

# Sample Curricular Parent/Guardian Letter

Dear Parent/Guardian:

Please retain this information letter for your information.

Please complete and provide the [Curricular Medical Information and Acknowledgement of Elements of Risk Form](#) to the teacher no later than:

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 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.

*(In this section, individual schools should highlight various curricular physical education topics at the primary, junior, intermediate and senior levels. Be sure to identify unique programs which take students into the immediate community (for example, in-class cross-country running and skating)).*

## Elements of Risk Notice

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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 (for example, 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/school board may wish to provide information about their concussion protocol/procedures)*

## Concussions

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[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 (that is, 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 review Parachute's [Concussion Guide for Parents and Caregivers](#).

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

You are advised to be aware of:

- the dangers of participating with a concussion;
- the school board concussion policy; and
- the importance of encouraging the ethical values of fair play and respect for opponents.

You are advised to review Sample Concussion Prevention Strategies, or (equivalent school board concussion prevention strategies) with your child/ward.

## **Sudden Arrhythmia Death Syndrome (SADS)**

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Sudden Arrhythmia Death Syndrome 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 must be provided with the information found in the [Sudden Arrhythmia Death Syndrome \(SADS\)](#) section, which contains information about SADS as well as a Fainting Episode form. The student must not 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).

## **Daily Physical Activity**

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As part of the Ministry of Education's Daily Physical Activity (DPA) initiative, every student at our school will be participating daily in 20 minutes of moderate-to-vigorous physical activity. Research has shown that daily, sustained physical activity has a positive impact on students' academic achievement, readiness to learn, behaviour, self-esteem, and level of physical fitness. This DPA program will take place in physical education classes and in other areas of the school on non-physical education days.

Aerobic routines, fitness circuits, and power walks are some examples of DPA sessions. For the DPA program, clothing and footwear must not pose a safety hazard.

## Student Absence Due to Illness or Injury

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If a student misses a class due to illness or injury requiring professional medical attention (for example, medical doctor, chiropractor, physiotherapist), a [Return to Physical Activity Form \(Non-Concussion Medical Illnesses/Injuries\)](#) can be obtained from the school. It must be completed and returned to the school giving the student permission to return to play.

An annual medical examination is strongly recommended.

Students must follow their individual Plan of Care in having immediate access to their emergency medications (for example, asthma inhalers, epinephrine auto injectors) when participating in curricular physical activities.

## Clothing, Footwear and Jewellery

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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 (for example, 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 physical activity. Students must comply with the instructions of the teacher, 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.

Students that require glasses during physical activity must have a safety strap and/or shatterproof lenses for their glasses.

Students must come to school prepared to participate safely outdoors protecting themselves from environmental conditions where appropriate (for example, use of hats, sunscreen, sunglasses, insect repellent, appropriate clothing.)

## Equipment

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A safety inspection must be carried out at home of any equipment brought to school for personal use in class (for example, skis, skates, helmets) to ensure it is in good working order and is suitable for

personal use.

## Student Accident Insurance Notice

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The [name of school board] does not provide any accidental death, disability, dismemberment/medical/dental expense insurance for student participation in school sponsored activities (for example, 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.

## Sample Curricular Medical Information and Acknowledgement of Elements of Risk Form

*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.*

**Parents/guardians are requested to complete this medical information form and acknowledgement of Elements of Risk Notice 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:

## Medic Alert Information

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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:

## Oral and Visual Appliance

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Does your child/ward wear eyeglasses?

- Yes
- No

Does your child/ward wear contact lenses?

- Yes
- No

Does your child/ward wear orthodontic appliance?

- Yes
- No

Does your child/ward have dental restorations (that is, crowns, bridges)?

- Yes
- No

## Medical Conditions

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Indicate if your child/ward has been diagnosed as having any of the following medical conditions and provide relevant details:

- Allergies
- Anaphylaxis
- Asthma
- Deafness
- Epilepsy
- Heart disorders
- Type I Diabetes
- Type II Diabetes

Other:

Relevant details:

Please provide relevant details and accommodations (for example, Plan of Care) to be made if your child cannot fully participate in physical activities:

## Medications

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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?

## Physical Ailments

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Indicate any physical ailments that apply and provide relevant details:

- Arthritis or rheumatism
- Chronic nosebleeds
- Dizziness
- Fainting
- Headaches
- Hernia
- Orthopaedic conditions
- Spinal conditions
- Swollen, hyper-mobile or painful joints
- Trick or lock knee
- Head or back conditions or injuries (in the past two years)

Relevant details:

## Concussion

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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, a [\*\*Medical Concussion Assessment Form\*\*](#) must be completed before the student returns to physical education classes and daily physical activity (DPA). Request the form from the school administrator.

## Other Conditions

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

## Elements of Risk Notice

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I acknowledge and have read the Elements of Risk notice in the [\*\*Curricular Parent/Guardian Letter\*\*](#).

Parent/Guardian Signature:

Date: