

Student Registration Form

Student No: _____ Medical Alert Legal Alert

Timberline Secondary School

1681 S. Dogwood St., Campbell River, B.C. V9W 8C1
Tel: 923-9500 • Fax: 923-9525 • Counselling Office Fax: 923-9526
timberline@sd72.bc.ca

Student Information - please print

Date of Form Completion: _____

Name: _____ Grade: _____
Last Name First Name Middle

Legal Name (if different than above): _____

Sex: _____ Age: _____ Date of Birth: _____ Birth Certificate Attached:
Month Day Year

Cross Catchment: Yes No From: _____ French Immersion: Yes No

Other family members registered at this school: _____

Student's Address: _____
_____ Postal Code: _____ Home Phone Number: _____

Mailing Address (if different): _____
_____ Postal Code: _____

Parent(s) / Guardian(s) with whom the student resides - please list in order of whom to contact first if the child is sick:

_____ Relationship: _____
Last Name First Name

Employer: _____ Work Phone Number: _____

Cell Number: _____ Email: _____

_____ Relationship: _____
Last Name First Name

Address (if different than above): _____

Employer: _____ Work Phone Number: _____

Cell Number: _____ Email: _____

Parent(s) / Guardian(s) with whom the student DOES NOT reside:

_____ Relationship: _____
Last Name First Name

Address: _____ Home Phone Number: _____

Employer: _____ Work Phone Number: _____

Cell Number: _____ Email: _____

Court Order in Effect?: Yes No If yes, copy of custody order attached:

Who has legal access to the child?: _____

Custody arrangement: _____



Emergency Information - please print

Name and number of two relatives / friends to contact in case of an emergency:

Name: _____ Phone: _____

Relationship: _____ Cell Phone: _____

Name: _____ Phone: _____

Relationship: _____ Cell Phone: _____

Health Information

Family doctor: _____ Clinic: _____

Phone: _____ Provincial Care Card Number: _____

Family dentist: _____ Phone: _____

Heart Problems Diabetes Epilepsy Physical Disabilities Hearing Vision

Allergies Other: _____

Anaphylaxis and/or history of severe allergic response

Blood clotting disorders such as hemophilia that requires immediate medical care

Severe asthma - immediate medical treatment required

Other conditions which may require emergency care: _____

This child is currently on regular medication for: _____

Medication names: _____

Can this child take part in regular physical activities?: Yes No

Other relevant information: _____

Special Assistance Has this child received any of the following special services?

Learning Assistance English as a 2nd Language Speech Therapy Physiotherapy Gifted

Other: _____

Language(s) spoken at home: _____

Are you of First Nations ancestry? Yes No Status? Yes No

Do you live on reserve? Yes No Band Affiliation: _____

Métis Ancestry Métis Nation Citizen (Status) Inuit Ancestry

Previous School Name & address of previous school _____

_____ Public School Private School

For Office Use:

Bus Student: Yes No Bus #: _____

Assigned to: Div. #: _____ Rm. #: _____ Teacher: _____



CAMPBELL RIVER
School District 72

STUDENT RECORD REQUEST

To: _____

Date: _____

Fax: _____ **Phone:** _____

From: _____ **Phone:** _____

Fax: _____ **School Email:** _____

The following student(s) has registered at our school. Please forward:

- ✓ Permanent Record Card
- ✓ Progress Reports
- ✓ Student Cumulative File
- ✓ Confidential File Reports, Individual Education Plan (I.E.P.) and/or Assessments

Student Name: _____

Date of Birth: _____

As the parent/guardian of the above named child, I give my permission for the exchange of confidential information which has educational implications for my child, between personnel for School District 72 (Campbell River), Mental Health, Ministry of Children & Family Development, Foster Parents, Child and Youth Care Workers, Community Living BC, NIEFS, NIC, Ministry of Social Development and Social Innovation, or appropriate medical personnel, or any other(s) authorized by the parent/guardian.

Other

Current School: _____

Signed: _____
Parent/Guardian Signature

Date: _____



CAMPBELL RIVER

School District 72

Student FIPPA / Personal Information Consent Form 2020-2021

Parents* and, if applicable, secondary school students: Please read the notice below and complete and sign the form on the back of this page and return it to your child's school.

Freedom of Information & Protection of Privacy (FIPPA)

Schools and school 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.

In accordance with the BC Freedom of Information and Protection of Privacy Act, the Board of Education of School District 72 (Campbell River) is seeking your consent to collect, keep, use and share photographs, videos, images and/or names of students in a variety of publications and on the school or school district's website(s) for education related purposes, such as recognizing and encouraging student achievement, building the school community, and informing others about school and district programs and activities.

For example, student names, and/or images may be used or shared in:

- School and district communications, such as newsletters, news releases, brochures and reports in limited or public circulation;
- School and district websites, social media sites (e.g. Facebook), and online video (e.g. YouTube) with limited or public access;
- Videos, CDs, DVDs designed for educational use only.

Personal Information Protection Act (PIPA)

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

Parents and guardians should be aware that when outside media are permitted access to schools for general journalistic purposes, the consent requirements of the Freedom of Information and Protection of Privacy Act do not apply because the school district is not collecting, using or disclosing personal information. Media organizations are subject to the Personal Information Protection Act (PIPA) however, under PIPA, the media organization does not require consent if its purposes are purely journalistic.

If you DO NOT want your child to be involved in such activities, in addition to completing this form, you need to:

- Tell your child to avoid these situations.
- Tell your child's teacher of your wishes.

When possible, the school or school district will provide advance notice of when outside media presence is scheduled at the school.

Note: School and school district staff cannot control news media access, photos/videos taken by the media or others in public locations (such as field trips, or off school grounds) or school events open to the public, such as sports events, student performances, school board meetings, etc.

Having read this notice, please complete and sign the form on the back of this page and return it to your child's school. Consents are effective immediately and last until September 30 of the next school year.



CAMPBELL RIVER
School District 72

Student FIPPA / Personal Information Consent Form 2020-2021

Student's Name: (Last) _____ (First) _____
(please print)

School: _____

Please check A OR B (not both):

A. I GIVE MY CONSENT for the school or School District 72 (Campbell River) to collect, keep, use and share my child's name and/or image for purposes consistent with the above and for my child to participate in activities to which the outside media may be invited. I understand that images and information posted on the Internet may be stored and accessed outside of Canada.

This consent may be withdrawn at any time in writing but withdrawal of consent does not require the school or district to take any steps to withdraw from publication any previously published material. Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.

B. I DO NOT CONSENT to the use and disclosure of my child's name and/or image for the above purposes and request that the school district and its staff take all reasonable steps to avoid having my child's image or name collected or published by outside media when they are present in school or at school activities at the invitation of the school or school district for this school year.

Date: _____

**For parents who have court orders describing their parental rights, this form should be signed by the parent who has the right to exercise the student's privacy protection rights.*

Parent/Guardian Name: (Last) _____ (First) _____
(please print)

Parent/Guardian* Signature: _____

Parent/Guardian Phone Number: _____ Email: _____

To Be Completed By Secondary School Students Only:

I am aware of my parent's wishes as expressed above and understand that I am primarily responsible for the protection of my own privacy at school and at school activities and will take appropriate steps to do so.

Student Signature: _____



School District 72 • Campbell River, BC District Information Systems Acceptable Use Agreement

School District 72 offers access to a variety of information systems for staff, student and limited guest use. These systems include, but are not limited to, district computers or devices connected to district systems, software, networks and wireless networks, electronic and fibre optic systems, digital cameras, video equipment, email and voice mail, data, and access to the Internet. Computers and information systems in schools are owned by the district. These information systems are intended for educational and/or research purposes and for conducting valid district business.

In accordance with School District 72's operational procedure 140 (District Technology and Acceptable Use Guidelines), any staff, students and guests using the district information system, including email, network access and/or Internet access, must complete an Acceptable Use Agreement form prior to being issued a username and password by the school district's information technology department to use the district information system.

Account use must be in support of education and research and consistent with operational procedure 140 (District Technology and Acceptable Use Guidelines). This includes but is not limited to:

- Users are responsible for their access to information systems and are to take all reasonable precautions to prevent others from being able to use it. It is the user's responsibility to protect all accounts from unauthorized use and to log off their workstations when not in use to avoid unauthorized access.
- Any attempt to circumvent system security, guess passwords or in any way gain unauthorized access to local or network resources is forbidden.
- Users will not engage in the breaking of confidentiality of any user, revealing personal information or reposting, copying, forwarding or distributing other information from a district database to unauthorized persons, or by gaining access to any resources, entities or data of others for any purpose without authorization.
- Any use of the district information system for receiving or sending defamatory, inaccurate, abusive, pornographic, obscene, profane, sexually-oriented, threatening, bullying, racially offensive or illegal material, or other inappropriate activities is strictly prohibited. Individuals are strongly encouraged to report any abuse to the appropriate authorities.
- Users will not engage in activities that are wasteful of network resources or that degrade or disrupt network performance including other networks or systems accessed over the Internet.
- Users will not knowingly engage in sending messages and files containing any form of digital information or encoding that is likely to result in the loss or disruption of the recipient's work or system.
- Users may not move, repair, reconfigure, modify, or attach external devices to the district network without authorization.
- All unauthorized and unlicensed software is prohibited on the school district network.
- Downloading or transferring copyrighted materials to or from any school district computer without the express consent of the copyright owner is a violation of federal law and is expressly prohibited.
- Users will not engage in illegal or unethical acts, including use of network access to plan or carry out any scheme to defraud, obtain money or other things of value by false pretenses, promises or representations; or to damage or destroy computer-based information or information resources.
- Users will not use the school district network or email system for private or business use or for political purposes.
- Inappropriate or prohibited use may lead to suspension or termination of user privileges, legal prosecution or disciplinary action appropriate under any applicable laws, policies, regulations, collective agreements or contracts.

Having read this notice, please complete and sign the form on the back of this page and return it to either your child's school, or in the case of district employees to the Human Resources department.



School District 72 • Campbell River, BC
District Information Systems Acceptable Use Agreement

I HAVE READ, UNDERSTAND, AND WILL ABIDE BY the School District 72 (Campbell River) District Technology and Acceptable Use Guidelines Operational Procedure. I realize that violation of this operational procedure may result in loss of access to and/or use of network privileges, as well as possible disciplinary action. This may include, but is not limited to, revocation or suspension of network privileges, suspension from school, and/or appropriate disciplinary and/or legal action.

Student/User Name: (Last) _____ (First) _____
 (please print)

School (if student) or Position (if employee): _____

Student/User Signature: _____ **Date:** _____

PARENT / GUARDIAN AGREEMENT

**If the user is a student and is under the age of 19, a parent or guardian must also read and sign this agreement.*

As the parent or guardian of the user named above, I have read the School District 72 (Campbell River) District Technology and Acceptable Use Guidelines Operational Procedure. I have also taken reasonable steps to ensure that the child named above understands the terms and conditions of this agreement. I understand that access to the district information system is designed for educational purposes and that there are limitations on the use of the system. I recognize that, although School District 72 has taken reasonable measures to limit access to objectionable and illegal materials, the school district cannot guarantee that 100 percent of materials accessed via the Internet, either intentionally or unintentionally, will not include offensive or illegal content.

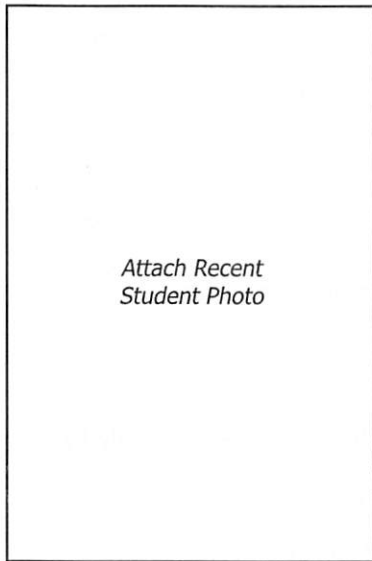
I hereby give permission for the child named above to access the district information system and certify that the information contained on this form is correct.

Parent/Guardian Name: (Last) _____ (First) _____
 (please print)

Parent/Guardian Signature: _____ **Date:** _____

Anaphylactic Student Emergency Procedure Plan

To Be Reviewed Annually



Student Information - please print

Name: _____
First Name Last Name

Date of Birth: _____ Male Female
Month Day Year

Parent(s) / Guardian(s) with whom the student resides:

First Name Last Name

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Emergency Contact: _____
First Name Last Name

Daytime Phone: _____ Cell/Work Phone: _____

Teacher's Name: _____

Allergy Information - to be completed by the physician

Physician's Name: _____ Clinic: _____

Daytime Phone: _____ Fax Number: _____

Allergen (please do not include antibiotics or other drugs):

- Peanuts Nuts Dairy Other Food: _____
 Insects Latex Other: _____

Symptoms (please highlight those that apply):

- Skin - hives, swelling, itching, warmth, redness, rash
- Respiratory (breathing) - wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- Gastrointestinal (stomach) - nausea, pain/cramps, vomiting, diarrhea
- Skin - hives, swelling, itching, warmth, redness, rash
- Cardiovascular (heart) - pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- Other - anxiety, feeling of 'impending doom', headache, uterine cramps in females
- Additional symptoms: _____

Emergency Protocol

- Administer single dose, single-use auto-injector and call 911.
- One person stays with the student at all times.
- Notify parent/guardian.
- Administer second auto-injector in 10 to 15 minutes if symptoms do not improve or if symptoms recur.
- Have ambulance transport student to hospital.

Emergency Medication - to be completed by the physician

NOTE: Emergency medication must be a single-dose, auto-injector for school setting. Oral antihistamines will not be administered by school personnel.

Name of emergency medication: _____

Dosage: _____

Physician Signature: _____

Date: _____
Day / Month / Year



Anaphylactic Emergency Plan Development - to be completed by the parent / guardian

- Have you discussed and reviewed the Anaphylaxis Responsibility Checklist with the school principal? Yes No
- Have you provided two auto-injectors for the school? Yes No
- Is your child aware of how to administer the auto-injector? Yes No
- Does your child carry an auto-injector at all times? Yes No

If you answered 'no' for the last question, please state the reason: _____

Your child's personal information is collected under the authority of the *School Act* and the *Freedom of Information and Protection of Privacy Act*. School personnel who are exposed to this plan are required to maintain the confidentiality of the student's personal health information. The Board of Education may use your child's personal information for the purpose of:

- Health, safety, treatment and protection
- Emergency care and response

If you have any questions about the collection of your child's personal information, please contact the school principal directly. By signing this form, you give your consent to the Board of Education to disclose your child's personal information to school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (as outlined in the *BC Anaphylactic and Child Safety Framework 2007*) for the above purposes. This consent is valid and in effect until it is revoked in writing by you. If there is a change in your child's condition, it is your responsibility to advise the school principal of the change and to review this plan promptly.

Parent / Guardian Signature

Date (Day / Month / Year)

Anaphylactic Emergency Plan Development - to be completed by the school principal

Copies of this Anaphylactic Emergency Procedure Plan will be located in the following places:

Location(s) for auto-injectors:

Principal's Signature

Date (Day / Month / Year)

Date of Current Plan:

Date (Day / Month / Year)

Date for Review:

Date (Day / Month / Year)