

Form 216.6 Medical Information Form

Medical Information Form

MEDICAL INFORMATION FOR PARTICIPATION IN PHYSICAL EDUCATION

(School Name)

Dear Parent/Guardian:

Vigorous 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. Active participation in games, fitness activities, dance, gymnastics and outdoor activities provides opportunities for students to gain the confidence necessary to pursue a physically active lifestyle. Physical education programs allow students to experience the fitness feeling and to help them understand and make decisions regarding personal fitness and the value of physical activity in their daily lives.

Occasionally activities such as cross country running and skating will take students off the school grounds and into the immediate community. These are important components of the physical education program and direct supervision will be provided. When activities such as downhill skiing involve bus trips, a parent consent form will be sent home with students.

The potential for injury exists in every athletic activity and is greater in some activities than in others. Injuries may range from minor sprains and strains to more serious injuries. 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.

It is important that your child participate safely and comfortably in the physical education program. In your child's best interests we recommend the following:

- an annual medical examination.
- appropriate clothing for safe participation (T-shirt, shorts or track pants and running shoes). Students must not wear jewelry or chew gum during physical activity.
- a headband and/or glasses with shatterproof glass if your child wears glasses which cannot be removed during physical education classes.
- sun protection for all outdoor activities. Sun protection includes sunscreen, sunglasses, a hat and appropriate protective clothing.
- safety inspection at home of any equipment brought to school for class use (e.g., skis, skates, helmets).

Medical Information Form (continued)

Please complete the form attached and have your child return it to his/her teacher.

MEDICAL INFORMATION FORM

Name of Student: _____

Course: _____

Teacher: _____

1. Please indicate if your child has been subject to any of the following and provide pertinent details: epilepsy, diabetes, orthopedic problems, heart disorders, asthma, allergies:

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

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

2. What medication(s) should your child have on hand during sports activities?

Please note that medicine is dispensed in accordance with board of education policy. Contact the school principal for more information.

3. Does your child wear a medic alert bracelet, neck chain or carry a medic alert card?

Yes _____ No _____

If yes, please specify what is written on it:

4. Please describe any other relevant medical conditions that will limit your child's full participation in sports activities.

5. Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____