

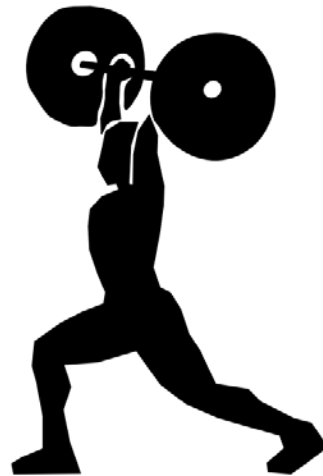


Safety  
Guidelines



# St. Theresa's High School Weight & Fitness Club

## Information & Registration Package 2016-2017





Wednesday September 21<sup>st</sup>, 2016

Dear Parent/Guardian:

Your son and/or daughter \_\_\_\_\_ has indicated a desire to participate as a member of the St. Theresa's High School 2016-2017 ***Fitness & Weight Training Club***. Please find below some very important information regarding the Fitness & Weight Room Policies & Procedures, Code of Behaviour, Safety and Equipment usage. All students wishing to become a member of the St. Theresa's High School Fitness & Weight Training Club must read and understand all policies and procedures pertaining to the use of the Fitness & Weight room. Students must also participate in a ***mandatory*** Fitness and Weight Room in-service/training session prior to being allowed to work out in the St. Theresa's High School Fitness & Weight Room Training Center. Students and parents are asked to read through the following information thoroughly. Students/Parents/guardians are required to complete the following forms in order to participate in physical activities as part of the Weight & Fitness Club and return to Mrs. Burns:

- Medical Information Form
- Student/Parent (Guardian) Weight & Fitness Club Contract Acknowledgement and Agreement
- Elements of Risk Notice
- Weight & Fitness Club Participation Permission

Students and parents are asked to please retain this information package for future reference.

***Please note that any student who disregards the Weight & Fitness Room Rules, Regulations and Policies and who places the safety of others and themselves at risk will lose all Weight & Fitness Room privileges (without refund) and may be subject to further disciplinary action.***

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. Active participation in intramural activities 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.

#### ***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 (e.g., concussions). 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. 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. Please call the school to discuss safety concerns related to any physical activity in which your child/ward is participating.

The Simcoe Muskoka Catholic District School Board's concussion policy and procedures will be followed if a student sustains a hit or blow to the head or body and shows signs and/or symptoms of concussion. Please be advised that you will be asked to seek medical attention (i.e. medical doctor or nurse practitioner) for your child/ward if signs and/or

symptoms of concussion occur. Concussion information for parents and students is available at St. Theresa's High School from a school administrator. You are advised along with your child to view Dr. Evans' video - Concussion Management and return to learn: [www.health.gov.on.ca/en/public/programs/concussions](http://www.health.gov.on.ca/en/public/programs/concussions)

#### Student Accident Insurance Notice:

The Simcoe Muskoka Catholic District School Board 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.

#### Sudden Arrhythmia Death Syndrome (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 sudden arrhythmia death syndrome. The school response is to call emergency medical services (911) and inform the parents/guardians. Please find included in this package **Appendix M - Sudden Arrhythmia Death Syndrome (SADS)**, which contains information about SADS as well as a **Documentation of a Fainting Episode Form**. The student is not to participate in physical activity until cleared by a medical assessment and the Documentation of a Fainting Episode Form is completed by parent/guardian and returned to the school administrator. For further information on SADS please visit - [www.sads.ca](http://www.sads.ca)

In the interest of safety, while participating in weight room and fitness activities as part of the fitness club at St. Theresa's High School during the 2016-2016 school year:

1. 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 appropriated clothing for physical activity (e.g., shorts or sweat pants and t-shirt/sweat shirt).
2. Students **MUST** only wear clean indoor running shoes in the weight/fitness room and while using any weight/fitness room equipment and machines.
3. Students may **NOT** wear any jewellery (e.g., necklaces, hoop earrings). Jewellery which cannot be removed must be taped or covered.
1. We strongly recommend that students have an annual medical examination.
2. Students must bring emergency medications (e.g., asthma inhalers, epinephrine auto injector) to all weight/fitness room physical activities.
3. Students must remove eyeglasses during weight/fitness room activities. If eyeglasses cannot be removed, wear an eyeglass strap or shatterproof lenses.
4. Students must be made aware of ways to protect themselves from environmental conditions (e.g., use of hats, sunscreen, sunglasses, access to liquid replacement, insect repellent, appropriate clothing).
5. A safety inspection must be carried out at home of any equipment brought to school for personal use in class (e.g., weight lifting safety belts, weight lifting gloves).

**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 for Interschool Athletics. Any questions with respect to this information should be directed to your school principal.

# STUDENT'S RESPONSIBILITIES

Students are to conduct themselves in ways that show respect for the safety and well-being of both themselves and others.

From the Education Act:

A pupil shall:

- be diligent in attempting to master such studies as are part of the program in which the pupil is enrolled;
- exercise self-discipline;
- accept such discipline as would be exercised by a kind, firm and judicious parent; and
- show respect for school property.

Every pupil is responsible for his or her conduct to the principal of the school that the pupil attends:

- on the school premises;
- on out-of-school activities that are part of the school program; and
- while traveling on a school bus that is owned by a school board or on a bus that is under contract to a school board.

Foolhardy behaviour, the use of alcohol, and the non-medical use of drugs, including performance enhancing drugs, must be viewed as safety hazards and must be strictly forbidden at all times.

This prohibition extends to all co-curricular activities, whether they take place inside school or off school property (e.g., cross-country skiing field trip, in-the-gym basketball activity).

Students must understand how to follow safety procedures and why they should do so.

Students must be informed of the importance of contributing to their own safety.

All students/participants are expected to take increasing responsibility for their own safety as they mature.

The standards of safety are affected by the student's skill and understanding.

## WEIGHT ROOM SAFETY RULES & REGULATIONS, POLICIES & PROCEDURES

1. Appropriate athletic clothing & footwear must be worn for each workout.
2. **No Outdoor Shoes** are permitted in the weight room, fitness room and/or on any of the fitness equipment.
3. Obey all signs posted throughout the Weight Room and Fitness Room.
4. A teacher supervisor must be present at **ALL** times for students to be in or using any equipment in the weight room/fitness room.
5. Do not use any equipment that appears damaged or defective. Report any defects or damaged equipment to the teacher supervisor immediately so that the equipment can be promptly repaired before further use is permitted.
6. A proper warm up with stretching is required prior to lifting.
7. A **buddy system must be used** when lifting free-weights over body. A spotter must be used for all free weight exercises. Always use a spotter for any exercise in which you could possibly lose control (e.g., bench press, back squats, front squats).
8. There is a minimum of 2 students in the fitness room at any one time.
9. Lift within your limits. Never sacrifice proper technique to lift extra weight as it can lead to injury.
10. Safety belts are required for heavy lifts using abdominals and back.
11. Make sure you are familiar with the training area and proper use of all weight equipment prior to using it.
12. Collars must be used for free weight barbells.
13. Lift with control not speed. Perform exercises in a slow, controlled manner.
14. Be alert at all times!!
15. Return all equipment to its proper place after use. Unstack the bars **ALWAYS** and return the weight plates to their storage rack!!
16. Return all dumbbells to the storage rack placing them in order as per the signage.
17. All weight room participants must disinfect all equipment using the appropriate disinfectant bottles provide in the fitness room (including mats, benches, spinning bikes, elliptical trainers, barbells etc.) after each use.
18. All members must bring their own personal towel to the weight room.
19. Respect all students using the equipment. Inappropriate behaviour, rudeness, making fun of others or swearing will not be tolerated.
20. Students must adhere to the lifting guidelines as posted. This includes proper use of equipment and spotting.
21. **NO HORSEPLAY!**
22. All students members must participate in an training session that will include instruction in proper fitness and weight training techniques/use and safety procedures before a membership card will be granted;
23. All student members and parents must be aware of and understand the inherent risks specific to weight training and/or fitness centre activities;
24. All student members and parents must sign a consent form prior to the student's participation in a training session and/or use of weight room/fitness centres.
25. All student members must have their membership card with them in order to enter the fitness/weight training area and must always sign in and out of area.
26. Only members that are training are allowed in the room. **NO SPECTATORS!**
27. Anyone who disregards the Fitness Room Rules, Regulations, Policies and Procedures will lose all privileges (E.g., suspension or loss of membership pass, closure of fitness room) and may be subject to further disciplinary action.

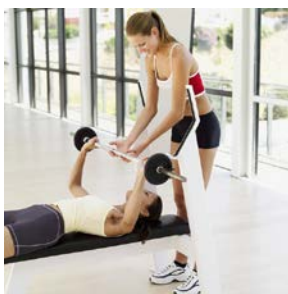


## GENERAL LIFTING GUIDELINES

1. Practice all techniques with a light weight before attempting heavier resistance.
2. Ensure proper grip for each exercise.
3. Keep your back straight at all times when lying down or standing.
4. When performing standing lifts, be sure to have a wide stable base with your feet flat on the floor.
5. When lifting objects from the floor, use your legs not your back.
6. Keep the weight close to your body.
7. Communicate with your spotter. Make sure you understand the expectations of the lift and proper technique for each exercise you are performing.
8. All lifts should be done through full range of motion. Extend and flex completely when you lift.
9. Concentrate on the muscles that should be doing the work and lift slowly.
10. Progress slowly over a period of time.
11. Allow for rest between training days (usually 48 hours).
12. Control your breathing at all times.
13. Never hold your breath. A lack of oxygen can reduce blood flow and may cause dizziness or fainting.
14. Breathe out (exhale) during the exertion (concentric phase). Breathe in during relaxation (eccentric phase). Do not hyperventilate (breathe rapidly).
15. Be sure to keep your hands on the bar and maintain pressure until the weights are put safely on the racks.

## GENERAL GUIDELINES FOR SPOTTING

1. Exercises performed with the bar moving over the head, positioned on the back, positioned on the shoulders, and passing over the face need a spotter.
2. Spot with a supinated (palms up) grip.
3. Pay attention to the lifter at ALL TIMES.
4. Move



## Appendix M

### Sudden Arrhythmia Death Syndrome - SADS

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#### Information:

Sudden Arrhythmia Death Syndrome (SADS) refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden death in young, apparently healthy people.

- e.g., Long QT Syndrome (LQTS) - a genetic condition that predisposes individuals to arrhythmias, fainting spells and sudden death. It is often symptomless and can therefore remain undiagnosed.

Research suggests that over 700 Canadians under the age of 35 die each year from an undiagnosed cardiac rhythm disorder.

#### Resources:

- Sudden Arrhythmia Death Syndrome Educational Video - [www.sads.ca](http://www.sads.ca)

#### Prevention of Sudden Cardiac Death:

Recognition of the **warning signs** and early medical intervention are the keys to preventing sudden cardiac death in children and young adults.

#### WARNING SIGNS

*(student with no previously diagnosed heart condition):*

- Fainting or seizure during physical activity
- Fainting or seizures resulting from emotional excitement, emotional distress or being startled (e.g., a sudden noise such as a school fire alarm system).
- All situations where there is fainting even when the individual wakes up quickly and seems fine

Note: These symptoms are not conclusive in and by themselves; however, the presentation of any one symptom requires an immediate cardiac evaluation.

#### School Response to a Fainting Episode:

- Call 911 immediately: it is important to provide EMS with information of what led up to the individual fainting.
- Contact parents/guardians as soon as reasonably possible.
- Provide parents/guardians with:
  - Information on Sudden Arrhythmia Death Syndrome
  - Documentation of a Fainting Episode Form - to be returned to the school principal/designate (see page 4 of this Appendix).

#### Return to Physical Activity:

- No participation in physical activity until a medical assessment is completed and information from the parent/guardian is provided to the school administrator/designate.
- School administrator/designate informs staff who provide student with physical activity that the student is not to participate in physical activity until parents have

returned the completed Documentation of a Fainting Episode form (see page 4 of this appendix).

- Once the completed form has been returned, the school administrator/designate informs relevant staff (physical education teacher, coach, intramural supervisor) whether the student can participate in physical activity based on the information provided.
- School administrator/designate files Documentation of a Fainting Episode form in the student's OSR.

**Parent/Guardian Response to a Fainting Episode:**

- Parent/guardian is to seek immediate medical attention for the child/ward, requesting a cardiac assessment to be completed (e.g., analysis of the heart rhythm by a cardiologist or an electrophysiologist).
- Parent/guardian returns the completed Documentation of a Fainting Episode Form to the school administrator/designate.



## Parent/Guardian Sample Information Form - Sudden Arrhythmia Death Syndrome

Dear Parent(s)/Guardian(s):

Your son/daughter/ward has experienced a fainting episode at school. Fainting can be caused by a number of varying conditions. Our school protocol is to inform you of a medical condition called Sudden Arrhythmia Death Syndrome (SADS) along with our school response and required parental/guardian follow-up for your child/ward to return to physical activity.

SADS refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden death in young, apparently healthy people.

- e.g., Long QT Syndrome (LQTS) - a genetic condition that predisposes individuals to arrhythmias, fainting spells and sudden death. It is often symptomless and can therefore remain undiagnosed.

For more information on SADS access: [www.sads.ca](http://www.sads.ca)

### **Prevention of Sudden Cardiac Death:**

Recognition of the **warning signs** and early medical intervention are the keys to preventing sudden cardiac death in children and young adults.

#### **WARNING SIGNS:**

- Fainting or seizure during physical activity
- Fainting or seizures resulting from emotional excitement, emotional distress or being startled (e.g., a sudden noise such as a school fire alarm system).
- All situations where there is fainting even when the individual wakes up quickly and seems fine

Note: These symptoms are not conclusive in and by themselves; however, the presentation of any one symptom requires an immediate cardiac evaluation.

#### **School Response to a Fainting Episode:**

- Call 911 immediately: provide EMS with information of what led up to the individual fainting.
- Contact parents/guardians as soon as reasonably possible.
- Provide parents with information on SADS and a documentation form to be returned to the school administrator/designate.
- No participation in physical activity until a medical assessment is completed and information from the parent/guardian is provided to the school administrator/designate.

#### **Parent Response to a Fainting Episode:**

- Parent/guardian is to seek immediate medical attention for the child/ward, requesting a cardiac assessment to be completed (e.g., analysis of the heart rhythm by a cardiologist or an electrophysiologist) .
- Return the completed Documentation of a Fainting Episode Form to the school administrator/designate.

**Documentation of a Fainting Episode Form**

(This form is to be completed by the student's parent/guardian and returned to your school administrator/designate.)

Name of Student: \_\_\_\_\_

Teacher: \_\_\_\_\_

As a result of a fainting episode, my child was seen by a medical doctor.

**Results of Medical Examination**

- My child/ward has been examined by a doctor who determined that a cardiac assessment was not necessary or required.
  
- My child/ward has been examined by a doctor. A cardiac assessment was completed and **no rhythm disorders were diagnosed**. My child/ward may resume full participation in physical activity with no restrictions.
  
- My child/ward has been examined by a doctor. A cardiac assessment was completed and a **rhythm disorder was diagnosed**. My child/ward therefore must begin a medically supervised return to physical activity plan. Refer to comments below and/or attached physician's information.

Parent/Guardian signature: \_\_\_\_\_

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

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's input attached:    Yes    No

# Appendix O

## Spotting, Lifting, Lowering, Transporting and Supporting Techniques

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Prior to introducing an intramural/club activity involving spotting, lifting, transporting, or supporting techniques, intramural/club supervisors need to determine that students have instruction in proper lifting, supporting, transporting, lowering and spotting techniques. If the intramural supervisor is not comfortable with students using these skills, then these activities are not to be done. All student participants must also be comfortable with their roles.

### Spotting

Responsibilities vary with the age, strength, maturity level and experience of the student.

Intermediate/senior students can do:

1. Non-contact spotting (e.g., keeping activity area clear, providing verbal cues).
2. Checking placement and stability of equipment.
3. Contact spotting (e.g., helping peers maintain balance on the floor and on all types of equipment; spotting of free weights).

### Lifting/Lowering

The following are proper lifting/lowering techniques:

- Back is straight.
- Knees are bent.
- Hands are close to the body.
- Lift straight up.
- No twisting of the trunk.
- Keep object centered with the body.
- Lift only weight-appropriate objects/people.

Where more than one person lifts/lowers another person or object, the base of support must be secure (e.g., hand securely grips another's forearm when lifting a peer). The person being lifted/lowered must be moved using appropriate body parts (e.g., upper limbs).

### Transporting

- When transporting with hands and arms, weight of object/person needs to be centrally distributed and in front of the carrier.
- When transporting someone on your back, refer to the proper lifting techniques mentioned above.
- Knees must never be in the locked position.
- Do not carry students by the neck.
- The person being transported must not hold onto the neck (e.g., piggyback with legs wrapped around the transporter's back).
- No transporting students with use of shoulders only (with the exception of a pool).
- No transporting a person in the inverted position (exception: wheelbarrow race). In wheelbarrow type activities, the person being supported is held by the thighs and must initiate all forward motion.

### Supporting

- Never support an object or person using the neck, head, or lower back. Use hips and shoulders for supporting others.
- Determine that the base of support is securely established.

## Appendix B

### Return to Physical Activity - Non-Concussion Medical Illnesses/Injuries

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This form is to be completed by parent/guardians and returned to the principal/designate for any athlete who has missed a practice or game due to an injury or illness requiring professional medical attention (e.g. medical doctor, nurse practitioner, chiropractor, physiotherapist).

Name of Athlete: \_\_\_\_\_

Coach: \_\_\_\_\_

As a result of my child's/ward's injury/illness (\_\_\_\_\_),  
medical attention by a (*check one*):

- medical doctor
- nurse practitioner
- other medical specialist: \_\_\_\_\_

has been assessed with the following results (check appropriate box(es)):

#### Results of Medical Examination

- No limiting features of the injury/illness have been observed and therefore he/she may resume full participation in physical activity with no restrictions.
- Some features of the injury/illness remain which limit the ability to participate without restrictions. My child/ward may participate in physical activity following the accommodations to his/her physical activities listed below. (Accommodations must be provided prior to any physical activity taking place.)
- A diagnosis that the injury/illness will prevent my son/daughter from participating in physical activity until further notice was received.
- Refer to comments below and/or attached information.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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## Appendix C-3

### Sample Documentation of Medical Examination

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This form to be provided to all students suspected of having a concussion. For more information see "Appendix C-1 - Concussion Protocol: Prevention, Identification and Management Procedures"

\_\_\_\_\_ (student name) sustained a suspected concussion on \_\_\_\_\_ (date). As a result, this student must be seen by a medical doctor or nurse practitioner. Prior to returning to school, the parent/guardian must inform the school principal of the results of the medical examination by completing the following:

#### Results of Medical Examination

- My child/ward has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
  
- My child/ward has been examined and a **concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to Learn/Return to Physical Activity Plan.

Parent/Guardian signature: \_\_\_\_\_

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

Comments:

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## Appendix C-4

### Sample Documentation for a Diagnosed Concussion - Return to Learn/Return to Physical Activity Plan

This form is to be used by parents/guardians to communicate their child's/ward's progress through the plan and is to be used with "Appendix C-1 - Concussion Protocol: Prevention, Identification and Management Procedures".

The Return to Learn/Return to Physical Activity Plan is a combined approach. Step 2a - Return to Learn must be completed prior to the student returning to physical activity. Each step must take a minimum of 24 hours (Note: Step 2b - Return to Learn and Step 2 - Return to Physical Activity occur concurrently).

#### Step 1 - Return to Learn/Return to Physical Activity

- *Completed at home.*
- *Cognitive Rest - includes limiting activities that require concentration and attention (e.g., reading, texting, television, computer, video/electronic games).*
- *Physical Rest - includes restricting recreational/leisure and competitive physical activities.*

- My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and his/her **symptoms have shown improvement**. My child/ward will proceed to Step 2a - Return to Learn.
- My child/ward has completed Step 1 of the Return to Learn/Return to Physical Activity Plan (cognitive and physical rest at home) and is **symptom free**. My child/ward will proceed directly to Step 2b - Return to Learn and Step 2 - Return to Physical Activity.

Parent/Guardian signature: \_\_\_\_\_

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

Comments:

\_\_\_\_\_

\_\_\_\_\_

If at any time during the following steps symptoms return, please refer to the "Return of Symptoms" section on page 4 of this form.

### Step 2a - Return to Learn

- *Student returns to school.*
- *Requires individualized classroom strategies and/or approaches which gradually increase cognitive activity.*
- *Physical rest- includes restricting recreational/leisure and competitive physical activities.*

- My child/ward has been receiving individualized classroom strategies and/or approaches and is **symptom free**. My child/ward will proceed to Step 2b - Return to Learn and Step 2 - Return to Physical Activity.

Parent/Guardian signature: \_\_\_\_\_

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

Comments:

\_\_\_\_\_

\_\_\_\_\_

### Step 2b - Return to Learn

- *Student returns to regular learning activities at school.*

### Step 2 - Return to Physical Activity

- *Student can participate in individual light aerobic physical activity only.*
- *Student continues with regular learning activities.*

- My child/ward is symptom free after participating in light aerobic physical activity. My child/ward will proceed to Step 3 - Return to Physical Activity.

- Appendix C-4 will be returned to the teacher to record progress through Steps 3 and 4.

Parent/Guardian signature: \_\_\_\_\_

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



Comments:

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**Step 3 - Return to Physical Activity**

- *Student may begin individual sport-specific physical activity only.*

**Step 4 - Return to Physical Activity**

- *Student may begin activities where there is no body contact (e.g., dance, badminton); light resistance/weight training; non-contact practice; and non-contact sport-specific drills.*
- Student has successfully completed Steps 3 and 4 and is symptom free.
- Appendix C-4 will be returned to parent/guardian to obtain medical doctor/nurse practitioner diagnosis and signature.

Teacher signature: \_\_\_\_\_

**Medical Examination**

- I, \_\_\_\_\_ (medical doctor/nurse practitioner name) have examined \_\_\_\_\_ (student name) and confirm he/she continues to be symptom free and is able to return to regular physical education class/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.

Medical Doctor/Nurse Practitioner Signature: \_\_\_\_\_

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

Comments:

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**Step 5 - Return to Physical Activity**

- *Student may resume regular physical education/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports.*

**Step 6 - Return to Physical Activity**

- *Student may resume full participation in contact sports with no restrictions.*

**Return of Symptoms**

- My child/ward has experienced a return of concussion signs and/or symptoms and has been examined by a medical doctor/nurse practitioner, who has advised a return to:
  - Step \_\_\_\_\_ of the Return to Learn/Return to Physical Activity Plan

Parent/Guardian signature: \_\_\_\_\_

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

Comments:

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## Medical Information Form

Parents/guardians are requested to complete the following medical information form, acknowledgement of Elements of Risk Notice and request to participate in physical fitness activities as part of the Fitness & Weight Training Club and return to Mrs. Burns.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Teacher: Mrs. Burns

(Where your son's/daughter's/ward's condition is confidential or requires further explanation you are requested to contact Mrs. Burns at St. Theresa's High School.)

Date of last complete medical examination: \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Is your son/daughter allergic to any drugs, food or medication/other? Yes \_\_\_ No \_\_\_

If yes, provide details \_\_\_\_\_

### 1. Medic Alert Information:

Does your son/daughter/ward wear a medical alert bracelet? Yes \_\_\_ No \_\_\_

A medical alert neck chain? Yes \_\_\_ No \_\_\_ Carry a medical alert card? Yes \_\_\_ No \_\_\_

If yes, please specify what is written on it: \_\_\_\_\_

### 2. Medications:

Does your son/daughter/ward take any prescription drugs? Yes \_\_\_ No \_\_\_

If yes, provide details \_\_\_\_\_

What medication(s) should be accessible during the physical activity?  
\_\_\_\_\_

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

### 3. Oral and Visual Appliance:

Does your child/ward wear eyeglasses? Yes \_\_\_ No \_\_\_

Does your child/ward wear contact lenses? Yes \_\_\_ No \_\_\_

Does your child/ward wear orthodontic appliance? Yes \_\_\_ No \_\_\_

Does your child/ward have dental restorations (ie., crowns, bridges)? Yes \_\_\_ No \_\_\_

### 4. Medical Conditions:

Please indicate if your child/ward has been diagnosed as having any of the following medical conditions and provide pertinent details.

Has your child/ward been identified as anaphylactic? Y\_\_\_ N\_\_\_

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

Please indicate if your child/ward has been diagnosed as having any of the following medical conditions and provide pertinent details. Circle any that apply and provide relevant details:

Asthma	Epilepsy	Type I Diabetes	Type II Diabetes
Heart disorders	Allergies	Deafness	Other

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5. Physical Ailments:

Circle any that apply and provide relevant details:

arthritis or rheumatism	spinal conditions	orthopaedic conditions
chronic nosebleeds	fainting	trick or lock knee
dizziness	headaches	hernia
swollen, hyper-mobile or painful joints		

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Head or back conditions or injuries, including any diagnosed concussions (in the past two years)

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Has your child/ward previously been diagnosed with a concussion? yes\_\_ no\_\_

How many times? \_\_\_\_

When was the last diagnosis? \_\_\_\_\_ (month/day/year)

What medical advice was given by a medical doctor/nurse practitioner about participating in future physical activity? \_\_\_\_\_

If your child/ward is presently diagnosed with a concussion by a medical doctor or nurse practitioner, that was sustained outside of school physical activity, the **Appendix C-3 - Documentation of Medical Examination** must be completed before the student returns to physical education classes, intramural activities and interschool practices and competitions. Request the form from the school administrator.

Please indicate any other medical condition that will limit participation:

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If your child/ward has recently experienced an injury or illness (sustained outside of school physical activity) that required professional medical attention (e.g. medical doctor, nurse practitioner, chiropractor, physiotherapist), the **Appendix B - Return to Physical Activity - Non-Concussion Medical Illness/Injuries** must be completed before the student returns to physical education classes, intramural activities and interschool practices and competitions. Request the form from the school administrator.

# Weight & Fitness Club Contract & Agreement 2016/2017

Please complete this contract and return to Mrs. Burns.

## Student/Parent (Guardian) Contract Acknowledgement and Agreement

I \_\_\_\_\_ acknowledge my responsibilities as a student member of the St. Theresa's High School Weight & Fitness Club. My signature below signifies my total understanding of the Safety Rules, Regulations, and Policies outlined in this Fitness & Weight Training Club Package. I acknowledge that any student who disregards the Weight & Fitness Room Rules, Regulations and Policies and who places the safety of others and themselves at risk will lose all Weight & Fitness Room privileges (without refund) and may be subject to further disciplinary action.

Student Signature: \_\_\_\_\_

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

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

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

## Elements of Risk Notice

I recognise that there exists a risk of injury in every athletic activity. I acknowledge that I have read the Elements of Risk notice.

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

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

## Fitness and Weight Training Club Participation Permission

I give permission for my son/daughter \_\_\_\_\_ to participate in all physical activities (including a Weight & Fitness Room in-service/training session) as a member of the Fitness and Weight Room/Training Club at St. Theresa's High School.

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

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

## Medical Information Form

I have completed a medical information form and the information presented in this form to my knowledge is accurate and complete.

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

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