

Cassandra Public School
September 2015

We are attempting to reduce the amount of paper we send home with each student. Please read the Principal's Welcome letter and then complete this form returning it to school by Friday, September 18th.

Student Name: _____

Teacher: _____

(Please Print)

SCHOOL CODE OF CONDUCT

I have read the 'Cassandra Public School Code of Conduct' pages in the Grade 1 to 5 Agenda and have discussed it with my child. We understand that these are the behaviour expectations at Cassandra P.S.

Parent/Guardian's Signature

STUDENT ON-LINE CODE OF CONDUCT AND INTERNET SAFETY

I have also read the 'On-Line Code of Conduct' in the agenda. We understand the rules and I have discussed them with my child. We agree to follow and support the rules and policies of the TDSB regarding the use of on-line resources. We understand that if my child breaks the rules computer access privileges may be suspended and that further disciplinary or appropriate legal action may be taken.

Parent/Guardian's Signature

My child and I have discussed the above and we understand what is required regarding the Code of Behaviour, On-Line Code of Conduct & Internet safety.

Student's Signature _____

WALKING EXCURSIONS – IN THE IMMEDIATE COMMUNITY

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. 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.

My child may participate in Principal-approved school-specific curricular activities within walking distance of the school. Whenever possible, parents/guardians will be notified in advance.

Parent/Guardian's Signature

PHYSICAL EDUCATION ACKNOWLEDGEMENT OF RISK

I acknowledge that there is an element of risk in Physical Education and that some Physical Education activities, including daily physical activity sessions, may occur in the immediate community.

Parent/Guardian's Signature

INTRAMURAL ACTIVITIES

I acknowledge that there is an element of risk in intramural activities and that some intramural activities may occur in the immediate community.

Parent/Guardian's Signature

LUNCH INFORMATION

While at school during lunch, your child will be expected to eat in his/her assigned area and stay on school property for the duration of the lunch hour. Attendance is taken daily by our lunchroom supervisors.

To reduce the amount of waste, we have implemented a Boomerang Lunch. Please send your child with **a litter less lunch**. This means that children bring their food in plastic containers in a reusable lunch bag. **All garbage will be taken home by the student and disposed of at home**. We have receptacles for organic waste and recycling. Please make sure that your child’s name is on all the containers and lunch bag. Unfortunately we are not able to warm up lunches for students.

There are students attending our school who have life threatening allergies to nuts and other foods. We are asking for your co-operation in not sending any snacks or lunches containing any nuts (including peanuts, pecans, walnuts, cashews). Students who have severe allergies to such food substances are exposed to a severe health risk when certain products are consumed in their environment or shared with them. Please speak with your child about not sharing snacks or lunches with other students. If your child has life threatening allergies, please make sure to contact the school office to let us know the specifics of your child’s allergies.

Please select **ONE**:

- ☐ My child will be going home for lunch and will not be registered to remain at school during lunch.
- ☐ My child will be registered to remain at Cassandra P.S. during lunch Monday to Friday.
We/I understand that our child will NOT be allowed to leave school property during the lunch hour. Such requests must be made in writing by parents.

- It is understood students who are staying for lunch will:
- ❖ Be courteous and polite
 - ❖ Observe school Code of Behaviour
 - ❖ Cooperate with lunch supervisors and staff on duty
 - ❖ Not leave school property during the lunch hour without written permission from parent(s) to the school

My child and I have discussed the above rules in regards to the lunch hour rules.

Parent/Guardian’s Signature

ALLERGIES – Do not send nuts to school!

I have read and discussed with my child about not sharing food with students due to severe life-threatening allergies. We understand that Cassandra P.S is a nut-free school.

Parent/Guardian’s Signature

SAFE ARRIVAL

The Safe Arrival program is a series of procedures performed together with daily attendance taking. Parents/guardians are responsible for their child’s safety. Safe Arrival programs are a mechanism parents/guardians and school can use to account for any pupil’s unexplained failure to arrive at school.

Parents/guardians are expected to notify the school when their child is absent or late 416-395-2152. The school will call three numbers, provided by parents, to confirm the child’s absence. I have read and understood the above.

Parent/Guardian’s Signature

E-MAIL ADDRESS

We would like to support further reduction of paper use as an Eco School by sending newsletters and School Council updates to you via email. All e-mail will be sent out as a “blind copy” to ensure your privacy. Your e-mail address will be used for school purposes only.

Parent/Guardian E-Mail Address



Student Media Release Consent Form 2015-2016

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.

CASSANDRA PUBLIC SCHOOL

Student's Name: _____ Grade: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____

Date: _____

Medical Information Form 2015-2016

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: _____