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## Appendix A

### Sample Intramural Activities Information Letter to Parents/Guardians, Medical Information Form and Consent to Participate

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#### PART A: SAMPLE INFORMATION LETTER TO PARENTS/GUARDIANS

Dear Parent/Guardian:

*Please retain these pages for your information.*

Physical activity is essential for 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, intramural activities provides opportunities for students to develop the skills and confidence necessary to play and work co-operatively and competitively with their peers.

*[In this section, schools should identify examples of intramural activities which may be offered to students during the school year.]*

#### **ELEMENTS OF RISK NOTICE**

*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). 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. Please call the school to discuss safety concerns related to any physical activity in which your child/ward is participating.*

*(School/board may wish to provide information about their concussion protocol/procedures)*

#### **Concussions - sample statement**

(Name of School Board)'s concussion policy and procedures will be followed if a student sustains a hit or blow to the head or body and shows signs and/or symptoms of concussion. Please be advised that you will be asked to seek medical attention (i.e. medical doctor or nurse practitioner) for your child/ward if signs and/or symptoms of concussion occur. Concussion information for parents and students is available at (school board website). You are advised along with your child to view Dr. Evans' video - *Concussion Management and return to learn*: [www.health.gov.on.ca/en/public/programs/concussions](http://www.health.gov.on.ca/en/public/programs/concussions)

#### **Student Accident Insurance Notice**

The (name of school board) 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.

**Sudden Arrhythmia Death Syndrome (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 parents/guardians. Parents/guardians are to be provided with Appendix M - 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 and the Documentation of a Fainting Episode Form is completed by parent/guardian and returned to the school administrator/designate. For further information please visit [www.sads.ca](http://www.sads.ca).

**In the interest of safety**

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 or sweat pants and t-shirt/sweat shirt).

Certain types of jewellery can pose a hazard and cause injury to the wearer and/or other participants during intramural physical activity. Students must comply with the instructions of the teacher/supervisor, following board/school procedures, when requested to remove jewellery.

Medic alert identification and religious articles of faith that cannot be removed must be taped or securely covered.

We strongly recommend that students have an annual medical examination.

Students must bring emergency medications (e.g., asthma inhalers, epinephrine auto injectors) to all intramural activities.

Students must remove eyeglasses during intramurals. If eyeglasses cannot be removed, the student must wear an eyeglass strap and shatterproof lenses.

Students must be made aware of ways to protect themselves from environmental conditions (e.g., use of hats, sunscreen, sunglasses, access to liquid replacement, insect repellent, appropriate clothing).

A safety inspection must be carried out at home of any equipment brought to school for personal use in intramural/club activities (e.g., skis, skates, helmets).

*PLEASE NOTE: FREEDOM OF INFORMATION - The information provided on this form is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Freedom of Information and Protection of Privacy Act and will be utilized only for the purposes related to the Board's Policy on Risk Management. Any questions with respect to this information should be directed to your school principal.*

## PART B: SAMPLE MEDICAL INFORMATION FORM AND CONSENT TO PARTICIPATE

*Parents/guardians are requested to complete the following medical information form, acknowledgement of Elements of Risk Notice and request to participate in intramural activities and return to their child/ward's teacher.*

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

(Where your child's/ward's condition is confidential or requires further explanation you are requested to contact your child's/ward's teacher.)

Date of last complete medical examination: \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Is your child allergic to any drugs, food or medication/other? Yes \_\_\_ No \_\_\_

If yes, provide details \_\_\_\_\_

### 1. Medic Alert Information

Does your child/ward wear a medical alert bracelet? Yes \_\_\_ No \_\_\_

Does your child/ward wear a neck chain? Yes \_\_\_ No \_\_\_

Does your child/ward carry a medical alert card? Yes \_\_\_ No \_\_\_

If yes, please specify what is written on it: \_\_\_\_\_

### 2. Medications

Does your child/ward take any prescription drugs? Yes \_\_\_ No \_\_\_

If yes, provide details \_\_\_\_\_

What medication(s) should be accessible during the physical activity?  
\_\_\_\_\_

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

### 3. Oral and Visual Appliance

Does your child/ward wear eyeglasses? Yes \_\_\_ No \_\_\_

Does your child/ward wear contact lenses? Yes \_\_\_ No \_\_\_

Does your child/ward wear an orthodontic appliance? Yes \_\_\_ No \_\_\_

Does your child/ward have dental restorations (i.e., crowns, bridges)? Yes \_\_\_ No \_\_\_

#### 4. Medical Conditions

Has your child/ward been identified as anaphylactic? Yes\_\_ No \_\_

If yes, does he/she carry an epinephrine auto injector (e.g., EpiPen/Allerject)?

Yes\_\_ No\_\_

Please indicate if your child/ward has been diagnosed as having any of the following medical conditions and provide pertinent details.

Circle any that apply and provide relevant details:

Asthma	Epilepsy	Type I Diabetes	Type II Diabetes
Heart disorders	Allergies	Deafness	Other

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#### 5. Physical Ailments

Circle any that apply and provide relevant details:

arthritis or rheumatism	spinal conditions	orthopaedic conditions
chronic nosebleeds	fainting	trick or lock knee
dizziness	headaches	hernia
swollen, hyper-mobile or painful joints		

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

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Has your child/ward previously been diagnosed with a concussion? Yes\_\_ No\_\_

How many times? \_\_\_\_

When was the last diagnosis? \_\_\_\_\_ (month/day/year)

What medical advice was given by a medical doctor/nurse practitioner about participating in future physical activity? \_\_\_\_\_

If your child/ward is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school physical activity, the Appendix C-3 - Documentation of Medical Examination must be completed before the student returns to physical education classes, DPA, intramural activities and interschool practices and competitions. Request the form from the school administrator.

Please indicate any other medical condition that will limit participation or that the intramural supervisor should be aware of:

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**Elements of Risk Notice**

I acknowledge and have read the Elements of Risk notice.

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

**Intramural Activities/Clubs Permission**

I give permission for my child/ward to participate in intramural activities/clubs.

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