

**MEDICAL INFORMATION FORM
SCHOOL, PHYSICAL EDUCATION, OFF-SITE ACTIVITIES,
INTRAMURALS & CLUBS**

STUDENT INFORMATION

Current Student Mailing Address

Student's Last Name:

Student's First Name:

Street Address:

City/Town:

Prov:

PC:

Student's Health Care # (Optional):

Parent/Guardian Contact Information

Parent/Guardian Name(s):

Home phone:

Cell phone:

OTHER INFORMATION

Physician's Name:

Physician's Phone Number:

Emergency Contact Information

Emergency Contact Name:

Home phone:

Cell phone:

NOTE: An annual medical examination is recommended.

MEDICAL INFORMATION

1. Date of last complete examination: _____
2. Date of last tetanus immunization: _____
3. Is your son/daughter/ward allergic to any drugs, food or medication or other? Yes No
If yes, is the allergy life-threatening? Yes No

4. Does your son/daughter/ward wear a medical alert bracelet, neck chain, or carry a medical alert card? Yes No
If yes, please provide details. _____

5. Has your son/daughter/ward been diagnosed as anaphylactic? Yes No
If yes, does he/she carry an EpiPen? Yes No

6. Does your son/daughter/ward take any prescription drugs? Yes No
If yes, please provide details and if medication is required, ensure appropriate medical labels are attached to the medication. _____

a. What medication(s) should the participant (son/daughter/ward) have available during the sport activity? _____

b. Who should administer the medication? _____

7. Does your son/daughter/ward wear glasses? Yes No

8. Does your son/daughter/ward have:
a. Orthodontic Appliances? Yes No
b. Crowns? Yes No
c. Bridges? Yes No

9. Please indicate if your son/daughter/ward has been subject to any of the following:

<input type="checkbox"/> epilepsy	<input type="checkbox"/> diabetes	<input type="checkbox"/> orthopedic problems
<input type="checkbox"/> hearing loss	<input type="checkbox"/> asthma	<input type="checkbox"/> allergies
<input type="checkbox"/> heart disorder	<input type="checkbox"/> head or back injuries	<input type="checkbox"/> arthritis
<input type="checkbox"/> rheumatism	<input type="checkbox"/> chronic nosebleeds	<input type="checkbox"/> dizziness
<input type="checkbox"/> fainting	<input type="checkbox"/> headaches	<input type="checkbox"/> diagnosed concussion (in the past 3 years)
<input type="checkbox"/> hernia	<input type="checkbox"/> dislocated shoulder	
<input type="checkbox"/> swollen or hyper mobile or painful joints		
trick or lock knee		

Please provide pertinent details for anything checked off in questions 9.

10. Please indicate any other medical condition that will limit your participation or require medication to the activity program: _____

NOTE:

If a concussion has been diagnosed over the summer break, the Request to Resume Participation – Concussion Related Injuries form must be completed by a physician before the student returns to class/intramural and interschool activities.

Signature:

Parent/ Legal Guardian

Date

Additional Medical Information

- 1) Does your son/daughter/ward have a life threatening allergy (anaphylaxis)? Yes No
 If yes, does he/she carry an EpiPen? Yes No

For students with life threatening allergies (anaphylaxis), an Individual Anaphylaxis Emergency Plan will be co-created with the child/student, parents/guardians, school staff and appropriate health care professionals. Please ensure you have started this process prior to your child's first day in attendance at school.

- 2) Does your son/daughter/ward have diabetes? Yes No
 If yes, do they require medication while at school? Yes No
 If yes, who should administer the medication? _____

For Students with Type 1 Diabetes, where appropriate, an [Individual Care Plan](#) will be co-created with the child/student, parents/guardians, school staff and appropriate health care professionals. Please ensure you have started this process prior to your child's first day in attendance at school.



Greater St. Albert Catholic Schools

Serving St. Albert, Morinville, Legal, and parts of Sturgeon County

LEARNING ONLINE IN REAL TIME (K-12)

Greater St. Albert
Catholic Schools

STUDENT PARTICIPATION IN ONLINE BROADCASTING OF LEARNING IN REAL TIME

Greater St. Albert Catholic Schools is implementing a number of different pathways to support student learning during our response to the Covid-19 pandemic. One of these pathways is Synchronous Online Learning whereby the classroom teacher, through the use of technology, will teach both students in the classroom and students at home in real time.

When an online broadcast of the classroom teacher occurs during a class, a web camera and wireless microphone may be used to capture the image and voice of the classroom teacher. This process will be controlled at all times by the classroom teacher and although it will be primarily directed towards the classroom teacher, from time to time the live broadcast may capture your child's name, image and/or voice.

The class will be broadcast online via Google Meets to those students who have been invited by the classroom teacher to participate and are watching the class from home. In order to participate in Synchronous Online Learning, all students and their parents will be required to agree to refrain from any recording of the online broadcast of learning through any means, to refrain from sharing the link provided to the student by the teacher of the online broadcast of learning, and that the online broadcast of learning will not be used for any other purpose other than for the learning of the student.

It is our intention that the online broadcast of learning will only capture the classroom teacher while they are engaged in instructing the class (for example – giving a lecture, explaining a new skill). The participation of students by asking or answering questions is also a critical part of the learning process and will continue to be encouraged by classroom teachers. We intend that these interactions will be captured during online broadcast of learning. However, if the teacher is required to engage in discipline or a personal conversation with a student, all reasonable efforts will be made to stop the online broadcast. As the classroom will be broadcast live, the footage will not be modified in any way before being broadcast.

Despite taking the above steps to ensure that the online broadcast is only accessed by individuals who are authorized to do so, and that the video is not recorded, the nature of technology means we cannot guarantee that it will not be recorded by some other means, or that it will not be accessed by unauthorized individuals over whom we have no control.

THE FOLLOWING IS TO BE COMPLETED ONLY BY PARENTS/LEGAL GUARDIANS OF STUDENTS PARTICIPATING IN SYNCHRONOUS ONLINE LEARNING FROM HOME OR BY THE INDEPENDENT STUDENTS AS DEFINED IN THE *EDUCATION ACT*:

I acknowledge and agree that:

- I will refrain from recording the online broadcast of learning or any recording thereof provided to my child through any means; and,
- The online broadcast of learning will not be used for any other purpose other than for the learning of my child.

Student Name: (please print) _____

School: _____ Grade: _____

Signature: _____ Date: _____
(Parent/Legal Guardian) DD/MM/YYYY

Signature: _____ Date: _____
(Independent Student) DD/MM/YYYY

Greater St. Albert Catholic Schools



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LEARNING WITH TECHNOLOGY RESPONSIBLE USE AGREEMENT (K-12)

Please complete all sections of this form (PLEASE PRINT).

School Year: 2021-22

Classroom: _____

Faith-Filled Citizenship in a Digital World

_____ Please Initial - Parent/Legal Guardian/Independent Student

In today's connected world, technology is essential for learning. Greater St. Albert Catholic Schools supports effective and innovative uses of technology for each and every student. This support includes a commitment to providing anytime/anywhere learning opportunities and to teach students to be faith-filled citizens in a digital world. Using technology to enhance learning comes with the responsibility to use it in a manner that fosters Christ-centered citizenship. As a Catholic school division, it is our goal to ensure that the use of technology contributes positively to the learning environment and to the community. Students must become aware of the benefits and the risks associated with digital interactions and the risks associated with digital interactions and ultimately make decisions about using technology responsibly, keeping themselves safe online and respecting others in all interactions, whether using division-owned or personal devices.

Student Responsibilities

_____ Please Initial - Parent/Legal Guardian/Independent Student

It is expected that students comply with Division standards for the responsible use of technology and honour the expectations set by their school and their teachers. This means that students, whether using division- owned or personal devices, accessing division or non-division networks, must:

- Use public interactive websites in a safe manner and pay particular attention to guarding privacy, protecting identity (by not posting personal information), demonstrating etiquette, and communicating in a respectful, kind and compassionate manner.
- NOT submit, post, publish, send or display obscene, profane, threatening, illegal and/or other inappropriate material on their devices, school-owned devices or on the internet.
- NOT photograph or record others (students or staff) without their consent (this applies to both face-to-face and online learning environments).
- NOT attempt to access data or programs contained on systems without authorization or consent.
- NOT read another user's e-mail unless authorized to do so by the owner of the e-mail account.
- Agree to keeping personal passwords private and confidential.
- Agree to take precautionary measures to protect personally-owned device(s) from unauthorized access.
- Adhere to copyright laws regarding the duplication or replication of other people's work.
- REPORT instances of inappropriate, objectionable and/or offensive material to a teacher or supervisor.

Security and Supervision

_____ Please Initial - Parent/Legal Guardian/Independent Student

Digital storage areas are treated like school lockers. Division network administrators may review files and communications to maintain system integrity and to ensure responsible use. Users should not expect that files and communications stored on Division servers are private. Technology resources, including bandwidth, file space, and printers are for education purposes. Students will be held accountable for any deliberate attempt to circumvent Division technology security and supervision. A security problem on the network must be reported. Students who bring their own devices to school do so at their own risk. The school and Division do not accept responsibility for their safekeeping, maintenance, loss or any damage that may result.

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LEARNING WITH TECHNOLOGY RESPONSIBLE USE AGREEMENT (K-12)

School Year: 2021-22

Classroom: _____

MINOR STUDENT - 17 YEARS OR YOUNGER

Student Name: (please print) _____

School: _____ Grade: _____

As the parent or legal guardian of the minor student named above, I have read and reviewed with my child the Greater St. Albert Catholic Schools *Learning with Technology Responsible Use Agreement*. I understand that the use of the technology is for educational purposes and the Division, along with my role as a parent, will strive to teach students to be faith-filled citizens in a digital world. I understand that it is impossible to restrict access to all controversial materials or sites or for the school to control the information my child may post on a public site. I further recognize that if my child does not demonstrate responsible and appropriate use of technology, he/she may be disciplined. I will not hold the Greater St. Albert Catholic Schools responsible for material my child may acquire or information my child may disseminate using technology.

Signature: _____ Date: _____
(Parent/Legal Guardian) DD/MM/YYYY

INDEPENDENT STUDENT - OVER THE AGE OF 18 OR AS DEFINED IN THE *EDUCATION ACT*

Student Name: (please print) _____

School: _____ Grade: _____

I have read and understand the Greater St. Albert Catholic Schools *Learning with Technology Responsible Use Agreement*. I understand that the use of technology is for educational purposes. I agree to use technology in a manner that demonstrates faith-filled citizenship in a digital world. I understand that it is impossible to restrict access to all controversial materials or sites or for the school to control the information I may post on a public site. I further recognize that if I do not demonstrate responsible and appropriate use of technology, I may be disciplined. I will not hold the Greater St. Albert Catholic Schools responsible for materials I may acquire or information I may disseminate using technology.

Signature: _____ Date: _____
(Independent Student) DD/MM/YYYY



School Division Use of Personal Information Notice

The Greater St. Albert Roman Catholic Separate School Division is required to act in accordance with the Freedom of Information and Protection of Privacy Act (FOIP) which sets out standards as to the collection, use and disclosure of personal information.

The following are examples of how personal information may be used for school related activities and are not intended as an all-inclusive list. These activities form a vital part of a healthy and functioning school and the participation of all students in these activities is viewed as an important part of every student's education.

- 1. The use of a student's photograph/image taken by a school photographer for school-related purposes including report cards, student records, Image CD-Rom disks, student identification cards, school library cards, school yearbooks, recognition, composites, display at school sites, school newsletters, emergency, medical, legal, law enforcement and/or matters relating to safety and security.*
- 2. The release of a student's name, school, grade, academic information for the identification of assigned classroom or teacher in a school, use for class photos, collection of resources, recognition of birthdays, achievement in academics, athletics, or community involvement, honour roll, graduation ceremonies, scholarships, or other awards within the school or school board.*
- 3. The use of a student's name, address, telephone number, school, program, grade, parent's name and related contact information for the provision of transportation services.*
- 4. The use of a student's name telephone number, school, grade, parent's name and related contact information for the purpose of taking attendance, emergencies, fieldtrips, planning and/or other school sponsored activities.*
- 5. The use of a student's name, school, grade, photo, academic information and/or written material for the school newsletter, yearbook and/or other school publications.*
- 6. The use of a student's name, school, grade and/or photo for athletic events, fine arts productions, presentations, fairs celebrations and/or other school sponsored activities.*
- 7. The use of a student's photograph, video tape, audio tape and/or interview by the school Division personnel or activities held outside of the school.*
- 8. The use of a student's name, address, telephone number, school, program, grade, parent's name and related contact information for the purpose of satisfaction surveys.*
- 9. The use of a student's name for individual class, club, team and/or group photos/videos/images taken at school sponsored activities for display in the school.*
- 10. The use of a student's photo/video/images taken by school Division personnel of classroom or other school sponsored activities held within the school for educational purposes.*
- 11. The use of a student's name, photo/image, birth date, parent's name, telephone number, address and any student health and/or relevant personal information to assist authorized individuals in responding to emergency situations relating to safety and security, for law enforcement purposes and other legal requirements, and to assist who have severe or life-treating medical or other conditions.*

Note: *When the use of a student's name, photos and/or videos by the school board, media or to other outside organizations, where individual students are identified or interviewed and the material will be used outside of the school Jurisdiction, a separate and specific consent is required. Events that are open to the general public, are considered public events, Greater St. Albert Catholic Schools cannot control or prevent the further distribution or use of photos, videos, images or other personal information by those who attend.*

*Written consent for your child to participate in these activities is **not** being requested. On occasions there maybe concerns with uses of this information, if this is the case, please contact the school principal where your child attends to discuss your concerns. This notice remains valid for the current school year if you have any questions regarding the Freedom of Information and Protection of Privacy Act, please contact the Coordinator, 6 St. Vital Ave, St. Albert, 459-7711.*



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School Year: 2021-22

Classroom: _____

PARTICIPANT CONSENT FORM:

SCHOOL DIVISION USE OF PERSONAL INFORMATION

Student Name: _____

Opportunities sometimes arise for Greater St. Albert Catholic Schools to spotlight and promote schools in the division in displays/publications (newspapers, brochures, videos, television, school/division calendars, billboards, slide shows, workshops, presentations, or other publication venues). With your permission your child may be photographed, videotaped, audio taped, or interviewed during the school year at various **non-public** school sponsored events.

The school division and/or individual schools are sometimes contacted by the media to do feature stories about a specific school, program, student activity, award, or educational topic. The media may wish to collect, use and reproduce your child's personal information in the form of an interview, photograph, digital image, video tape, audio tape or a likeness. By signing these consents below, I am stating that I understand the purpose for which my/my child's information will be used.

A. Consent for: Collection Use and Disclosure of Personal Information by Greater St. Albert Catholic Schools

*I hereby give Greater St. Albert Catholic Schools permission to photograph, video tape, audio tape and/or interview my child for use in **school publications/communications, school or division recognition, or other school purposes**. Greater St. Albert Catholic Schools also has my permission to use, publish, display and copyright any artwork, written material or creative work created or authorized by my child through **school activities**. I understand that this material or creative work may be used by Greater St. Albert Catholic Schools **in division or school displays, publications, advertising or promotional materials**. I understand that my child may be identified as the author by first and last name and by grade.*

Signature _____ Parent/Legal Guardian/Independent Student

B. Consent to: Post Personal Information to a Division, School or Classroom Website and other electronic means

*I hereby give Greater St. Albert Catholic Schools permission to publish the following information regarding my child to the above public websites. **(Please check all that you agree to):***

- Last Name
- Photograph
- School-Related Work (artwork, written material or creative work) I understand my child may be identified as the author by first name, last name and grade)
- First Name
- Award Recognition
- Grade

Signature _____ Parent/Legal Guardian/Independent Student

C. Consent for: Media Participant

Please check all that you agree to:

- I hereby give Greater St. Albert Catholic Schools permission to permit **media and outside organizations** to display creative work(s), to film, photograph, videotape, video conferencing, or make an audio digital recording and/or interview my child for **non-public events** -I understand this means a creative work(s), photograph(s), videotape(s), video conference(s), audio or digital recording(s) and/or interview(s), or likeness of my child may be collected, used, reproduced and broadcast by media or outside organizations.*
- I hereby give Greater St. Albert Catholic Schools permission to display creative work(s), to film, photograph, videotape, video conferencing, or make an audio digital recording and/or interview my child for school and division social media accounts. I understand this means a creative work(s), photograph(s), videotape(s), video conference(s), audio or digital recording(s) and/or interview(s), or likeness of my child may be collected, used, reproduced and broadcast by third parties.*

Signature _____ Parent/Legal Guardian/Independent Student

D. Consent for: Disclosure of Personal Information to the School Council

*I hereby give Greater St. Albert Catholic Schools permission to make available **parent/guardian name, telephone and email address** to the **School Council** for contact purposes. School Councils represent the parents and engage in activities of the school.*

Signature _____ Parent/Legal Guardian/Independent Student

E. Consent for: Disclosure of Personal Information to the Local Parishes

*I hereby give Greater St. Albert Catholic Schools permission to make available the **student name and faith** information **to the local parishes** for the purpose of supporting the student's spiritual development.*

Signature _____ Parent/Legal Guardian/Independent Student