

MEDICAL ALERT INFORMATION FORM

Student's Name: _____

Date of Birth: _____

Language spoken at home: _____

Care Card Number: _____

Parent Name: _____

Parent phone number: _____

Emergency Contact #2 Name: _____

Emergency Contact #2 Number: _____

**SPECIFIC INFORMATION ON THE POTENTIALLY LIFE THREATENING
CONDITION:**

MEDICATION needed: yes no

TYPE OF MEDICATION: DIRECTIONS FOR ADMINISTRATION:

PRECAUTIONS IN THE CLASSROOM ARE:

INSTRUCTIONS: SCHOOL STAFF need to, should a problem/emergency occur: (step by step information needed)

- 1.
- 2.
- 3.
- 4.

Date: _____

Signature of Parent/Guardian: _____



Dear Parents:

Freedom of Information and Protection of Privacy

The Freedom of Information and Protection of Privacy legislation came into effect for schools in the fall of 1994. To ensure that we are complying with the legislation, we ask that you please read the following information carefully. The information provided will be used for educational purposes and when required, may be provided to health services, social services or other support services. If you have any questions or concerns about the collection and use of this information, please contact your school principal or the District Freedom of Information and Protection of Privacy Coordinator (Mal Gill) at the School Board Office (604-534-7891).

Media Coverage:

It is a tradition in our school district to allow district staff and the media to photograph individual students and groups of students to commemorate events taking place in the district. Students' names, photographs and comments may be published in the school yearbook or newsletter, and on occasion, in the district annual report or in the news media.

_____ Yes, I give my consent for the publication of my child's name, photograph and comments for purposes consistent with the above.

_____ No, I do not consent to the publication of my child's name, photograph and comments for purposes consistent with the above.

Student's Name:

Parent's Name:

Signed this _____ day of _____, 20 _____.

Parent's Signature:



Access Use of Technology CONSENT FORM

We are pleased to offer our students access to District computers, software, network, Internet, and technology (**the System**) for educational purposes. Parents and students are advised that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. Even with existing provincial Internet filtering software, the District cannot guarantee that all inappropriate material will be successfully blocked. Langley School District is not liable or responsible for:

- Any information that may be lost, damaged, or unavailable due to technical or other difficulties.
- The accuracy or suitability of any information that is retrieved through technology.
- Breaches of confidentiality; or defamatory material.

Access to the System is a privilege, not a right. The District's System is part of the curriculum and is not a public forum for general use. Please carefully read the attached Acceptable Use of Technology Policy. Violations may result in disciplinary action. To gain access to the System all forms need both student and parental signatures.

PLEASE PRINT

Name: _____ Date: _____

School/Site Name: _____

Student Consent and Signature

I understand that my computer use is not private and that the school district may monitor my activity on the computer system. I am aware of the District Acceptable Use of Technology policy and regulations and agree to follow these rules. I understand that violation of the policy or regulations may result in disciplinary action, including loss of technology privileges, suspension, or expulsion.

I have read the District's Acceptable Use Policy and agree to abide by the rules therein.

Student's Signature: _____

Parental Consent and Signature

I give permission for my child to access the School District's Technology Systems and certify that the information contained on this form is correct.

I hereby release the school district, its operators, and any institutions with which they are affiliated, from any and all claims and damages of any nature arising from my child's use of or inability to use, the system, including, without limitation, the types of damage identified in the school district's policy and administrative regulations.

I give permission for my child to receive access and certify that the information contained in this application form is correct.

Consent and Signature of Parent: _____



Dear Parents/Guardians;

RE: Field Trip Permission Form for Walking Around the School

On occasion the students at summer session will have a chance to do a variety of activities that may take them off the school grounds, but not that far from the school grounds within district acceptable walking distance (3 Km max).

To save time on paperwork for staff needing to send home a permission form each time the students leave school property (within the vicinity of the school), we are asking parents to sign below, giving permission for these occasional excursions that take place throughout the year. Again, safety is always the priority and adequate supervision would be provided at all times.

Please contact your on site admin at the office at the school if you have any questions or concerns.

Student Name: _____ Teacher: _____

I, the undersigned parent/guardian of the above named student, request that my child be allowed to participate in field trips that are close to the school for this 2015 – 2016 summer school session.

Date: _____

Parent/Guardian Signature: _____