



**Medical Permission – Students with Downs Syndrome #13**

Dear Parents/Carers

There is evidence from medical research that up to 15 percent of individuals with Down syndrome have a misalignment of the cervical vertebrae C-1 and in the neck. This condition exposes Down syndrome individuals to the possibility of injury if they participate in activities that hyperextend or radically flex the neck or upper spine.

Fisher Road School requires restriction of individuals with Down syndrome from participation in certain activities that pose potential risk. This restriction may be lifted once **verification** is produced showing no evidence of instability on the C-1 vertebrae from the child's doctor

**Activities include:**

- 1. Trampoline
- 2. Any warm-up exercise, placing undue stress on the head and neck.
- 3. Butterfly stroke and diving starts in swimming

For further information visit:

[http://sports.specialolympics.org/specialo.org/Special /English/Coach/Coaching/Basics o/Down\\_Syn.htm](http://sports.specialolympics.org/specialo.org/Special /English/Coach/Coaching/Basics o/Down_Syn.htm)

In order to keep our student welfare files up to date, we are seeking information from parents/caregivers of children with Down Syndrome regarding Atlanto-Axial Instability and asking that you complete the form below as to whether or not your child has this condition. Where you are uncertain if your child is affected, please consult your family doctor in order to clarify this matter. This may require your child to undergo an x-ray.

Yours sincerely

**Donna Blatchford**

Principal

**Fisher Road School**



**Participation by Individuals with Down Syndrome Who Have Atlanto-axial Instability**

<b>Student's Name:</b>	
<b>DOB:</b>	
<b>Name of Person giving permission:</b>	
<b>Relationship to Student:</b>	

**My child has been diagnosed as having Atlanto-Axial Instability.**  
**My child was diagnosed by:**  
 Dr \_\_\_\_\_ on the following date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

**My child has not been diagnosed as having Atlanto-Axial Instability**

**Date:**        /        /

X

*Permission is given until I withdraw my authority in writing.*

Parent/Carer Signature