

**SECONDARY INTERSCHOOL-
MEDICAL INFORMATION/ELEMENT OF RISK/PERMISSION TO PARTICIPATE**

This form is to be completed on behalf of a student who wishes to participate in interschool activities and returned to the coach/teacher prior to the student's first tryout.

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. Participation in interschool activities 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. Interschool activities may take place either at school or at an out-of-school location.

It is important that your son/daughter participate safely and comfortably in the interschool activity. The Dufferin-Peel Catholic District School Board adheres to the Ontario Physical and Health Education Association (OPHEA) Guidelines. In your child's best interests we recommend the following:

- a) An annual medical examination;
- b) Appropriate attire and footwear for safe participation;
- c) Hanging jewelry must not be worn. Jewelry which cannot be removed and which presents a safety concern must be taped;
- d) The wearing of an eyeglass band and/or shatterproof lens if your child wears glasses which cannot be removed during interschool activities;
- e) The wearing of sun protection for all outdoor activities;
- f) Safety inspection at home of any equipment brought to school for personal use, must meet appropriate certification, e.g. Canadian Standards Association (CSA) approved.

STUDENT NAME _____ TEACHER: _____
HOME ADDRESS _____
STUDENT ADDRESS (If different from home) _____ PHONE _____
HOME PHONE # _____
PARENT/GUARDIAN _____ WORK PHONE # _____
EMERGENCY CONTACT NAME _____ PHONE # _____

I would like to inform the school about these facts pertaining to my son/daughter's physical/medical condition related to his/her participation in the Interschool activity.

1. What medication(s) should your son/daughter have on hand during the interschool activity?

2. Does your son/daughter 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 program: _____

Should your son/daughter sustain a concussion or an injury requiring medical attention, notify the school immediately and complete the "Request to Resume Athletic Participation Form", as applicable.

