

Medical Information Form

The collection and retention of the information requested on this form is authorized and governed by the Ontario *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*.

The following information will be helpful to the teacher in making your child/ward comfortable and safe.

Student: _____ Date of Birth: _____
 Teacher: _____ Grade/Class: _____
 Parent/Guardian: _____ Telephone: (H) _____ (B) _____
 Ontario Health Number: _____ Family Doctor: _____ Telephone: _____

Medical Conditions

Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's/ward's full participation in excursions/school activities.

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> History of head injuries | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Chronic Nosebleed | <input type="checkbox"/> Feet or Leg problems | <input type="checkbox"/> Migraine | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemophilia/Bleeding disorders | <input type="checkbox"/> Rash | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Digestive upsets | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Recent illness or operation | <input type="checkbox"/> Urinary infections |
| <input type="checkbox"/> Ear, Nose, Throat infections | <input type="checkbox"/> Hernia | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Dislocated shoulder; swollen, painful joints; 'trick or lock' knee or other joint disability | | | |

Give details of usual treatment for each of the above conditions indicated: _____

Please explain if your child/ward has any medical condition that requires any modification of his/her program. _____

Allergies/Asthma

Please list all known confirmed allergies to the following:

(a) Foods: _____

If foods are life-threatening, please explain the symptoms and the treatment: _____

(b) Medications: _____

(c) Other (e.g., bee or wasp stings, environmental allergies): _____

Has your child/ward suffered any serious allergic or asthmatic reaction?

If so, please provide details, including the type and severity of reaction: _____

Is allergy considered: Mild ___ Moderate ___ Serious ___ Life-Threatening ___

Has a doctor prescribed an Epi-Pen for your child/ward? Yes ___ No ___

Has a doctor prescribed an inhaler for asthma? Yes ___ No ___ (Prescribed asthma inhalers must be carried by the student on the excursion.)

Has a doctor prescribed an inhaler for any other reason? Yes ___ No ___

Dietary Restrictions

Please list any foods your child/ward should not eat for medical, dietary, or religious reasons: _____

Medication

Does your child/ward take prescribed medication on a regular basis? Please specify: _____

What prescribed medication(s) should your child/ward have with him/her during the excursion? _____

General

(1) Does your child/ward wear or carry medical alert identification (e.g., bracelet)? Yes ___ No ___

If yes, please specify what is written on it: _____

(2) Does your child/ward have any other relevant medical condition that will require modification of the program? Yes ___ No ___

If yes, please explain: _____

(3) Does your child/ward have any special fears or conditions (e.g., anxiety, bed-wetting, nightmares), the knowledge of which will allow the teacher to make the student's excursion more relaxed? Yes ___ No ___ If yes, please explain: _____

Should it become necessary for my child/ward to have medical care, I hereby give the teacher permission to use her/his best judgment in obtaining the best of such service for my child/ward. I also understand that in the event of such illness or accident, I will be notified as soon as possible.

Name of Parent/Guardian: _____ (Please print)

Signature of Parent/Guardian: _____ Date: _____

LUNCH PROGRAM 2016-2017

The Lunch Program is open to students in grades K – 6 and is supervised by Lunchroom Staff. Students eat lunch in the gym or, weather permitting, in the yard. During inclement weather, students in the lunch program are supervised indoors.

The following **Lunchroom Expectations** help ensure a safe, orderly environment:

- Showing respect for others
- Following the directions of and listening to lunch supervisors
- Remaining seated while eating lunch
- Cleaning up after yourself
- Walking in the lunch area, no running
- Asking for permission to leave the lunch area

Parents of students who do not, after repeated reminders, adhere to the above will be contacted and alternative eating arrangements will be made.

ANAPHYLAXIS ALERT

Please be aware that we have some students with severe and life-threatening allergies to a variety of foods (among them are avocado, eggs, milk, nuts, and sesame). We as a school community ask that, as much as possible, those foods be limited, especially in crumbly or otherwise easily spread forms. When you do pack a lunch with a known allergen, please remind your kids about the importance of keeping others safe by not sharing and through good hygiene practices (cleaning their hands and faces after eating).

Whenever possible, please send a "Litterless Lunch"-- a reusable lunch bag, reusable cutlery, no individually wrapped items (yogurt, granola bars, juice boxes), a meal that doesn't produce any waste (e.g., if there are sandwich bags, they are reused rather than thrown out). Please do not send food that requires heating or cooking.



STUDENT NAME: _____ ROOM: _____

I have read and discussed the above expectations with my child and we agree to follow them.

 Signature of Parent/Guardian

Grade Five and Six Student's Only:

With parental permission, Grade Fives & Sixes can purchase/eat their lunch away from school. Students must sign out in the classroom. When returning to school, at 12:30 pm, they must go directly to the playground. Please discuss these procedures with your child.

I give permission for my child to purchase and eat his/her lunch away from school and have read/discussed the above expectations with my child.

 Signature of Parent/Guardian



Student Media Release Consent Form

Please ensure one box is checked for Part 1 and one box is checked for Part 2 of this form.

Part 1 – Events

I, _____, hereby agree and give my permission for the
(Name of parent/guardian if student is a minor, under the age of 18.
Name of student if an adult, 18 years of age or older.)

Toronto District School Board (TDSB) and/or partners to record, film, photograph, audiotape or videotape my/my child's name, image, student work, and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on the TDSB website, posting in schools, posting on social media sites and/or for broadcasting on television or radio as determined by the TDSB.

I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works.

I understand that the Works may appear in electronic form on the internet or in other publications outside of the TDSB's control. I agree that I will not hold the TDSB responsible for any harm that may arise from such unauthorized reproduction.

Please mark this box if you **AGREE** that your child may participate in recorded TDSB/school events and TDSB hosted events as described above. (See Part 2 below)

Please mark this box if you **DO NOT WISH** your child to participate in recorded TDSB/school events and TDSB hosted events.

Part 2 – Media Specific

I also understand that external media organizations may attend school events. I give permission for my/my child's name, image, student work, and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio.

Please mark this box if you **AGREE** that your child may participate in media events that may be published or broadcast by organizations external to the Toronto District School Board.

Please mark this box if you **DO NOT WISH** your child to be photographed, filmed, audio-taped or videotaped at media events.

I have read this Student Media Release Consent Form and I fully understand the contents and meaning of this release. I understand that I am free to contact the Principal with any questions regarding this release.

Student's Name: _____ Grade: _____

School: _____

Student's Signature (If 18 years of age or older) _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature (If student is a minor – under the age of 18): _____

Date: _____



September 6, 2016

Dear Givins/Shaw Parents and Guardians,

In order to keep everyone up to date on what is happening we want to make sure that you are on our email list. If you would like to receive email updates from the school please complete the information below and have your child return it to their homeroom teacher. This email list is confidential, and is used exclusively for school updates.

If you do not have an email address, please let us know and we will prepare a paper copy to be sent home with your child.

If you require a translation, please indicate your preferred language. We are happy to make translations available.

Sincerely,

Dan Taylor
Principal -Givins/Shaw PS

Child's name: _____ Room # _____

Parent/Guardian(s) name(s): _____

Email address(es): _____

Language, if other than English (please specify): _____

I authorize Givins Shaw PS to add me to their email contact list.

(Parent/Guardian Signature)

I do not have an email address, please send me a hardcopy of all school communication.



CANADA'S ANTI-SPAM LEGISLATION (CASL)

CONSENT FORM

Canada's Anti-Spam Legislation (CASL) prohibits the sending of commercial electronic messages, including emails and other forms of digital messaging, if the electronic message encourages participation in a commercial activity, unless the sender has received the recipient's consent first.

The Toronto District School Board and Givins/Shaw PS requires your consent to send any electronic messages that promote, advertise or offer for sale anything including school pictures, yearbooks, uniforms, food programs, event tickets or entry fees, fundraising events or items, or similar events or offers to sell goods and services.

If you consent to receiving commercial electronic messages from the Toronto District School Board and Givins/Shaw PS, please sign and date this form. You may withdraw your consent at any time by notifying Daniel Taylor, Principal, at 416-393-1240, or unsubscribing to any future commercial electronic messages you receive.

Please note that this consent applies to commercial messages. The Legislation does not require your consent for us to send you non-commercial electronic messages.

Please provide us with your following information:

Student Legal Name: _____

Parent/Guardian Full Name: _____

Telephone Number: _____

Email address: _____

If you have any questions, please email CASL@tdsb.on.ca.

DATE: _____

SIGN AND PRINT NAME

Staying Informed

Canada's Anti-Spam Legislation

Keeping parents and guardians informed about what's happening at schools across the TDSB through email and other electronic messages is often the best way to stay in touch.

With Canada's new Anti-Spam Legislation, we will now require your consent to continue sending you electronic messages that encourage participation in a commercial activity. Read on to learn more about the legislation and what it means for you.

What is Canada's Anti-Spam Legislation?

Canada's Anti-Spam Legislation (CASL) came into effect on July 1, 2014. Under the legislation, anyone who sends a commercial electronic message must do the following:

1. Obtain the consent of the recipient
2. Provide identification information
3. Provide an unsubscribe option so recipients can remove themselves from the list

What is a Commercial Electronic Message?

A commercial electronic message is a message sent to an electronic address that encourages participation in a commercial activity.

Examples of electronic messages include emails, text messages, instant messages, telephone messages or direct messages on social media (e.g. Facebook or Twitter).

Messages are considered commercial when they have to do with the purchase of a good or service.

Examples of commercial electronic messages you might receive from your school include messages about fundraising events, yearbook or student photo sales, or information about purchasing team uniforms.

How do I provide consent?

There are two ways to provide your consent:

1. Complete an online consent form by visiting www.tdsb.on.ca
2. Ask your school for a paper consent form

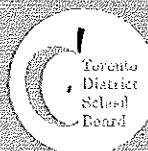
Will I still get emails from my school if I don't provide consent?

Yes. Electronic messages sent for informational purposes, such as student progress or information nights, will continue to be sent to all parents/guardians.

Questions?

You can visit www.fightspam.gc.ca or www.tdsb.on.ca for more information about CASL.

For specific questions, please contact your school principal or email CASL@tdsb.on.ca.



PHYSICAL EDUCATION INFORMATION AND INTRAMURAL INFORMATION/PERMISSION

Dear Parent/Guardian:

Physical activity is essential for 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 games, fitness activities, dance, gymnastics, and outdoor pursuits provides opportunities for students to discover and trust themselves and gain the confidence necessary to play and work co-operatively and competitively with their peers. Both curricular and co-curricular 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.

During Physical Education classes, including stand-alone Daily Physical Activity sessions, students will participate in a variety of activities (e.g., _____).

Students will also have the opportunity to choose to participate in intramural activities that are offered outside of classroom time (e.g., _____). Permission is required for students to participate in intramural activities.

Please be advised that some Physical Education classes, Daily Physical Activity sessions and intramural activities, such as cross-country running, power walking, softball, and soccer, may take your child off the school grounds and into the immediate community. 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. These injuries result from the nature of the activity and can occur without fault on either the part of the student, or the School Board or its employees or 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 the foreseeable risks inherent in physical activity as effectively as possible.

It is important that your child participate safely and comfortably in the Physical Education, Daily Physical Activity and intramural programs. In your child's best interests, we recommend the following:

- a) Students should have an annual medical examination.
- b) Students should bring emergency medications (e.g., asthma inhalers) to Physical Education classes, Daily Physical Activity sessions and intramural activities.
- c) Appropriate clothing should be worn for safe participation (e.g., T-shirt, shorts or track pants, and athletic running shoes appropriate for the environmental conditions). Jewellery must be removed, if possible. Jewellery that cannot be removed and that presents a safety concern (e.g., medical alert identification or religious requirement) must be taped, or the activity must be modified.
- d) An eyeglass band and shatter-resistant/shatterproof lens should be worn if your child wears glasses that cannot be removed during Physical Education classes, Daily Physical Activity sessions and intramural activities.
- e) Attention should be paid to protection from environmental concerns (e.g., sun, hypothermia, dehydration, frostbite, and insect bites and stings).
- f) Safety inspection should be done at home of any equipment brought to school for personal use in class and intramural activities (e.g., skis, skates, helmets).
- g) When it is necessary to use a water bottle, students should use a personal water bottle that is not shared.



Please sign and return the Physical Education Acknowledgement of Risk section below. If you anticipate that your child/ward will be participating in intramural activities, please also sign and return the Intramurals Activities Permission section.

PHYSICAL EDUCATION ACKNOWLEDGEMENT OF RISK

In signing this form, I acknowledge the information about the elements of risk noted in the letter attached to this form (*Form 511K: Physical Education Information and Intramural Information/Permission*). I/we also acknowledge that some Physical Education activities, including Daily Physical Activity sessions, will occur in the immediate community.

Name of Student: _____ Grade/Class _____

Name of Parent/Guardian: _____ (*please print*)

Signature of Parent/Guardian: _____ Date: _____

INTRAMURAL ACTIVITIES PERMISSION

I/we give permission for my child/ward, _____, to participate in intramural activities. I acknowledge the information about the elements of risk noted in the letter attached to this form (*Form 511K: Physical Education Information and Intramural Information/Permission*). I also acknowledge that some activities may occur in the immediate community.

Name of Parent/Guardian: _____ (*please print*)

Signature of Parent/Guardian: _____ Date: _____

Walking Excursion Form – Immediate Community

School: Givins/Shaw Public School

Teacher: _____

Principal: Daniel Taylor

Principal Signature: _____

Dear Parent/Guardian:

From time to time, students are engaged in non-high-care curricular activities that occur off school property in the immediate community, but within walking distance of the school. Some examples of these activities are walking to the library, the local park, and the local store.

School-Specific Activities:

The principal will approve these excursions, and teacher supervision will be provided at all times.

Whenever possible, parents/guardians will be notified in advance by one or more of the following methods:

- school newsletter,
- class newsletter,
- a note in the student planner/agenda,
- the school Web site.

Please sign and return the bottom section of the page.

PERMISSION FOR WALKING EXCURSION – IMMEDIATE COMMUNITY

Student Name: _____

Teacher: _____

In signing this form, I give permission for my child, _____, to participate in those school-specific curricular activities that occur off school property in the immediate community and within walking distance of the school.

Name of Parent/Guardian: _____ *(print)*

Signature of Parent/Guardian: _____ Date: _____