

CONTACTS: (other than parent) (local only)

1. **Local** Emergency Contact: _____
Emergency Contact Phone #: _____
Relationship: _____

2. **Local** Emergency Contact: _____
Emergency Contact Phone #: _____
Relationship: _____

NATURAL DISASTER RELEASE

In case of a natural disaster (earthquake, etc) and a parent cannot be contacted -

I hereby authorize the release of my child to: (please print)

Name: _____

Street Address: _____

Phone Number: _____

Relationship: _____

MEDICAL INFORMATION:

- **PERSONAL HEALTH (CARE CARD) NUMBER:** _____
- **FAMILY DOCTOR:** _____ **PHONE #** _____

Does your child have any of the following medical issues? .

Vision:	Allergies	Other: If so, please describe “ _____ _____
Heart:	Rashes:	
Asthma:	Speech:	
Epilepsy:	Diabetes:	
Hearing:		

Is your child able to participate in school physical activities? Yes No

Describe any restrictions: _____

Has your child ever needed to see a doctor or go to the emergency room as a result of a head injury?

Yes No

If yes: Was your child unconscious? _____ For How Long: _____

How many times has your child been unconscious? _____

Your child is transferring to Eagle View School from:

SCHOOL: _____ **GRADE:** _____

SCHOOL ADDRESS/CITY: _____

Please provide any other information about your child that you feel would be important for the school to know.

“The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.”

PARENT/GUARDIAN SIGNATURE: _____

EAGLE VIEW ELEMENTARY SCHOOL
Parental Consent – Freedom of Information and Protection of Privacy Act

In accordance with the Freedom of Information and Protection of Privacy Act and the School Act. School District #85 requires consent to use personal information for purpose unrelated to educational programs.

1. Publication of Name, Photograph, Video Images or Comments

At times, staff, district staff, and the media may photograph or videotape individual students and groups of students to commemorate events and promote various educational, sports and cultural events taking place in the District. While photographs add to the community like of our school, they are not required for educational purposes. As such, consent for the release of your child's name, photograph and comments is required before anything may be published in the yearbook or newsletter, and on occasion, in the school calendar, school district newsletter, annual report, or in the news media.

- Yes: I give my consent for publication of my child's photograph/video-images, and comments for purposes consistent with the above.
- No: I do not permit the publication of my child's name, photograph/video-images, and comments for purposes consistent with the above.

2. School District Website

There may be occasions where your child's photograph may appear as part of a group in a school activity that is placed on the school district website.

- Yes: I give my consent for the publication of my child's photograph/video-images for purposes consistent with the above.
- No: I do not permit the publication of my child's photograph/video-images for purposes consistent with the above.

3. School Related Activities - Access to Information

There are occasions when our school would like to have contact with parents to consult with them directly about school issues or meetings or to plan school related activities. To contact you for these purposes, we then need consent for the disclosure of your name, home address, email address and phone number to Parent Advisory Councils or others responsible for these types of activities. Your personal information **will not be disclosed** to anyone for business or commercial purposes.

- Yes: I give my consent for the release of my home address and phone number for purposes consistent with the above.
- No: I do not permit the release of my home address and phone number for purposes consistent with the above.

4. Student Access to Technology

School District #85 has provided staff and student access to the Internet. Parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using the Internet, Policy 2/20. The role of the school's teaching staff includes guiding students' access to network learning resources and monitoring student use of the network to ensure students are following acceptable guidelines. It is expected that the Internet will be used to support and enrich the curriculum.

- Yes: I give my consent for my child to have access to the network.
- No: I do not permit my child to have access to the network.

5. Parent Consent to Release Name and Phone Number to the Port Hardy Public Health Unit.

This information would be release to the Public Health Unit when information is needed by the Public Health Nurse. (i.e. student in grade 6 getting their immunization shots by the Public Health, administered at EVES).

- Yes: I give my consent for my child's name and information to be released to the Public Health Unit.
- No: I do not give permission to release any information on my child to the Public Health Unit.

Student's Name _____

Parental/Guardian Signature _____ Date: _____

- *This information will stay effect in the students file until I give written permission to change it.*
Freedom of information.doc – September 2014