



# SAMPLE LETTER TO PARENTS/GUARDIANS

*In this section Program Supervisors can highlight physical activities that will take place in the program. Be sure to identify unique programs which take participants into the immediate community (e.g. swimming and skating).*

## ▶ IN THE INTEREST OF SAFETY

Dear Parent/Guardian:

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 to increase the strength and endurance necessary for a physically active lifestyle.

Every child should feel safe when participating in physical activities! Providing children with a safe environment in which to learn and play while offering consistent messages about safety will help them gain the skills they need to act responsibly throughout their lives.

### ALL PARTICIPANTS ARE TO WEAR:

- ▶ Appropriate athletic footwear (e.g. running shoes with a flat rubber sole that is secured to the foot). Running shoes with higher heels, wheels, rubber, plastic, metal cleats, open toes, or open heels are not appropriate.
- ▶ Loose fitting clothing that will not inhibit movement.

### JEWELRY:

- ▶ For physical activities hanging jewelry (e.g. necklaces, hoop earrings, etc) is not to be worn, except medical alert jewelry. In some activities (e.g. tag games), jewelry can be worn. Jewelry which cannot be removed is to be taped or covered.

### IN THE INTEREST OF SAFETY, WE STRONGLY RECOMMEND THAT:

1. Participants have an annual medical examination.
2. Participants bring emergency medications (e.g. asthma inhalers, epinephrine pen, etc) to all physical activities.
3. Participants remove eyeglasses during physical activities. If eyeglasses cannot be removed, the participant is to wear an eyeglass strap or shatterproof lenses.
4. Participants protect themselves from environmental hazards (e.g. use of sunscreen, hat, insect repellent, etc).
5. A safety inspection is carried out at home of any equipment brought to the activity program for personal use in class (e.g. helmets, skateboards, bats, etc).



With regard to the physical activity program, please complete the medical information form and have your child/ward return it to the Program Leader or Program Supervisor.

## MEDICAL INFORMATION FORM

NAME OF PARTICIPANT \_\_\_\_\_

### 1. PLEASE INDICATE IF YOUR SON/DAUGHTER/WARD HAS BEEN SUBJECT TO ANY OF THE FOLLOWING AND PROVIDE PERTINENT DETAILS:

epilepsy, diabetes, orthopaedic 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 SON/DAUGHTER/WARD HAVE ON HAND DURING THE PHYSICAL ACTIVITY?

Who should administer the medication? \_\_\_\_\_

### 3. HAS YOUR SON/DAUGHTER/WARD BEEN IDENTIFIED AS 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 N

Neck chain? Y  N  Carry a medical alert card? Y  N

If yes, please specify what is written on it:

### 5. DOES YOUR SON/DAUGHTER/WARD HAVE ANY OTHER RELEVANT MEDICAL CONDITION THAT WILL REQUIRE MODIFICATION TO THE PROGRAM?

### 6. IF A CONCUSSION HAS BEEN DIAGNOSED, PERMISSION MUST BE GRANTED, IN WRITING, BY A PHYSICIAN. BEFORE THE PARTICIPANT RETURNS TO ACTIVITIES REFER TO THE RESOURCE MATERIAL: SUSPECTED CONCUSSION – RETURN TO PARTICIPATION FORM.



**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 may result from the nature of the activity and can occur without fault on either the part of the participant, the Program Provider, its employees/agents or the facility where the activity is taking place. Some activities have been identified as having the potential for more serious consequences (e.g. swimming). The safety and well-being of participants is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks inherent in physical activity. Please call the Program Provider to discuss safety concerns related to any physical activity in which your child/ward is participating.

I acknowledge and have read the Elements of Risk notice.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date: