Downsview Secondary School



7 Hawksdale Road North York, Ontario M3K 1W3 (416) 395-3200 Fax (416) 395-4455

Wednesday March 28, 2018

Dear Parents and Guardians:

It is with great pleasure that we inform you Downsview Secondary School will once again host a **Local Secondary Summer School Program (LSSSP).** The summer program is designed to give your child an opportunity to earn additional credits in a safe, fun, relaxed, but challenging learning environment. The program will run from **Tuesday July 3rd – Friday July 27th, 2018**. The LSSSP course offerings for students in grades 9-12 are listed below:

- ELS201 Literacy Skills
- GPP301 Leadership and Peer Support (For students entering grade 11 or 12 only).
- IDC4U1 Interdisciplinary Studies
- OLC401 Ontario Secondary School Literacy Course
- RCR101 Credit Recovery

In addition to the academic and leadership opportunities, our program includes daily athletic activities such as football, floor hockey, soccer and basketball, etc. A nutritious break will be provided to all participants in the program. *The day will begin at 8:45 a.m. and end at 3:30 p.m.*

We ask for your support and cooperation to ensure that your child will be committed to attend regularly. Attendance is a priority in order to meet the ministry requirement for granting credits. Excessive lates and or 3 or more absences could result in unsuccessful completion of the credit.

Please indicate if you wish for your child to attend the **2018 LSSSP** this summer for **GPP301** by completing the information below with the following forms enclosed by **Wednesday June 6th**. *Please note, the registration package, which includes this form and others listed below, are also available on our website at <u>downsviewss.com</u>. There will also be a link on our website to complete an online registration to secure your placement for the program and alert us of any dietary restrictions.*

Forms included in the registration package:

Walking Excursion, Media Releases, Severe Weather, Personal e-mail, Medical Information, Code of Conduct

I wish for	to attend the 2018 Local Secondary Summer School Program.
(Print Student Name)	
Name of parent/guardian:	
Signature of parent/guardian:	
If you have any questions, please do	not hesitate to contact us at the above number.
Yours very truly, Bruno Berto	
Bruno Berto	



Downsview Secondary School

Local Secondary School Program - Principal

GPP301 FORM



Permission/Consent Form

(Please Print Clearly)

	t Information				
Last Name:	First Name:				
Permission to Participate	in Off-Site, Walking Excursions				
Parent/Guardian permission is required for your child to participate in school-related walking excursions in the nearby school community and within walking distance of the school (e.g. walks to the local library, stores, galleries or parks). All such excursions must be approved by the Principal and supervised by TDSB staff. Where feasible, the school will notify parents and					
guardians of these activities in advance through the student	planner, a newsletter, website or other communication.				
☐ I DO give permission for my child to participate in	☐ I DO NOT give permission for my child to				
school-related walking excursions as described	participate in school-related walking				
above.	excursions as described above.				
Student Media Polesco (Consont (School /TDSR Events)				
	Consent (School/TDSB Events)				
record, film, photograph, audiotape or videotape my child's collectively referred to as "Works") and to display, publish or	for the Toronto District School Board (TDSB) and/or partners to name, image, student work, and performance (hereinafter r distribute these Works for the purpose of publishing, posting on a sites and/or for broadcasting on television or radio as determined				
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 the TDSB's control. I will not hold the TDSB responsible for any harm that may arise from such unauthorized reproduction.					
□ I AGREE	□ I DO NOT AGREE				
Student Media Release (Consent (Media Organizations)				
I also understand that external media organizations may attend school events in order to photograph, film, audio-tape or videotape persons at the event for the purpose of being published and/or broadcast on-line, on television or radio.					
☐ I AGREE and give permission for my child to be photographed, filmed, audio-taped or videotaped by external media organizations at school-related events.	□ I DO NOT GIVE permission for my child to be photographed, filmed, audio-taped or videotaped by external media organizations at school-related events.				
Permission to Leave School in Severe Weather Conditions (Grades 6-12)					
In the event that severe weather conditions result in the cancellation of student transportation or the early closure of school for the day, your child will be required to remain in the School until appropriate transportation can be provided. With your permission, the School will allow your child to leave the school premises early. Supervision will not be provided and the school/TDSB will not be responsible for your child's safety or conduct if the student leaves the school premises.					
☐ I DO give permission for my child to leave the school early.	□ I DO NOT give permission.				

Use of Pers	onal E-mail Address
	rironmentally friendly way for school staff to communicate nation. Should you wish to receive school information via e-
Parent/Guardian Email Address(1):	
Parent/Guardian Email Address(2):	
has received the recipient's consent first. The Toronto consent to send any electronic messages that promote	nding of commercial electronic messages unless the sender District School Board (TDSB) and the School require your e, advertise or offer for sale anything including school pictures, entry fees, fundraising events or items, or similar events or
Please indicate your commercial electronic message proby notifying the school. Information provided will not	reference below. You may withdraw your consent at any time the shared with a third party.
☐ I DO consent to receive commercial e-mails.	☐ I DO NOT consent to receive commercial emails.
Noti	ice of Collection
s.8.1, and will be used by Toronto District School Boa information collected on this form will be maintaine and Protection of Privacy Act, R.S.O., 1990, c. M.56, on this form may be directed to the F.O.I. Coordinat	under the authority of the <i>Education Act</i> R.S.O. 1990, c E.2, rd for the general administration of our schools. All personal ed in accordance with the <i>Municipal Freedom of Information</i> s. 29. Any questions regarding the collection of information tor at the Toronto District School Board, 5050 Yonge Street, 2N 5M8, Tel. (416)397-3365.
and consents indicated on this form. (Legal Guar	e the school immediately of any changes in the permissions dians sign on behalf of a child for whom they have lawful ars or older will sign on their own behalf.)
Name of Parent/Guardian:	
	(Please print)
Signature of Parent/Guardian:	Date:

Medical Information Form

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

The following in Student:	formation will be helpful to the teach	er in making your child/ward comf Date of E	
Teacher:			
	Family Doctor:		
Medical Conditions			
Please indicate any significant r	nedical conditions, physical limitations,	or any other concerns that might aff	ect your child's/ward's full
participation in excursions/scho			
θ Asthma	θ Fainting Spells	θ History of head injuries	θ Rheumatic Fever
θ Chronic Nosebleed	θ Feet or Leg problems	θ Migraine	θ Seizures
θ Diabetes	θ Hemophilia/Bleeding disorders	θ Rash	θ Sleepwalking
θ Digestive upsets	θ Heart problems	θ Recent illness or operation	θ Urinary infections
θ Ear, Nose, Throat infections	θ Hernia	θ Other	
θ Dislocated shoulder; swollen,	painful joints; 'trick or lock' knee or ot		
Give details of usual treatm	nent for each of the above conditions in	dicated:	
Please explain if your child	d/ward has any medical condition that re	equires any modification of his/her pr	ogram.
Allergies/Asthma			
Please list all known confirmed	allergies to the following:		
(a) Foods:			
If foods are life-threatening	g, please explain the symptoms and the	treatment:	
(b) Medications:			
(c) Other (e.g., bee or wasp stin	gs, environmental allergies):		
Has your child/ward suffered ar	ny serious allergic or asthmatic reaction	?	
	s, including the type and severity of read		
	d Moderate Serious I		
	Pen for your child/ward? Yes No		
Has a doctor prescribed an inha	ler for asthma? Yes No(Presc	cribed asthma inhalers must be carried	d by the student on the excursion.)
	ler for any other reason? Yes No_		,
•			
Dietary Restrictions	/word should not got for modical distant	v om mali ni ova mana om at	
Please list any foods your child	ward should not eat for medical, dietary	y, or religious reasons:	
Medication			
Does your child/ward take preso	cribed medication on a regular basis? Pl	ease specify:	
What prescribed medication(s)	cribed medication on a regular basis? Pl should your child/ward have with him/h	er during the excursion?	
General			
	or carry medical alert identification (e.g	bracelet)? Ves No	
If was placed specify what	is written on it:	., bracelet)? Tes No	
(2) Does your shild/word hove	is written on it:any other relevant medical condition that	t will require modification of the pro	gram? Vas No
	any other relevant medical condition tha	a win require mounication of the pro	grain: 1es NO
If yes, please explain:	: 1.C	: 4 1 1 44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 11 11
	any special fears or conditions (e.g., anx dent's excursion more relaxed? Yes		
	child/ward to have medical care, I he		
obtaining the best of such service f	or my child/ward. I also understand t	that in the event of such illness or a	ccident, I will be notified as soon
as possible.			
Name of Parent/Guardian:			(Please print)
Signature of Parent/Guardi	ian:		Data

Acknowledgement

Acknowledgement			
Student II	nformation		
Last Name:	First Name:		
Code of	Conduct		
	nd visitors to the school is governed by the School's <i>Code of</i>		
Conduct, the TDSB Code of Conduct, and the Provincial Coa			
I will read the School Code of Conduct and discuss it with m			
that a breach of the Code of Conduct by my child may resul			
the TDSB Caring and Safe Schools policies and procedures a	and/or applicable legislation. I understand that the Principal		
is available to explain the <i>Code of Conduct</i> to me and my cl	nild.		
The TDSB Code of Conduct is available at: http://www.tds			
The Provincial Code of Conduct for schools is available at: h			
Caring and Safe School resources are available at: http://w			
	line Conduct		
I understand that the TDSB has a Code of On-Line Conduct	• •		
electronic resources accessed through the facilities of the B	-		
includes sections covering Personal Safety Rules, Unaccept and Activities, On-Line Publishing, and Liability.	able Sites and Materials, Ose Guidelines, Proffibited Ose		
I acknowledge that the TDSB expects that students will adh	ware to the Code of On Line Conduct and he responsible in		
their use of the Internet through the facilities provided by	•		
	ny child at the start of the school year. I understand that if		
my child breaks the rules, computer access privileges may	·		
legal action may be taken. The Code of On-line Conduct is			
http://www2.tdsb.on.ca/ppf/uploads/files/live/96/294.pdf			
Acceptable Use of Informa	ation Technology Resources		
The Acceptable Use of Information Technology Resources P			
Resources for educational and business purposes dedicate	· · · · · · · · · · · · · · · · · · ·		
being, as well as providing a safe, nurturing, positive, and r			
Information Technology Resources that is in compliance wi	th applicable law, and related TDSB policies and		
procedures. The Policy and all related procedures apply to			
Resources. The Acceptable Use of Information Technology Resources Policy is available at:			
http://www2.tdsb.on.ca/ppf/uploads/files/live/96/1933.pd	df or upon request from the school principal.		
STUDENT DECLARATION:			
I have read the School Code of Conduct and the TDSB Code	of On-Line Conduct, and Acceptable Use of Information		
Technology Resources Policy.	Crade		
Name:	Grade:		
Signature:	Date:		
DARENT/CHARDIAN DECLARATION.			
PARENT/GUARDIAN DECLARATION: I HAVE READ and UNDERSTOOD the School Code of Conduct	TDSR On-Line Code of Conduct and the Accentable Use of		
Information Technology Resources Policy, and I am responsi	·		
and procedures and will adhere to them.	and chisaring that my sima and cristands these pensies		
Name of Parent/Guardian:			
	lease print)		
Signature of Parent/Guardian:	, , Date:		

Medical Conditions

PLEASE NOTE: The content on this page is for information only.

Parents/Guardians are expected to review and update medical information with the school on an annual basis.

Life Threatening Allergies

Anaphylaxis is a serious allergic reaction. It can be life-threatening. Food is the most common cause of anaphylaxis, but insect stings, medicine, latex, or exercise can also cause a reaction. The most common food allergens are peanuts, tree nuts, and seafood, egg and milk products.

The TDSB has created a policy and procedure to further support *Sabrina's Law* introduced in January 2006 and to take care of our students at risk of anaphylaxis. Under *Sabrina's Law*, the TDSB has developed:

- Strategies to reduce exposure to allergens.
- Procedures to communicate with parents, students and staff about life-threatening allergies.
- Regular training opportunities for all staff to deal with life-threatening allergic reactions.
- Emergency procedures to cope with the anaphylactic student, including readily-accessible treatment.

Each school also has its own individual plan for each student at risk of anaphylaxis, which includes maintaining a file of the student's medications and emergency contacts.

If your child suddenly becomes ill or has an allergic reaction, school staff will take the appropriate action. Please ensure your school has the most up-to-date emergency contact information. If your child has life-threatening allergies, or if your child needs to be given special medication throughout the day, please speak with your principal to discuss arrangements. For more information, please refer to TDSB Operational Procedure PR563 – Anaphylaxis: http://www2.tdsb.on.ca/ppf/uploads/files/live/100/282.pdf

Asthma

Asthma is a very common, chronic (long term) lung disease that can make it hard to breathe. Asthma can be fatal without proper management and access to medications.

The TDSB has developed operational procedures to support the implementation of *Ryan's Law (Ensuring Asthma Friendly Schools)*, 2015, which includes:

- Creating a positive environment for students with asthma.
- Special considerations for students with additional needs.
- Roles and responsibilities for elementary and secondary schools.
- Parents will provide school staff with up-to-date information about their student's asthma. Information should be provided to the school at the start of each school year.

For more information, please refer to TDSB operational procedure PR714 – Asthma Management: http://www2.tdsb.on.ca/ppf/uploads/files/live/98/1764.pdf

Diabetes

Diabetes is a serious disease that impairs the body's ability to use food properly. In students with diabetes, insulin is either not produced or does not work efficiently. Without insulin, glucose builds up in the blood stream and the body begins to break down fat to be used for energy. The body creates ketones and an excess of this material can result in severe complications that can result in coma and/or death. Effective practices in managing Diabetes in Schools include:

- Blood glucose monitoring/insulin injection.
- Proper timing of meals and snacks to maintain proper blood sugar levels. Students need the opportunity to eat all meals and snacks fully and on time.
- Emergency food supplies that include oral glucose, juice and/or fast acting sugar should be available in other locations in the school.
- Parent/guardian/caregiver provides, maintains, and replenishes all food and necessary diabetic supplies.
- The development of a Diabetes Management Plan for each student who is identified with diabetes. The plan will be implemented in accordance with the medical requirements for each student.

For more information, please also refer to the TDSB operational procedure PR607 – Diabetes Management: http://www2.tdsb.on.ca/ppf/uploads/files/live/98/1764.pdf