Halton District School Board

Secondary Physical Education Information Letter, Acknowledgement of Elements of Risk and Medical Information Form 2025/2026

Please retain this letter for your information. You are required to complete and return the last page to the Health and Physical Education Teacher, containing required acknowledgement of elements of risk and medical information pertaining to your child or yourself (Student at the Age of Majority).

Physical activity is essential for healthy growth and development. Active participation in Physical Education classes provide opportunities for students to develop the skills and confidence necessary to be independently physically active. As well, they are able to develop the skills necessary to make positive decisions regarding personal fitness and the value of physical activity in daily life.

The Halton District School Board (HDSB) strives to provide the safest possible environment in which every student, regardless of physical, mental, emotional abilities and cultural background, can be physically active.

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:** Target Games (e.g. curling, bowling, bocce), Striking/Fielding Games (e.g. cricket, baseball, field hockey), Net/Wall Games (e.g. volleyball, tennis, badminton), Zone Games (e.g. soccer, basketball), Individual Pursuits (e.g. fitness, yoga, self-defense), and Outdoor Education (e.g. hiking, biking, climbing, orienteering, camping and canoeing).

Elements of Risk Notice: In all physical activities there is an element of risk. 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 (e.g., concussion). Accidents/injuries may 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. Participants assume this risk but reduce the chance of an accident/injury occurring by carefully following instructions at all times during the activity.

Concussions: The HDSB Concussion Prevention, Identification and Management Administrative Procedure will be followed if a student sustains a jarring impact to the head, face, neck or body and shows signs and/or symptoms of a concussion. Parents/guardians will be asked to seek medical attention for their child from a Physician/Nurse Practitioner using an HDSB Suspected Concussion Form which must be completed and returned to the school. If a concussion is diagnosed, a Home and School Concussion Management Plan must be followed. Included in this plan is the Concussion Medical Clearance Form, to be completed by a Physician/Nurse Practitioner before the student returns to any physical education classes, intramural activities and interschool practices and/or competitions.

Note: Students who receive a suspected or diagnosed concussion outside of school hours or school events are still required to follow the HDSB Concussion Prevention, Identification and Management Administrative Procedure.

All parents/guardians are required to review the HDSB Parent/Guardian Concussion Prevention, Awareness Resources and Code of Conduct video: https://www.youtube.com/watch?v=DbQPWd0nCDM. More information on concussions can be found by searching: HDSB Student Health > Concussions or at the Government of Ontario's website: www.ontario.ca/page/rowans-law-concussion-safety.

Student Accident Insurance: The HDSB 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. Companies that offer student insurance are Study Insured or Insure My Kids. In general, school aged children would access medical/dental/health insurance through their parents/guardians insurance coverage offered through work. If the parents/guardians do not have benefits through work, then insurance can be purchased through one of the above companies or care can be accessed through Halton Public Health.

Sudden Arrhythmia Death Syndrome (SADS): SADS refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden cardiac death in young, apparently healthy people. Fainting or seizure during/after physical activity or resulting from emotional excitement, emotional distress or being startled can be a warning sign of SADS. The school response is to call Emergency Medical Services (911) and inform parents/guardians. Parents/guardians are to be provided with a SADS Information page as well as a Fainting Episode Form. The student must not participate in physical activity until cleared by a medical assessment and the Fainting Episode Form is completed by the parent/guardian and returned to the school administrator/designate. For further information, visit www.sads.ca.

In the interest of student safety in physical education, students must:

- wear appropriate attire for safe participation; running shoes with a flat rubber treaded sole which are secured to the foot are a minimum requirement along with appropriate clothing for the physical activity (e.g., shorts/sweatpants and t-shirt/sweatshirt).
- follow their individual Plan of Care and have immediate access to their emergency medications (e.g., asthma inhalers, epinephrine auto injectors) when participating in all physical activities.
- comply with the instructions of the teacher/supervisor, following Board/school procedures when requested to remove jewelry as certain types of jewelry can pose a hazard and cause injury to the wearer and/or other participants. **Note:** Medic Alert identification and religious articles of faith that cannot be removed must be taped or securely covered (i.e., athletic tape, sweatbands or compression clothing).
- remove eyeglasses during all physical activity; if eyeglasses cannot be removed, the student must wear an eyeglass safety strap and shatterproof lenses.
- come to school prepared to participate safely outdoors, protecting themselves from environmental conditions where appropriate (e.g., use of hats, sunscreen, sunglasses, insect repellent, and appropriate clothing).
- have a safety inspection carried out at home of any equipment brought to school for personal use (e.g., skis, skates, helmets) to ensure it is in good working order and is suitable for personal use.

Note: If a student misses any physical activity due to non-concussion related illness or injury requiring professional medical attention, a Return to Physical Activity (Non-Concussion Medical Illness/Injuries) Form must be completed and returned to the school in order for the student to have permission to return to physical activity. Should parents/guardians or students have any further questions or concerns related to safety in physical activity, please discuss this with your child's teacher.

Halton District School Board

Secondary Physical Education Acknowledgement of Elements of Risk and Medical Information Form 2025/2026

Last Name: _____ **First Name:** _____

Health and Physical Education Teacher: _____ **Grade:** _____

Parents/Guardians or Students at the Age of Majority, are required to complete and return this page to the Health and Physical Education Teacher, containing required acknowledgement of elements of risk and medical information pertaining to your child or yourself (Student at the Age of Majority).

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990, c. E.2 and will be used only for purposes related to the HDSB policy on Risk Management. Questions with respect to this collection should be directed to your school principal or to privacy@hdsb.ca.

Elements of Risk Notice: I acknowledge and have read the Elements of Risk Notice.

Parent/Guardian Signature: _____ Date: _____

Student at the Age of Majority Signature: _____ Date: _____

Concussions: I have reviewed the HDSB Parent/Guardian Concussion Prevention, Awareness Resources and Code of Conduct video.

Parent/Guardian Signature: _____ Date: _____

Student at the Age of Majority Signature: _____ Date: _____

Emergency Contact Info: Parent/Guardian Name: _____

Cell Phone #: _____ Work Phone #: _____ Alternate Phone #: _____

Emergency Contact Name: _____ Emergency Contact #: _____

***Note: An annual medical examination is recommended. If a medical condition requires further explanation please contact the teacher.**

****Note: For the following statements, "you" refers to Students at the Age of Majority.**

Medical Information
Are you/is your child allergic to any drugs, food or medication/other? **Yes** **No**
If yes, please provide details: _____

Medical Alert Information
Do you/does your child wear a medical alert bracelet? **Yes** **No**
Do you/does your child wear a neck chain? **Yes** **No**
Do you/does your child carry a medical alert card? **Yes** **No**
If yes, please specify what is written on it: _____

Medications
Do you/does your child take any prescription drugs? **Yes** **No**
If yes, please provide details: _____

What medication(s) should be accessible during the physical activity? Who should administer the medication? Please provide details: _____

Oral and Visual Appliance
Do you/does your child wear eyeglasses? **Yes** **No**
Do you/does your child wear contact lenses? **Yes** **No**
Do you/does your child wear an orthodontic appliance? **Yes** **No**
Do you/does your child have dental restorations (i.e., crowns, bridges) **Yes** **No**

Medical Conditions
Please indicate (circle) if you or your child have/has been diagnosed as having any of the following medical conditions and provide relevant details.

Allergies (include allergen trigger): _____ **Anaphylaxis** **Asthma**

Deaf or Hard of Hearing **Epilepsy** **Heart Disorders** **Type I Diabetes** **Type II Diabetes**

Other: _____

Please provide relevant details and accommodations (e.g., Plan of Care) to be made if you or your child cannot fully participate in physical activities:
_____

_____

Physical Ailments
Please circle any that apply and provide relevant details:

Arthritis or Rheumatism **Chronic Nosebleeds** **Dizziness** **Fainting** **Headaches**

Head or back conditions or injuries (in the past two years) **Hernia**

Orthopaedic Conditions **Spinal Conditions** **Swollen/Hypermobile/Painful Joints**

Trick/Lock Knee **Other: _____**

Please provide relevant details: _____

Concussions
Have you or has your child previously been diagnosed with a concussion? **Yes** **No**

How many times? _____ When was the last diagnosis? _____ (mm/dd/yy)

What medical advice was given by a physician/nurse practitioner about participating in future physical activity? _____

Other Conditions
Please indicate any other conditions that will limit participation or that the teacher should be aware of:
_____

_____