

**SECONDARY HEALTH AND PHYSICAL EDUCATION CURRICULUM – MEDICAL
INFORMATION/ELEMENT OF RISK (ASSUMPTION OF RISK)– IN-PERSON AND REMOTE LEARNING**

This form supersedes any prior form GF 405 submitted on behalf of the Student (defined below). It must be completed for all students and returned to the school prior to participation in any physical activities related to the school.

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. The Health and Physical Education Curriculum (Curriculum) provides 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 each student participates safely and comfortably in the physical education program. The Dufferin-Peel Catholic District School Board (DPCDSB) adheres to the Ontario Physical and Health Education Association (OPHEA) Guidelines. Please note that the following applies for participation in each of the Remote and In-Person learning modes:

- a) When the Student is participating in school remotely, including physical activities, it is the responsibility of the parent/guardian to ensure that the Student has appropriate supervision specific to their needs;
- b) An annual medical examination is recommended;
- c) Appropriate attire for safe participation must be worn (T-shirt, shorts or track pants and running shoes). Hanging jewelry must not be worn;
- d) The wearing of an eyeglass band and/or shatterproof lens if the Student wears glasses which cannot be removed during physical education classes;
- e) The wearing of sun protection and appropriate gear for all outdoor activities;
- f) Safety inspection at home of any equipment to be used by the Student when participating remotely or equipment brought to school for personal use in class.

(Name of Student)

(Grade)

(Home-room Teacher)

I would like to inform the school about these facts pertaining to the Student's physical/medical condition related to their participation in the Curriculum.

1. What medication(s) should the Student have on hand during in-person health and physical education class?

2. Does the Student 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 Curriculum: _____

4. Should the Student sustain an injury or contract an illness requiring medical attention during the school year, immediately notify the school and complete the "Request to Resume Athletic Participation Form", as applicable.

If during the school year the Student's medical information profile changes, you must notify the school immediately.

ELEMENTS AND ASSUMPTION OF RISK: Educational activity programs, such as sporting events or activities, field trips and other activities, present various elements of risk. Incidents related to such activities may occur and cause injury through no fault of the DPCDSB or its staff or the facility at which the activity or event is being held. Participants must assume these risks.

The following is a non-exhaustive list of school activities that have the potential for more serious consequences: alpine skiing/snowboarding, broomball (ice), cheerleading (acrobatic), field hockey, field lacrosse, gymnastics, ice hockey, ringette (ice), swimming, wrestling, and/or field events: high jump, shot put, as well as, any physical activity, regardless of the level of supervision by a student's parent/guardian/caregiver, that the student participates in while participating in school as a remote learner.

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.

Various **health/physical education activities** may take students into the immediate community to participate, e.g., in-class cross country running, orienteering, soccer, softball, etc., at nearby community parks or in or around the Student's home or location of participation in remote learning.

I am the custodial parent or legal guardian of the Student and have the authority to execute this Assumption of Risk or I am the Student and at least 18 years of age, or at least 16 years of age and withdrawn from parental control.

I acknowledge the element of risk information noted above for the Curriculum.

I acknowledge that while participating in remote learning, **supervision** of the Student, including during physical activity, is the **responsibility of the Parent/Guardian** and not DPCDSB or its staff.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

As used in this Assumption of Risk, a parent/guardian refers to the custodial parent/legal guardian of the Student and adult student refers to a student who is at least 18 years of age or is at least 16 years of age and has withdrawn from parental control.

NOTE TO STUDENT/PARENT(S)/GUARDIAN(S)/ADULT STUDENTS: The DPCDSB does not provide any insurance, including accidental death, disability, dismemberment or medical expenses' insurance on behalf of students. The DPCDSB distributes information on how to purchase Student Accident Insurance to the parent/guardian/student, annually.

I acknowledge that the DPCDSB does not provide insurance for students.

I acknowledge that I am aware of the Student Accident Insurance that can be purchased at www.insuremykids.com.

(Signature of Student)

(Date)

(Signature of Parent/Guardian/Adult Student)

(Date)

Distribution to: Parent/Guardian/Adult Student/School

Personal information on this form is collected under the legal authority of the *Education Act*, R.S.O. 1990, c.E.2. as amended and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* R.S.O. 1990 C.M56, 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 be directed to the School Principal.

(Revised November 2020)

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