

Walking Excursion Form – Immediate Community

School: _____ Teacher: _____

Principal: _____ 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: _____

Medical Information Form (511E)

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 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"/> Sickle Cell Disease | | | |

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, and 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: _____



Severe Weather Conditions Permission To Leave School

This form is to be completed by the parent or guardian of students from Grades 6 – 12 to determine the appropriate actions in the event of severe weather conditions when transportation services are cancelled or schools closed during the school day.

I, _____, hereby
(name of parent/guardian)

- give my consent and authorization
 do not give my consent and authorization

to my child, _____, to leave the
(name of student)

school premises in the event of the cancellation of transportation services or school closure due to severe weather.

(signature of parent/guardian)

(date)



Student Media Release Consent Form

Form 529B
Revised Jun 15, 2010

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 Toronto
(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.)

District School Board 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: _____



TDSB Digital Learning Tool Consent Form

As part of our commitment to support learning opportunities for our students focusing on communication, critical thinking & problem solving, collaboration & leadership, global citizenship & character, creativity, inquiry & entrepreneurship, the TDSB provides all students with a variety of digital learning tools including G Suite for Education, Brightspace Online Classroom and the TDSB's Virtual Library. These learning tools are carefully selected for their educational value and compatibility with the Ontario Curriculum to support and enhance learning.

Some digital learning tools require that the TDSB share limited personal information such as the student's name and email address for the purpose of creating an account to use the tool or service. Personal information (name and email address) is used and shared by the TDSB for the above-noted purposes under the authority of Education Act and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). If you have any questions, please contact your school Principal directly.

At the following link, please find a list of district provided digital learning tools that are available to all students and teachers. bit.ly/TDSBDLT (case sensitive)

- I do give permission for my child to use district provided Digital Learning Tools. (This consent will remain in effect until it is revoked by me in writing.)
- I do not give permission.

Name of Student: _____

TDSB Student Number (9 digits): _____

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____