

## MEDICAL INFORMATION FORM

Must be completed for all medical conditions

Student  
Photo

### A. STUDENT INFORMATION

☐ Wears Medic Alert ID

X \_\_\_\_\_  
Student Name (Legal Last Name, First Name (and Preferred Name)) Birth Date: Month/day/year

X \_\_\_\_\_  
Parent/Guardian Name(s) and Contact Phone number

X \_\_\_\_\_ X \_\_\_\_\_  
Parent/Guardian Work Phone number Parent/Guardian Home Phone number

X \_\_\_\_\_ X \_\_\_\_\_  
Emergency Contact Name and Phone number (other than parent) Physician Name and Phone number

### B. HEALTH

Please indicate with a ✓ if your child has any of the following medical conditions or any other serious health concerns, or requires medication to be administered at school.

#### 1. Medical Condition

- ☐ Hearing Impairment specify: \_\_\_\_\_  
☐ Visual Impairment specify: \_\_\_\_\_  
☐ Physical Impairment specify: \_\_\_\_\_

#### 2. Serious Health Concerns

- ☐ Anaphylaxis (parent required to fill out form A) Allergic to: \_\_\_\_\_  
☐ Diabetes (parent required to fill out form B)  
☐ Asthma (parent required to fill out form C)  
☐ Seizure Disorders (parent required to fill out form D)  
☐ Other serious health concerns (parent required to fill out form E)

#### 3. Medication that is essential for school staff to give students during school hours

- ☐ My child requires medication to be administered by school staff (parent required to fill out form F)

**IF ANY CONDITIONS TO YOUR CHILD'S HEALTH IN RELATION TO THE ABOVE CONDITIONS OCCUR, PLEASE DISCUSS WITH YOUR PRINCIPAL.**

### C. IMMUNIZATION

It is important to protect your child against certain communicable diseases. In addition to recommended childhood immunizations that most children have received, the following immunizations are provided for grade 6 and grade 9 students at a school clinic: Hepatitis B, Meningococcal C and Chickenpox. Human Papillomavirus (HPV) vaccine will be offered to students in grade 6.

A request for parental consent will be sent home prior to the school clinic. Following an immunization clinic at school, your child will be given a notice of immunization that can be added to medical records at home.

Parent/Guardian Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

Office Use only

Copy to: Parent(s)/Guardian(s)

School Health Resource Binder (red binder)

Nursing Support Care Plan (if necessary)

Student's Emergency Kit



## **STUDENT PERSONAL INFORMATION CONSENT**

This consent form pertains to the collection, use, and sharing of student personal information. Please review, sign, and return it to the school. It will be effective immediately

**STUDENT NAME:** \_\_\_\_\_ , \_\_\_\_\_ **Homeroom:** \_\_\_\_\_  
(please print) (Usual Last Name) (First Name)

Schools and districts are authorized to collect, use, and share student personal information that is directly related to and necessary for their educational functions. For other school or education related purposes, parental or student consent is required.

Burnaby School District is seeking your consent to collect, keep, use and share photographs, videos, images, work and/or names of students in a variety of publications and/or on school or district websites, for education related purposes (e.g. recognizing/encouraging student achievement), building the school community, and informing about school/district programs.

For example, student names, images or work might be used in:

- school or district communications (e.g. newsletters, brochures, yearbooks and/or reports ) in limited or public circulation;
- school or district websites, social media sites (e.g. Facebook), and/or online video channels (e.g. YouTube), with limited or public access;
- videos, CDs, and DVDs designed for educational use only.

**I CONSENT** to the collection, use, and sharing of my child's name, work and/or image for use by the school or district for purposes as outlined above. I am aware that images/ information posted on the worldwide web may be stored/accessed outside of Canada. (Note: This consent may be withdrawn at any time. However, this does not require the school or district to withdraw from publication any previously published material.)

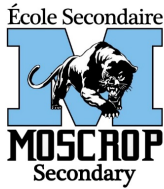
**I DO NOT CONSENT** to the use and disclosure of my child's name, work and/or image for use by the school or district this school year for purposes outlined above.

**PARENT/GUARDIAN NAME:** \_\_\_\_\_  
(Last Name) (First Name)

**\*PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*\*see previous page regarding parental rights court orders*

*If you have questions about this consent form or about the collection of student personal information, please email [communications@burnabyschools.ca](mailto:communications@burnabyschools.ca)*



## **NOTICE TO PARENTS REGARDING MEDIA IN SCHOOLS**

**STUDENT NAME:** \_\_\_\_\_ , \_\_\_\_\_  
(Please print) (Usual Last Name) (First Name)

**HOMEROOM:** \_\_\_\_\_

Media (radio, television, newspapers, and other print or online media) are sometimes invited or permitted to come to the school. They may want to conduct interviews with students, or take photos or video, for the purposes of promoting public understanding of school programs, building support for public education, and encouraging student achievement.

### **PLEASE CHECK ONE:**

If your child **IS ALLOWED** to be photographed or interviewed by media, please check this box, sign and return this notice to the school.

If you **DO NOT** want your child's name, image, or personal information published by media, please check this box, advise your child and their teacher and initial that you have done this (Steps 1 & 2 below), sign below, and return this notice to the school.

- 1) I have asked my child to avoid media situations. **Initial:** \_\_\_\_\_
- 2) I have advised the teacher that I want my child to avoid media situations. **Initial:** \_\_\_\_\_
- 3) I request that school and district staff will take all reasonable steps to avoid having my child's image, work or name collected or published by media.
- 4) I consent to disclosure by the school/district staff of the personal information that is necessary to give effect to this request.
- 5) I am aware that I can override this notice, and give consent in a specific circumstance.

**I acknowledge receipt of this notice regarding media and understand that it will be effective immediately.**

**PARENT/GUARDIAN NAME:** \_\_\_\_\_ , \_\_\_\_\_  
Last Name First Name

**\*PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*\*This form must be signed by the parent who has the right to exercise their child's privacy protection rights if there is a parental rights court order. Please attach a copy of this documentation.*

**PLEASE NOTE: School and district staff cannot control photos/videos taken by the media or others in public locations (eg. field trip) or school events open to the public (eg. sports events, student performances, school board meetings, etc.)**



## CONSENT TO SEND COMMERCIAL ELECTRONIC MESSAGES

Canada's Anti-Spam Legislation (CASL) came into effect on July 1, 2014. As a result, the school requires your consent to send electronically (email) any newsletters, community announcements, performance/sport notices, event invitations, surveys, etc. These emails may include advertising or promotions regarding school fundraisers, student photos, field trips, yearbooks, team uniforms, classroom book orders, cafeteria sales, dance tickets, graduation events or other non-profit community sports or event opportunities.

Our sustainability mandate is to reduce our environmental footprint whenever possible, which includes using electronic communication. We hope you will allow us to send or continue to send these important notices via email. Please be assured that your contact information is securely stored and notices are distributed by authorized school personnel only. We also do not share these lists with anyone.

We remain committed to providing you with information that is directly related to your child's educational experience. If you have any questions, please contact:  
Communication Services at [communications@burnabyschools.ca](mailto:communications@burnabyschools.ca)

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Please complete, sign and return this consent form to the school.

Yes, I give my consent for the school to send me electronic messages as outlined above to the email address indicated below. I understand that my consent is considered to be ongoing however I can withdraw my consent at any time by clicking on the unsubscribe link in any electronic message I receive.

No, I do not wish to receive electronic messages from the school as outlined above.

STUDENT NAME (Usual Last, First): \_\_\_\_\_ GRADE: \_\_\_\_\_ HOMEROOM: \_\_\_\_\_

PARENT/GUARDIAN NAME (Last, First): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HAVE YOU EVER BEEN ON OUR EMAIL LIST BEFORE?      YES      NO

IF YES, IS THIS THE SAME EMAIL ADDRESS WE CURRENTLY HAVE ON FILE?      YES      NO

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# District Technologies & Information Systems

## STUDENT ACCEPTABLE USE AGREEMENT

**STUDENT NAME (Usual Last, First):** \_\_\_\_\_ **SCHOOL: MOSCROP GRADE:** \_\_\_\_\_

Burnaby School District provides students with access to Digital Technologies and Information Systems as a means to enhance their learning. Students have access to, amongst other things, public websites, secure virtual classrooms, discussion boards, video files, digital pictures, audio files, library systems, e-mail, file storage, printing, encyclopaedias, wikis, blogs, texting, social media and messaging tools.

The District will endeavour to:

- *ensure safe, orderly, and caring physical and digital learning spaces;*
- *impose guidelines on what students may see and do in digital environments;*
- *inform parents of potential risks.*

**Digital Responsibility Guidelines (see reverse)** apply to all students using District Technologies or technological devices within Burnaby School District. Students are expected to review and adhere to these guidelines.

To be issued access privileges to District Technologies and Information Systems, all users must fill out a **Student Acceptable Use Agreement**. **BOTH THE STUDENT AND THEIR PARENT/GUARDIAN MUST SIGN.**

### **PARENT/GUARDIAN ACCEPTANCE:**

I have reviewed the **Student Digital Responsibility Guidelines (see reverse)** and discussed them with my child. I consent for my child to be given access to District technologies and information systems for educational purposes, and I understand that they are expected to comply with the guidelines. I know that this access privilege can be reviewed at any time by myself, the school or district.

I am aware that the District will endeavour to:

- *ensure safe, orderly, and caring physical and digital learning spaces;*
- *impose guidelines on what students may see and do in digital environments;*
- *inform parents of potential risks*

I also recognize that it is impossible to restrict access to all controversial materials.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### **STUDENT ACCEPTANCE:**

I have reviewed the **Student Digital Responsibility Guidelines** and agree to follow them while using District Technologies. I understand that if I do not follow them, I may lose access privileges. I also agree to abide by any additional school and classroom rules concerning my personal use of digital tools and District Technologies.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

For more information on District Technologies and Information Systems,  
parents are encouraged to review Burnaby Board of Education Policy 7.90.01  
at [burnabyschools.ca](http://burnabyschools.ca)

## District Technologies & Information Systems

# STUDENT DIGITAL RESPONSIBILITY GUIDELINES

Burnaby School District provides students with access to Digital Technologies and Information Systems as a means to enhance their learning. Students have access to, amongst other things, public websites, secure virtual classrooms, discussion boards, video files, digital pictures, audio files, library systems, e-mail, file storage, printing, encyclopaedias, wikis, blogs, texting, social media and messaging tools.

The District will endeavour to:

- *ensure safe, orderly, and caring physical and digital learning spaces;*
- *impose guidelines on what students may see and do in digital environments;*
- *inform parents of potential risks.*

**Digital Responsibility Guidelines** apply to all students using District Technologies or technological devices within Burnaby School District. Students are expected to review and adhere to these guidelines or in the case of younger children, parents/guardians are expected to review these guidelines with their child.

To be issued access privileges to District Technologies and Information Systems, all users must fill out the **District Technologies & Information Systems Student Acceptable Use Agreement**.

### DO

- Use District and personally-owned devices and digital tools for educational purposes
- Follow copyright laws and acknowledge and respect the ownership of others for their creative work
- Keep your personal information private (like last name, home address, phone numbers, pictures and passwords)
- Respect the privacy of other students and adults
- Report uncomfortable, unsafe, or inappropriate behaviour or messages to your teacher or principal
- Treat others fairly and with respect
- Understand that digital tools such as e-mail, messaging, social networks, websites, wikis, blogs and texting are not guaranteed to be private

### DO NOT

- Share your passwords
- Take and use someone else's identity (their name, password)
- Falsify your identity
- Take pictures or videos of others and share them without their permission
- Hurt or mistreat others by what you create or share
- Harass, stalk, bully, threaten, insult, abuse, or attack others
- Damage computer systems, networks, digital tools or content
- Access secure information owned by others without their permission
- Use information or work of others as your own without their permission
- Use software programs that are not provided by the District or that are not free or purchased by you for your personally-owned device
- Use District or personally-owned devices for commercial, illegal, or malicious purposes
- Use District or personally-owned devices to operate file sharing services
- Access/distribute pictures, videos, audio or text that contains inappropriate nudity/language
- Meet with someone you met online without parent/guardian consent

**For more information on District Technologies and Information Systems,  
parents are encouraged to review Burnaby Board of Education Policy 7.90.01**

In the event of an earthquake or other serious emergency, the school may implement a controlled release of students for their safety and wellbeing. If you are not able to reach the school, staff will release your child to persons authorized on this form or, if necessary, to emergency medical personnel.

## LIST CHILDREN ATTENDING SCHOOL(S) IN THE DISTRICT

Last Name, First Name	DOB mm/dd/yr	Gr	Teacher	School	*Medical

\* List any life threatening medical conditions/information, medications, severe allergies & any instructions on the back side of the page

## PARENTS / GUARDIANS

<b>Name:</b>		
Address:	Home ph:	Cell ph:
Employer & Address	Work ph:	Days/Hrs at Work:
<b>Name:</b>		
Address:	Home ph:	Cell ph:
Employer & Address	Work ph:	Days/Hrs at Work:

## AUTHORIZED DESIGNATES FOR EMERGENCY RELEASE STUDENT PICK UP

Name:	Home ph:	Relationship:
Address:	Cell ph:	Work ph:
Name:	Home ph:	Relationship:
Address:	Cell ph:	Work ph:
Name:	Home ph:	Relationship:
Address:	Cell ph:	Work ph:
List any individuals who <b>MAY NOT</b> claim this student in an emergency and provide special instructions:		

## OUT OF PROVINCE CONTACT

Name	Phone (include area code)	City/Province/Country	Relationship

I acknowledge that I have spoken to the above alternates who have accepted responsibilities associated with being an emergency contact for my child(ren). I have also advised my child. I realize that in the event of a controlled student release, only the above authorized individuals will be able to claim my child (except to emergency medical personnel). Upon release of my child(ren), a record shall be kept of the name of the authorized person, the time released and expected destination.

_____	_____	_____
First and Last Name	Parent / Guardian Signature	Date

✂

## STUDENT RELEASE – FOR SCHOOL USE ONLY (please print):

Student Released to:	Signature:
First Destination:	
Final Destination:	
Processed / Authorized By (staff):	Date / Time:

**\* MEDICAL INFORMATION:**
