

Medical Information Form

The collection and retention of the information requested on this form is authorized and governed by the Ontario *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*.

The following information will be helpful to the teacher in making your child/ward comfortable and safe.

Student: _____ Date of Birth: _____
 Teacher: _____ Grade/Class: _____
 Parent/Guardian: _____ Telephone: (H) _____ (B) _____
 Ontario Health Number: _____ Family Doctor: _____ Telephone: _____

Medical Conditions

Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's/ward's full participation in excursions/school activities.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> History of head injuries | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Chronic Nosebleed | <input type="checkbox"/> Feet or Leg problems | <input type="checkbox"/> Migraine | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemophilia/Bleeding disorders | <input type="checkbox"/> Rash | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Digestive upsets | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Recent illness or operation | <input type="checkbox"/> Urinary infections |
| <input type="checkbox"/> Ear, Nose, Throat infections | <input type="checkbox"/> Hernia | <input type="checkbox"/> Other _____ | |

Dislocated shoulder; swollen, painful joints; 'trick or lock' knee or other joint disability
 Give details of usual treatment for each of the above conditions indicated: _____

Please explain if your child/ward has any medical condition that requires any modification of his/her program. _____

Allergies/Asthma

Please list all known confirmed allergies to the following:

- (a) Foods: _____
 If foods are life-threatening, please explain the symptoms and the treatment: _____
- (b) Medications: _____
- (c) Other (e.g., bee or wasp stings, environmental allergies): _____

Has your child/ward suffered any serious allergic or asthmatic reaction?
 If so, please provide details, including the type and severity of reaction: _____
 Is allergy considered: Mild _____ Moderate _____ Serious _____ Life-Threatening _____
 Has a doctor prescribed an Epi-Pen for your child/ward? Yes _____ No _____
 Has a doctor prescribed an inhaler for asthma? Yes _____ No _____ (Prescribed asthma inhalers must be carried by the student on the excursion.)
 Has a doctor prescribed an inhaler for any other reason? Yes _____ No _____

Dietary Restrictions

Please list any foods your child/ward should not eat for medical, dietary, or religious reasons: _____

Medication

Does your child/ward take prescribed medication on a regular basis? Please specify: _____
 What prescribed medication(s) should your child/ward have with him/her during the excursion? _____

General

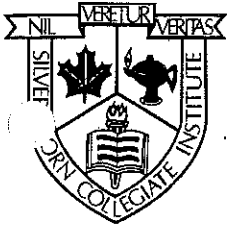
- (1) Does your child/ward wear or carry medical alert identification (e.g., bracelet)? Yes _____ No _____
 If yes, please specify what is written on it: _____
- (2) Does your child/ward have any other relevant medical condition that will require modification of the program? Yes _____ No _____
 If yes, please explain: _____
- (3) Does your child/ward have any special fears or conditions (e.g., anxiety, bed-wetting, nightmares), the knowledge of which will allow the teacher to make the student's excursion more relaxed? Yes _____ No _____ If yes, please explain: _____

Should it become necessary for my child/ward to have medical care, I hereby give the teacher permission to use her/his best judgment in obtaining the best of such service for my child/ward. I also understand that in the event of such illness or accident, I will be notified as soon as possible.

Name of Parent/Guardian: _____ (Please print)

Signature of Parent/Guardian: _____ Date: _____

2017/2018



Silverthorn Collegiate Institute

Computer User Agreement and Parent Permission Form

Dear Parents and Guardians:

The Toronto District School Board (TDSB) is committed to providing students with access to the Internet through the Board's computer network. The Internet is a rich source of information and opportunities to enhance student learning. However, increased access to the Internet raises issues that must be addressed and understood.

The Toronto District School Board has addressed these issues through a Code of On-line Conduct which applies to students, staff, and all other users of electronic resources accessed through the facilities of the TDSB including the Internet. This Code of On-line Conduct includes sections covering Personal Safety Rules, Unacceptable Sites and Materials, Use Guidelines, Prohibited Uses and Activities, On-line Publishing, and Liability. It is available on the TDSB Web site at

http://www.tdsb.on.ca/communications/code_of_online_conduct/occ.html
or upon request from your school principal.

The Board expects that students will be responsible in their use of the Internet through the facilities provided by the Board. Students are assigned a network password after this form is signed and returned to their homeroom teacher.

Please return the signed form to your child's homeroom teacher.

STUDENT DECLARATION:

I have read the Code of On-line Conduct. I understand the rules and agree to follow them. I understand that if I break the rules my computer access privilege may be suspended and that further disciplinary or appropriate legal action may be taken.

Name: _____ Grade: _____

Signature: _____ Date _____

PARENT/GUARDIAN DECLARATION:

I understand that my son/daughter will be using the Internet at school for educational purposes. I agree to support the policies of the Toronto District School Board regarding the use of online resources and understand that violation of the above agreement will result in a loss of access to this system as well as other disciplinary or legal action.

Name: _____

Signature: _____ Date: _____

S. Iskandar
Principal
B.Sc., B.Ed.

T. Brethour
Vice-Principal
B.A., B.Ed.

S. Hantzakos
Vice-Principal
Hon.B.Sc. B.Ed.

M. Nigro
Curriculum Leader
Guidance
B. P.H.E., B.Ed.

291 Mill Road
Toronto, Ontario
M9C 1Y5
TEL: (416) 394-7010
FAX: (416) 394-7924





Student Media Release Consent Form

Please ensure one box is checked for Part 1 and one box is checked for Part 2 of this form.

Part 1 – Events

I, _____, hereby agree and give my permission for the
(Name of parent/guardian if student is a minor, under the age of 18.
Name of student if an adult, 18 years of age or older.)

Toronto District School Board (TDSB) and/or partners to record, film, photograph, audiotape or videotape my/my child's name, image, student work, and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on the TDSB website, posting in schools, posting on social media sites and/or for broadcasting on television or radio as determined by the TDSB.

I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works.

I understand that the Works may appear in electronic form on the internet or in other publications outside of the TDSB's control. I agree that I will not hold the TDSB responsible for any harm that may arise from such unauthorized reproduction.

Please mark this box if you **AGREE** that your child may participate in recorded TDSB/school events and TDSB hosted events as described above. (See Part 2 below)

Please mark this box if you **DO NOT WISH** your child to participate in recorded TDSB/school events and TDSB hosted events.

Part 2 – Media Specific

I also understand that external media organizations may attend school events. I give permission for my/my child's name, image, student work, and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio.

Please mark this box if you **AGREE** that your child may participate in media events that may be published or broadcast by organizations external to the Toronto District School Board.

Please mark this box if you **DO NOT WISH** your child to be photographed, filmed, audio-taped or videotaped at media events.

I have read this Student Media Release Consent Form and I fully understand the contents and meaning of this release. I understand that I am free to contact the Principal with any questions regarding this release.

Student's Name: _____ Grade: _____

School: _____

Student's Signature (If 18 years of age or older) _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature (If student is a minor – under the age of 18): _____

Date: _____