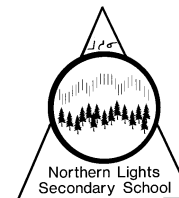


**Physical Education Safety Guidelines
Secondary-Intramurals and Physical Education Classes**

NORTHERN LIGHTS SECONDARY SCHOOL



Dear Parents/Guardians:

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 pursuits provides opportunities for students to gain the confidence necessary to pursue a physically active lifestyle. Physical education programs provide opportunities for 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.

Northern Lights offers a variety of programs. Please be advised that some of these activities will take your child off the school grounds. Supervision will be provided.

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. 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.

All students must have running shoes on to participate in intramurals, and a gym uniform and running shoes for physical education classes.

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:

- a) An annual medical examination.
- b) Appropriate attire for safe participation, as prescribed by the teacher. Hanging jewelry must not be worn. Jewelry which cannot be removed and which presents a safety concern must be taped.
- c) The use of eyeglass strap and/or shatterproof lens if your child wears glasses which cannot be removed during physical education classes.
- d) The wearing of sun protection for all outdoor activities.

Please complete the attached Medical Information Form and have your child return it to his/her teacher. If further information is needed, please contact the school at 705-336-2900.

NORTHERN LIGHTS SECONDARY SCHOOL - MEDICAL INFORMATION FORM

Name of Student: _____

Date of Birth: _____

1. Please indicate if your son/daughter has been subject to any of the following and provide pertinent details: epilepsy, diabetes, orthopedic problems, heart disorders, asthma, allergies _____
If your child has allergies, do they require an Epi-Pen? Yes No
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 the participant have on hand during school or while engaging in a sports activity? _____

Who should administer the medication? _____
3. Does your son/daughter wear/have a **medic alert bracelet/neck chain** or **medic alert card?** or **N/A.** If yes, please specify what is written on it: _____

4. Does your son/daughter wear eyeglasses? Yes No Contact Lenses? Yes No
5. Any other relevant medical condition that will require modification of the program: _____

In signing this form, I acknowledge the element of risk information noted above.

Student Signature: _____

Date: _____

Parent/Guardian: _____

Date: _____

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.