

## ELEMENTARY/SECONDARY INTRAMURAL ACTIVITIES/CLUBS FORM

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TEACHER/STAFF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_  
INTRAMURAL ACTIVITY/CLUB: \_\_\_\_\_

### Parent/Guardian Information (retain pages 1-3 for your information)

Your child/ward has indicated interest in participating in the school's intramural program (listed above). The information below is intended to assist you in making a decision as to whether or not you give consent for your child/ward to participate in the school's intramural program (listed above). If after reading the information you give consent, please complete the Acknowledgement of Risks, Consent to Participate and the Emergency Contact - Medical Information sections and return the forms to the staff supervisor no later than \_\_\_\_\_.

Physical Activity programs at both the curricular and intramural level provide opportunities for students to make decisions regarding personal fitness and to value physical activity in their daily life. The emphasis in the intramural program is maximum participation, fair play, teamwork, and sportsmanship. The program is used to enhance and extend the physical education program in the classroom.

### ELEMENTS OF RISK

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 (e.g. concussion).

### CONCUSSION INFORMATION

HCDSB Concussion Policy and Procedures will be followed if a student sustains a hit or blow to the head or body and shows signs or symptoms of concussion. Concussion information for the parent/guardian and the student is available on the HCDSB website – Parent + Safe, Healthy and Inclusive Schools + Medical Conditions + Concussion Protocol. Management of a concussion is key to supporting the student during recovery.

Please be advised that your child/ward will be asked to seek medical attention if signs and symptoms of concussion arise. You are required, along with your child/ward, to view Dr. Evans' video - *Concussion Management and Return to Learn*: [bit.ly/Concussion-Management](http://bit.ly/Concussion-Management). A link to the video is also available on your school's website. The video will provide you with the necessary information regarding: the definition and seriousness of a concussion, the signs and symptoms of a suspected concussion, the importance of reporting a suspected concussion, and concussion management including Return to School and Return to Physical Activity.

Please initial under the section of Acknowledgment of Risks that you have viewed the Dr. Evans' Concussion video.

For a diagnosed concussion that occurs as a result of activity outside of the school setting, you are to inform the school Principal as soon as possible.

**For non-concussion related injury/illness:**

When a student misses an activity due to an injury or illness requiring professional medical attention (e.g. medical doctor, chiropractor, physiotherapist), the parent/guardian must inform the teacher/staff supervisor who will then provide the following form – *A Return to Physical Activity – Non-Concussion Medical Illness/Injuries*. A parent/guardian will complete the form and return it to the teacher/staff supervisor giving their child/ward permission to return to the activity. When students are returning to activities with injuries/illnesses such as spinal injuries, fractures, torn ligaments or mononucleosis etc., the parent/guardian is requested to provide the teacher/staff supervisor with the treatment, management and recovery plan from their child/ward's medical professional.

**STUDENT ACCIDENT INSURANCE NOTICE**

Halton Catholic District School Board does not provide any accidental death, disability, dismemberment, and medical/dental expenses insurance on behalf of the students participating in the activity. For insurance coverage of injuries, you are encouraged to consider the STUDENT ACCIDENT INSURANCE PLAN made available by the school to parents at the beginning and throughout the school year. Please initial under the Acknowledgment of Risks section that you have read and understand the Student Accident Insurance Notice.

In your child/ward's best interest, we recommend an annual medical examination. It is important that your child/ward participate safely and comfortably in the intramural program. Please note the following:

- a) Students, with applicable medical condition, will have their emergency medication readily accessible during all activities (e.g. asthma inhalers, epinephrine auto injectors, diabetes blood testing kit and fast acting sugar).
- b) Certain types of jewellery can pose a hazard and cause injury to the wearer and/or other participants during activities. Students must comply with the instructions of the teacher/staff supervisor, and/or the board/school procedures, when requested to remove jewellery. Medic alert identification that cannot be removed must be taped or securely covered.
- c) If your child/ward wears glasses that cannot be removed during intramural activities, the wearing of an eyeglass strap and shatter-resistant /shatterproof lens is required.
- d) Attention should be paid to environmental concerns (e.g. protection from sun, hypothermia, dehydration and frostbite).
- e) In the event that the student uses personal or borrowed sports equipment, the student or parent/guardian (if the student is under the age of 18) is responsible for ensuring that the equipment is in good working order, fits properly, conforms with recognized safety standards, and has not been altered from its original condition.

**Communication of injury/illness:**

If your child/ward sustains an injury or contracts an illness requiring medical attention, it is your responsibility to contact the teacher/staff supervisor to provide any necessary or updated information that might influence their ability to participate in the activity.

**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 sudden arrhythmia death syndrome. The school response is to call emergency medical services (911) and inform the parent/guardian. The parent/guardian is to be provided information on – Sudden Arrhythmia Death Syndrome (SADS), which contains information about SADS as well as a Documentation of a Fainting Episode Form. The student is not to participate in physical activity until cleared by a medical assessment. The form is completed by a parent/guardian and returned to the school administrator/designate.

**Further information – [www.sads.ca](http://www.sads.ca)**

**PRIVATE MOTOR VEHICLES TRANSPORTATION AND INSURANCE**

Halton Catholic District School Board recognizes that private motor vehicles may be used for transportation. All volunteer drivers must complete the HCDSB Transportation of Students in Private Vehicles Driven by Volunteer Drivers form. Student drivers must complete the Transportation of Students in Private Vehicles Driven by Other Student Drivers and student passengers are to complete the Student Passenger Request Form to be approved by the principal/designate. HCDSB requires all drivers to have a minimum of \$1 000 000 third party liability insurance coverage. HCDSB provides non-owned Automobile Liability Insurance for claims that exceed the owner’s insurance while the vehicle is being operated for HCDSB business. This coverage would respond to claims that exceed \$1 000 000.

**School Specific Information:** *(Activity coordinators list details specific to the program delivery)*

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**ACKNOWLEDGEMENT OF RISKS AND CONSENT TO PARTICIPATE FORM**

**STUDENT NAME:** \_\_\_\_\_ **TEACHER:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**REQUIRED INITIALS/SIGNATURES FOR PARTICIPATION**

Should any of the following intramural programs be offered throughout the school year, please check off which activities your child would be allowed to participate in.

**ACKNOWLEDGEMENT OF RISKS**

I hereby acknowledge and accept the risks inherent in the requested activity \_\_\_\_\_ and assume responsibility for my child/ward's personal health, medical, dental and accident insurance.

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

**CONCUSSION INFORMATION**

I hereby discussed the identification (signs and symptoms) and management of concussion with my child/ward based on the HCDSB Concussion protocol and/or Dr. Evans' video.

**Initials of parent/guardian** \_\_\_\_\_

**STUDENT ACCIDENT INSURANCE NOTICE**

I have read and understand the Student Accident Insurance Notice.

**Initials of parent/guardian** \_\_\_\_\_

**CODE OF CONDUCT**

I am aware that it is a privilege and not a right to participate in intramurals. Therefore, I fully understand that it is the responsibility of the student to follow the school's Code of Conduct.

Signature of Student: (all participants) \_\_\_\_\_ Date: \_\_\_\_\_

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

- |                                                |                                     |                                                 |
|------------------------------------------------|-------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Ball Hockey           | <input type="checkbox"/> Basketball | <input type="checkbox"/> Dodgeball/Tag Games    |
| <input type="checkbox"/> Football (Flag/Touch) | <input type="checkbox"/> Skipping   | <input type="checkbox"/> Soccer/Soccer Baseball |
| <input type="checkbox"/> Ultimate Frisbee      | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Other: _____           |
|                                                |                                     | <input type="checkbox"/> None                   |

**CONSENT TO PARTICIPATE**

I give consent for our child/ward to participate in the above intramural activity/activities during the \_\_\_\_\_ School year.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_  
(if over 18)

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

**BEHAVIOUR AGREEMENT**

I am aware of my legal responsibilities set out in the Parental Responsibility Act. Subject to the Parental Responsibility Act, I agree to pay any damages that may be occasioned through the misconduct or carelessness of my child/ward to the person or property of any other party or parties.

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

This information is collected under the authority of the *Education Act* s. 321, s.265 (1)(d), *Sabrina's Law and Ryan's Law*, in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act*. Information will be used in the case of a medical emergency. If you have questions regarding the collection, use or disclosure of this information, please speak to your school Principal.



## EMERGENCY CONTACT- MEDICAL INFORMATION

This form must be readily accessible to teacher/staff supervisors during all activities.

**STUDENT NAME:** \_\_\_\_\_ **TEACHER:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**EMERGENCY CONTACT: List order to call 1-2-3**

Parent/Guardian Name: _____	Contact Number(s): _____
Parent/Guardian Name: _____	Contact Number(s): _____
Emergency Contact Name: _____	Contact Number(s): _____

**CURRENT MEDICAL INFORMATION:**

1. If your child/ward wears or carries a medic alert bracelet, neck chain or card (please circle) :  
Please specify what is written on it: \_\_\_\_\_  
First aid procedures in case of incident: \_\_\_\_\_
2. If your child/ward has a medical condition (e.g. anaphylaxis, asthma, concussion, type 1 diabetes, type 2 diabetes, epilepsy, heart condition, other), please specify:

Provide First Aid procedures in case of incident or contact teacher/staff supervisor with more detailed management information:  
\_\_\_\_\_

3. What medication(s) (prescription and non-prescription) should your child/ward have with them?  
\_\_\_\_\_  
When should the medication be taken? \_\_\_\_\_  
Who should administer the medication? \_\_\_\_\_

4. Specify any other physical limitations your child/ward has that may affect their full participation with activities. Provide pertinent details or contact teacher/staff supervisor:  
\_\_\_\_\_

**MEDICAL SERVICES AUTHORIZATION - (OPTIONAL SIGNATURE)**

Every reasonable effort will be made by the school/hospital to contact the parent/guardian before any medical services are provided. In cases where contact is tried, but not made, I/we give consent to medical services.

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

This information is collected under the authority of the Education Act s. 321, s.265 (1)(d), Sabrina's Law and Ryan's Law, in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. Information will be used in the case of a medical emergency. If you have questions regarding the collection, use or disclosure of this information, please speak to your school Principal.