



Longfields Davidson Heights Secondary School

Health & Physical Education Department

149 Berrigan Drive, Ottawa, ON. K2J 5C6

MEDICAL INFORMATION, ACTIVITIES OFF SCHOOL PROPERTY, ROWAN'S LAW AND NOTICE OF RISK FORM

Dear Parents, Guardians and Students,

Physical education is essential for normal, healthy growth and development. Growing bones and muscles require not only good nutrition, but also vigorous physical activity to increase the strength and endurance necessary for a healthy active lifestyle. **Active** participation in physical education classes, which includes sports, games, outdoor pursuits, gymnastics, dance, etc. provides opportunities for students to develop the skills and confidence necessary to be independently physically active and to make positive decisions regarding personal fitness and the value of physical activity in their daily lives.

Activities taking place OFF School property - NOTICE

Throughout the year, there may be opportunities during regular class times to take part in activities such as hiking, running, cross-country skiing, snowshoeing, skating, in-line skating, cycling, etc. Some of these activities will take students off school property to sites such as Core Park, Walter Baker Sports Complex, NCC bike path, and our neighborhood streets.

Please be advised that these activities will take your child off the school grounds during class time.
Supervision will be provided as required.

PRIOR TO SIGNING THE 2nd PAGE OF THIS DOCUMENT, PLEASE REVIEW THE FOLLOWING TWO RESOURCES ON ROWAN'S LAW (CONCUSSION AWARENESS).

** These resources can also be found on our <http://ldhathletics.ca> website under the PE Resources Tab.

Rowan's Law - Concussion Awareness Resource:

<https://files.ontario.ca/mfcs-rowans-law-booklet-ages-15-and-up-en-2019-05.pdf>

Rowan's Law - Student-Athlete and Parents/Guardians Concussion Code of Conduct:

https://clarkofsa.s3.ca-central-1.amazonaws.com/s3fs-public/final_athlete_parent_-_code_of_contact.pdf

- I will help prevent concussions;
- I will care for my health and safety by taking concussions seriously
- I will not hide concussion symptoms. I will speak up for myself and others.
- I will take the time I need to recover, because it is important for my health

Students may at times be asked, where possible, to provide certain equipment. For example, if skating is offered as a class activity, your son/daughter MUST wear a certified helmet and bring owned or borrowed skates to participate. The use of LDH equipment may be limited by the OCDSB and Ottawa Public Health in order to maintain COVID-19 safety protocols.

In times when safety allows, Longfields Davidson Heights Athletic Association runs an intramural program over the lunch period. In such a case, students are encouraged to come to the gym and participate.

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 class / intramural / club activities that are identified as having the potential for more serious consequences are: alpine skiing / snowboarding, broomball (ice), field hockey, field lacrosse, gymnastics, ice hockey, ringette (ice), swimming, wrestling, high jump, shot put, discus, etc. The safety and well being of students is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks.

In the interest of safety in physical education classes, students must:

1. Wear appropriate attire for safe participation indoors (e.g. t-shirt, shorts or track pants) and outdoors (i.e. layers, rain jacket, gloves, hat, sunglasses, clothing that will protect the student from any type of weather). Weather appropriate footwear, such as running shoes or winter boots that provide good support and traction are critical. A change of socks for wet or cold days are recommended.
2. Hanging jewelry (e.g. necklaces, hoop earrings) must not be worn. In some activities, (e.g. wrestling) no jewelry at all can be worn.

In the interest of safety in physical education classes, we strongly recommend:

1. Students have an annual medical examination.
2. Students bring emergency medications (e.g. asthma inhalers, EpiPen) to all curricular physical activities.
3. Students remove eyeglasses during Phys Ed classes. If eyeglasses cannot be removed, wear an eyeglass strap and/or shatterproof lens.
4. Students wear / apply environmental protection for all outdoor activities (e.g. sunscreen, hat, mittens, scarves, gloves) as appropriate.
5. A safety inspection at home of any equipment brought to schools for personal use in class (e.g. skis, skates, helmets)

STUDENT MEDICAL INFORMATION FORM

Student Name (Print Neatly)		Course Code		Teacher	
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1. Please indicate if your son / daughter / ward has been subject to any of the following and provide pertinent details (*please circle all that apply*):

a) Epilepsy, diabetes, orthopedic problems, heart disorders, asthma, allergies:

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

c) Arthritis or rheumatism; chronic nosebleeds; dizziness; fainting; headaches; dislocated shoulder; hernia; swollen, hyper mobile or painful joints; trick or lock knee:

2. a) What medication(s) should the participant have on hand during physical activity/exercise?

b) Who should administer the medication?

3. Has your son / daughter / ward been identified as an anaphylactic? Y ____ N ____.

* If yes, does he / she carry an epinephrine auto injector (e.g. EpiPen)? Y ____ N ____.

4. Does your son / daughter / ward wear:

a medical alert bracelet: Y or N neck chain: Y or N or carry a medic alert card? Y or N

If yes, please specify what is written on it:

5. Does your son / daughter / ward wear eyeglasses? Y or N contact lenses? Y or N

6. Does your son / daughter / ward have any other relevant medical condition that will require modification or accommodations to the program?

In signing this form, I acknowledge accuracy of the above medical information, and the elements of risk information noted on the previous page. (*In addition, please check boxes below.*)

- ☐ I have read ALL concussion awareness resources as it relates to Rowan's Law
☐ I give permission for my son/daughter to participate in activities off of school property

Student signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

PLEASE NOTE: FREEDOM OF INFORMATION The information provided on this form is collected pursuant to the OCDSB'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 Acts and will be utilized only for the purposes related to the OCDSB's Policy on Risk Management. Any questions with respect to this information should be directed to your school principal.