school division

Principal Approval: Physical Education Class Activities, and Staff Initiated Recess/Lunch/Intramural School Ground Activities Approval Form

| Individual(s) r | year: |
| :---: | :---: |
| This form is being completed for on-site activities (check only one, submit separate approval form for each)Physical education classRecess/lunch/intramural staff organized activities |  |
| Grade level of physical education class (select from dropdown) |  |
|  | $\square$ Track and Field (specify activities) $\square$ Discus $\square$ High Jump $\square$ Hurdles $\square$ Javelin $\square$ Shot put $\square$ Triple Jump, $\square$ Long Jump $\square$ Weightlifting $\square$ Wrestling |
| I have reviewed and considered Horizon policies (check all that have been reviewed and consideredEEACAA - Private vehicles volunteerEEACAB - Division owned co-curricular activity vehiclesGBD - First aid trainingGFA - VolunteersHICA - Off-site activitiesIHCD - ConcussionIHCE - Student illness/injury |  |


| I have reviewed and considered all Need-to-know information relevant for all activities checked off (pg. 11-17 in "Safety Guidelines for Physical Activity in Alberta Schools 2013") Yes No (If No, explain) |
| :---: |
| I have reviewed and considered Need-to-Know information for all applicable activity categories. (check activities categories that have been reviewed and considered). Indoor Activities (pg. 19-20) Outdoor Education Activities (pg. 27-30) Gymnastics Activities (pg. 21-22) Pool or Open Water Activities (pg. 31-32 Outdoor Activities (pg. 23-24) Off-site Activities (pg. 33-35). Winter Outdoor Activities (pg. 25) |
| I have reviewed and considered guidelines for all specific activities checked off. (pg. 37-143 in "Safety Guidelines for Physical Activity in Alberta Schools 2013") Yes No (If No, explain) |
| I have reviewed, considered, and will be implementing all safe instructional practices and guidelines that I have been reviewed in the above policies and resource Yes No (If no, explain) |
| All activities are implemented at an age-appropriate level. Yes No (If no, explain) |
| List the activities you have not taught in the last two years |

I have current certified First Aid/C.P.R. certificate (Note someone with first aid needs to be present when doing amber activities. (this could be: another staff member in the school when the activity is on-site / the supervising teacher or another adult (e.g. lifeguard) when off-site)

## $\square$ Yes

Expiration date: $\qquad$ No, (explain who/how first aid will be addressed):

Teacher/Adult Signature: $\qquad$ Date: $\qquad$

Principal Comments (e.g. additional safety precautions or directions):

Principal Name: $\qquad$

Principal Signature: $\qquad$ Date: $\qquad$
(indicating approval)
Principals should keep a copy of this approval form at the school for

- One (1) year beyond the end of the school year approved.
- Five (5) years if an accident report was filed during one of the activities.

