, the Request to Resume Participation – Concussion Related Injuries form must be completed by a physician before the student returns to class/intramural and interschool activities.**

Signature:

\_\_\_\_\_  
Parent/ Legal Guardian

\_\_\_\_\_  
Date

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## PERMISSION AND ACKNOWLEDGEMENT OF RISK SCHOOL, PHYSICAL EDUCATION, OFF-SITE ACTIVITIES, INTRAMURALS & CLUBS

### Elements of Risk Notice

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. 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 affecting the head, neck or back. Some injuries can lead to paralysis or prove to be life-threatening. 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. A student choosing to participate in physical activities assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. Please call the school to discuss safety concerns related to any physical activity in which your child/ward is participating.

☐ I have read and acknowledge the activity and risk disclosure information provided to me about the School, Physical Education, Off-Site Activities, Intramurals, and Club activities my son/daughter/ward will participate in.

☐ I give my permission for my son/daughter/ward \_\_\_\_\_ to participate in the School, Physical Education, Off-Site Activities, Intramurals & Clubs Activities.

Signature:

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date

## PERMISSION AND ACKNOWLEDGEMENT OF RISK INTERSCHOOL ATHLETIC PROGRAM

### Elements of Risk Notice: Inter-school Athletics

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. 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 affecting the head, neck or back. Some injuries can lead to paralysis or prove to be life-threatening. 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. A student choosing to participate in physical activities assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. Please call the school to discuss safety concerns related to any physical activity in which your child/ward is participating.

### Medical Services Authorization (Optional)

In a situation when emergency medical or hospital services are required by the above listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes medical personnel and/or hospital to administer medical and/or surgical services, including anaesthesia and drugs. I understand that any cost will be my responsibility.

Signature:

Parent/ Legal Guardian Signature

Date

- ☐ I/We have read and understand the notices of Elements of Risk and Student Accident Insurance.
- ☐ I/We hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my/our son/daughter/ward for personal health, medical, dental and accident insurance coverage.
- ☐ I/We give permission for my son/daughter/ward \_\_\_\_\_ to try out/participate on the \_\_\_\_\_ team during the school year.

Signature:

Parent/ Legal Guardian Signature

Date