



Halton
District
School
Board

Secondary Intramural Information Letter, Acknowledgement of Elements of Risk, Consent to Participate, and Medical Information Form 2025/2026

Please retain this letter for your information. You are required to complete and return the last page to your child's/your homeroom teacher, containing required acknowledgement of elements of risk, consent to participate and medical information pertaining to your child or yourself, as Student at the Age of Majority.

Physical activity is essential for healthy growth and development. Active participation in Intramural activities provide opportunities for students to develop the skills and confidence necessary to be independently physically active. As well, they are able to develop the skills necessary to make positive decisions regarding personal fitness and the value of physical activity in daily life.

The Halton District School Board (HDSB) strives to provide the safest possible environment in which every student, regardless of physical, mental, emotional abilities and cultural background, can be physically active.

Intramural Activities: Throughout the school year, students will have an opportunity to participate in intramural activities. These activities are defined as school-sponsored physical/recreation activities that occur outside the students instructional time, and are not competitions against other outside teams/groups. Intramurals encourage school-wide involvement with an emphasis on participation, as opposed to competition. Examples of intramural activities may include sport games and sport imitations, low organization activities, drop-in physical activities, and some special events and clubs.

Elements of Risk Notice: In all physical activities there is an element of risk. 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). Accidents/injuries may 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. Participants assume this risk but reduce the chance of an accident/injury occurring by carefully following instructions at all times during the activity.

Concussions: The HDSB Concussion Prevention, Identification and Management Administrative Procedure will be followed if a student sustains a jarring impact to the head, face, neck or body and shows signs and/or symptoms of a concussion. Parents/guardians will be asked to seek medical attention for their child from a Physician/Nurse Practitioner using an HDSB Suspected Concussion Form which must be completed and returned to the school. If a concussion is diagnosed, a Home and School Concussion Management Plan must be followed. Included in this plan is the Concussion Medical Clearance Form, to be completed by a Physician/Nurse Practitioner before the student returns to any physical education classes, intramural activities and interschool practices and/or competitions.

Note: Students who receive a suspected or diagnosed concussion outside of school hours or school events are still required to follow the HDSB Concussion Prevention, Identification and Management Administrative Procedure.

All parents/guardians are required to review the HDSB Parent/Guardian Concussion Prevention, Awareness Resources and Code of Conduct video: <https://www.youtube.com/watch?v=DbQPWd0nCDM>. More information on concussions can be found by searching: [HDSB Student Health](#) > Concussions or at the Government of Ontario's website: www.ontario.ca/page/rowans-law-concussion-safety.

Student Accident Insurance: The HDSB 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. Companies that offer student insurance are [Study Insured](#) or [Insure My Kids](#). In general, school aged children would access medical/dental/health insurance through their parents insurance coverage offered through work. If the parents/guardians do not have benefits through work, then insurance can be purchased through one of the above companies or care can be accessed through [Halton Public Health](#).

Sudden Arrhythmia Death Syndrome (SADS): 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 SADS. The school response is to call Emergency Medical Services (911) and inform parents/guardians. Parents/guardians are to be provided with a SADS Information page as well as a Fainting Episode Form. The student must not participate in physical activity until cleared by a medical assessment and the Fainting Episode Form is completed by the parent/guardian and returned to the school administrator/designate. For further information, visit www.sads.ca.

In the interest of student safety in intramural activities, 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/sweatpants and t-shirt/sweatshirt).
- follow their individual Plan of Care and have immediate access to their emergency medications (e.g., asthma inhalers, epinephrine auto injectors) when participating in all physical activities.
- comply with the instructions of the teacher/supervisor, following Board/school procedures when requested to remove jewelry as certain types of jewelry can pose a hazard and cause injury to the wearer and/or other participants. **Note:** Medic Alert identification and religious articles of faith that cannot be removed must be taped or securely covered (i.e., athletic tape, sweatbands or compression clothing).
- remove eyeglasses during all physical activity; if eyeglasses cannot be removed, the student must wear an eyeglass safety strap and shatterproof lenses.
- come to school prepared to participate safely outdoors, protecting themselves from environmental conditions where appropriate (e.g., use of hats, sunscreen, sunglasses, insect repellent, and appropriate clothing).
- have a safety inspection carried out at home of any equipment brought to school for personal use (e.g., skis, skates, helmets) to ensure it is in good working order and is suitable for personal use.

Note: If a student misses any physical activity due to non-concussion related illness or injury requiring professional medical attention, a Return to Physical Activity (Non-Concussion Medical Illness/Injuries) Form must be completed and returned to the school in order for the student to have permission to return to physical activity. Should parents/guardians or students have any further questions or concerns related to safety in physical activity, please discuss this with your child's teacher/supervisor.



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Secondary Intramural Acknowledgement of Elements of Risk, Consent to Participate, and Medical Information Form 2025/2026

Last Name: _____ First Name: _____

Teacher: _____ Grade: _____

Parents/Guardians or Students of the Age of Majority are required to complete and return this page to the homeroom teacher, containing required Intramural acknowledgement of elements of risk, consent to participate and medical information pertaining to your child or yourself (Student at the Age of Majority).

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990, c. E.2 and will be used only for purposes related to the HDSB policy on Risk Management. Questions with respect to this collection should be directed to your school principal or to privacy@hdsb.ca.

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

Parent/Guardian Signature: _____ Date: _____

Student at the Age of Majority Signature: _____ Date: _____

Intramural Activities Consent to Participate: I give permission for myself/my child to participate in intramural activities.

Parent/Guardian Signature: _____ Date: _____

Student at the Age of Majority Signature: _____ Date: _____

Concussions: I have reviewed the HDSB Parent/Guardian Concussion Prevention, Awareness Resources and Code of Conduct video.

Parent/Guardian Signature: _____ Date: _____

Student at the Age of Majority Signature: _____ Date: _____

Emergency Contact Info: Parent/Guardian Name: _____

Cell Phone #: _____ Work Phone #: _____ Alternate Phone #: _____

Emergency Contact Name: _____ Emergency Contact #: _____

***Note: An annual medical examination is recommended. If a medical condition requires further explanation please contact the teacher/supervisor.**

****Note: For the following statements, "you" refers to Students at the Age of Majority.**

Medical Information

Are you/is your child allergic to any drugs, food or medication/other? **Yes No**

If yes, please provide details: _____

Medical Alert Information

Do you/does your child wear a medical alert bracelet? **Yes No**

Do you/does your child wear a neck chain? **Yes No**

Do you/does your child carry a medical alert card? **Yes No**

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

Medications

Do you/does your child take any prescription drugs? **Yes No**

If yes, please provide details: _____

What medication(s) should be accessible during the physical activity? Who should administer the medication? Please provide details: _____

Oral and Visual Appliance

Do you/does your child wear eyeglasses? **Yes No**

Do you/does your child wear contact lenses? **Yes No**

Do you/does your child wear an orthodontic appliance? **Yes No**

Do you/does your child have dental restorations (i.e., crowns, bridges) **Yes No**

Medical Conditions

Please indicate (circle) if you or your child have/has been diagnosed as having any of the following medical conditions and provide relevant details.

Allergies (include allergen trigger): _____ **Anaphylaxis Asthma**

Deaf or Hard of Hearing Epilepsy Heart Disorders Type I Diabetes Type II Diabetes

Other: _____

Please provide relevant details and accommodations (e.g., Plan of Care) to be made if you or your child cannot fully participate in physical activities:

Physical Ailments

Please circle any that apply and provide relevant details:

Arthritis or Rheumatism Chronic Nosebleeds Dizziness Fainting Headaches

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

Orthopaedic Conditions Spinal Conditions Swollen/Hypermobility/Painful Joints

Trick/Lock Knee Other: _____

Please provide relevant details: _____

Concussions

Have you or has your child previously been diagnosed with a concussion? **Yes No**

How many times? _____ When was the last diagnosis? _____ (mm/dd/yy)

What medical advice was given by a physician/nurse practitioner about participating in future physical activity? _____

Other Conditions

Please indicate any other conditions that will limit participation or that the teacher/supervisor should be aware of: _____