

DSBN CURRICULAR (PHYSICAL EDUCATION CLASSES) INTRAMURAL/ATHLETIC PROGRAMS

PERMISSION TO PARTICIPATE FORM

Name of School _____

Name of Student _____ Grade _____

1. Please indicate if your child/ward has been subject to any of the following and provide pertinent details:

➤ epilepsy, diabetes, orthopaedic problems, heart disorders, asthma, allergies:

Yes No If yes, please describe _____

➤ head or back conditions or injuries (in the past two years):

Yes No If yes, please describe _____

➤ arthritis or rheumatism; chronic nosebleeds; dizziness; fainting; headaches; dislocated shoulder, hernia; swollen, hyper-mobile or painful joints; trick or lock knee:

Yes No If yes, please describe _____

2. What medication(s) should your child/ward have on hand during the physical activity?

Who should administer the medication? _____

3. Has your child/ward been identified as anaphylactic? Yes No

➤ If yes, does he/she carry an epinephrine auto injector (e.g., EpiPen)? Yes No

4. Does your child/ward wear a medical alert bracelet, medical chain or medical alert card? Yes No

➤ If yes, please specify what is written on it: _____

5. Does your child/ward have any other diagnosed medical condition that will require modification to the program?

6. If a concussion has been diagnosed over the summer break, the Request to Resume Athletic Participation - Concussion Related Injuries form must be completed by a physician before the student returns to class/intramural and interschool activities. See Appendix D.

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. 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. Some activities that are identified as having the potential for more serious consequences are: alpine skiing, snowboarding, snowsports, broomball (ice), cheerleading (acrobatic), field hockey, field lacrosse, gymnastics, ice hockey, ringette (ice), swimming, wrestling, and/or field events: high jump, shot put. 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.

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

I give permission for my child/ward _____ to participate in the curricular athletic program.

Parent/Guardian Signature: _____ Date: _____

PLEASE NOTE: FREEDOM OF INFORMATION - The information provided on this form is collected pursuant to the District School Board of Niagara 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 Risk Management. Any questions with respect to this information should be directed to your school principal.

ADMINISTRATIVE PROCEDURE

SECTION:	GENERAL SCHOOL OPERATIONS	A.P. NO.:	1-14
TOPIC:	PERMISSION TO PARTICIPATE IN CURRICULAR (PHYSICAL EDUCATION CLASSES) AND INTRAMURAL/ EXTRA-CURRICULAR ATHLETIC PROGRAMS	PAGE:	Page 1 of 1
		DATE:	June 2011
REVIEW DATE:	June 2016	REVISED:	December 2013

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 endurance necessary for a physically active lifestyle. Active participation in curricular (physical education) classes, which includes games, dance, gymnastics, and outdoor pursuits, provides opportunities for students to develop the skills and confidence necessary to play and work co-operatively and competitively with their peers.

Students participating in the curricular (physical education) athletic program and any extra-curricular athletic programs must complete a *Permission to Participate Form* (see Appendix A or Appendix B). These forms include medical and personal information needed by a coach/staff member in case of an emergency.

The DSBN Curricular (Physical Education Classes) Intramural/Athletic Program Permission to Participate Form (Appendix A) must be completed annually in September and whenever there are any health changes to a student prohibiting or altering their participation in athletic programs. This form (Appendix A) must be completed for every student of the DSBN participating in curricular (physical education classes) intramural/athletic programs.

The DSBN Extra-Curricular Athletic Program Permission to Participate Form (Appendix B) needs to be completed by each student **for each sport**, upon the student being selected by the coach/staff to participate in the athletic activity after tryouts.

Due to the confidential nature, completed forms shall be stored in the main office and shall be readily accessible by the coach at all times, including during practices and games.

Attachments

- Appendix A: DSBN Curricular (Physical Education Classes) Intramural/Athletic Programs – Permission to Participate Form
- Appendix B: DSBN Extra-Curricular Athletic Program - Permission to Participate Form
- Appendix C: Emergency Action Plan for Students with Anaphylaxis
- Appendix D: Request to Resume Athletic Participation: Concussion Related Injuries

References

- Policy D-04: Elementary Interschool Athletic Program
- Administrative Procedure 1-13: Elementary Interschool Athletic Association
- Administrative Procedures 3-27: Concussions