



## Application Process

**\*\*Please do not include this page when submitting your application\*\***

1. All applications must include a **current transcript** unless the last school attended was Southeast Collegiate in order to be considered for placement. If application is sent in without a transcript, your application will be put on “hold” until it has been received.
2. All pages must be signed completely or the application will be considered incomplete and will not be processed and will be put on “hold until its completed”.
3. Even if the student is 18 years of age or older, a parent is required to complete the consent forms.
4. Even if the student is under 18 the student must sign the student consent/signature designations.
5. If you wish to decline a service for your student (ex. Dentist), do not sign the consent form, but please write "Decline" on the signature designation line and include your initials.
6. To attend Southeast Collegiate, the following grade 9 credits must be completed. Please see below for a list:  
English  
Math  
Science  
Social Studies  
Physical Education
7. You may send the application to Southeast Student Services in the following ways:
  - Fax: 204-269-7880
  - E-Mail: [admissions@sec.education](mailto:admissions@sec.education)
  - Mail: 1269 Lee Blvd, Winnipeg, MB, R3T SW8

If you have questions please call us at 204-261-3551 ext 310 and speak to our students services team

**DO NOT SEND THIS FORM IN**



Southeast Collegiate Student Application  
1269 Lee Blvd  
Winnipeg MB R3T 5W8  
Tel: 204-261-3551 Fax: 204-269-7880  
Toll Free: 1-833-821-0277

**Student Information**

\_\_\_\_\_  
Student's legal name (Last Name)

Sex: Male \_\_\_\_ Female \_\_\_\_

\_\_\_\_\_  
Given legal name(s) in full (first) Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year

\_\_\_\_\_  
6 Digit Medical number / 9 Digit Medical Number

\_\_\_\_\_  
Treaty Number (10 digit)

\_\_\_\_\_  
Current School Name or last school attended

\_\_\_\_\_  
Last Grade Completed

**Parent/Legal Guardian Information**

Mother/Legal Guardian MS MRS Miss

Father/Legal Guardian MR

\_\_\_\_\_  
Given First Name

\_\_\_\_\_  
Given First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Street Address (PO Box)

\_\_\_\_\_  
Street Address (PO Box)

\_\_\_\_\_  
City Prov Postal Code

\_\_\_\_\_  
City Prov Postal Code

\_\_\_\_\_  
Phone Number(s)

\_\_\_\_\_  
Phone Number(s)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Place of Employment/ Work Number (if applicable)

\_\_\_\_\_  
Place of Employment/ Work Number (if applicable)

\_\_\_\_\_  
Name of Emergency Contact/Relationship to Student

\_\_\_\_\_  
Name of Emergency Contact/Relationship to Student

\_\_\_\_\_  
Emergency Contact Phone Number

\_\_\_\_\_  
Emergency Contact Phone Number

**Please check the following as applicable:**

Student's parents are      \_\_\_ Married      \_\_\_ Divorced      \_\_\_ Separated  
Student lives with        \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Legal/\_Guardian  
Correspondence to      \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Legal/Guardian

**Additional Information**

1) Does your Student have any allergies?    **Yes**      /**No**

If yes, please list:

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2) Any medical condition that we need to be aware of to better help your student?

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3) Please list any medications your student is on:

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4) Does your Student require resource learning assistance at their current school?    **Yes**      /**No**

If yes, please identify:

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5) What is the principal language spoken in your home?

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6) Do you or your family have any previous connection with Southeast Collegiate? **Yes/No.**

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7) Do you wish to make any further comments regarding your Student?

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8) Please disclose any legal matters, probation orders, court dates, outstanding charges and past criminal convictions. (Please list as this is a requirement for safety proposes for students on campus. Use separate paper if required.)

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## Managing Health Care Requests- Medical Release

### AUTHORIZATION FOR THE RELEASE OF HEALTH INFORMATION

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Protecting the privacy of our students is important to Southeast Collegiate. The purpose of this form is to authorize Southeast College to collect and disclose your student's personal health information, such as your student's health care history, with doctors, nurses and other health care providers, as required, for the purpose of developing an Individual Health Care Plan and/or an Emergency Plan for your student.

As the parent/guardian, I may amend or revoke this consent at any time with written notice to Southeast Collegiate.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

This authorization expires at the end of the current Southeast Collegiate academic school year, when Southeast Collegiate receives written notice that there has been a change in either custody or legal guardianship of your student, or when you revoke this consent, with written notice to Southeast Collegiate.

Adoption Date: August 21/12	Revision Date: March 11/16
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POLICY # G.1.K. EX2

## Administration Health Care- Medical Consent Form

### HEALTH CARE CONSENT FORM

Students Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Your students' safety and well-being is a priority for us. To help keep your student safe and healthy, we may need to provide health care treatment to your student, while he or she is a student at our school.

However, we cannot provide health care treatment to your student without consent to do so. **By signing this consent form, you are agreeing that we can provide the following health care treatment to your student:**

1. **First aid treatment**, performed by our staff. This means that we can give treatment to your student for injuries like minor scratches, cuts, burns and splinters.
2. We can give the following **non-prescription medication** to your student, for the purpose of treating "acute self-limiting conditions". This means that we can give your student the **non-prescription medication** that is listed below for minor medical conditions that will resolve themselves without the need for further treatment, such as headaches, colds and upset stomachs:

Acetaminophen (e.g. Tylenol)	Antacid (e.g. Tums)	Antibiotic cream (e.g. Polysporin)
Antihistamines (e.g. Benadryl)	Calamine lotion	Ibuprofen (e.g. Advil)
Cough Medicine		Orajel-( tooth pain reliever)
Throat lozenges		

We will follow the instructions that come with this medication, when we give it to your student. **If you do not want your student to receive a particular kind of medication, please cross out the medication from the list above.**

3. We can give **prescription medication** to your student, but only if you tell us we can. Should your student be prescribed medication, by a health care provider, you will be contacted by a Youth Care Leader from Southeast College to discuss the prescription. You will be asked for **Verbal consent** each time a prescription has been prescribed for your son/daughter. This **verbal consent** is for Southeast to disburse to your son/daughter. A Youth Care Leader will complete a **RECORD OF ADMINISTERED PRESCRIBED MEDICATION** form (G.1.K – EX1), to track the prescribed medication and dosage for your student.
  
4. As part of our commitment to your student’s health and wellness, we can take your student to or from a doctor and/or a hospital or health care facility, such as a dentist, for treatment. Please note that we are not responsible for ensuring that you have consented to any such treatment that the doctor/and or hospital or health care facility may prescribe. Rather, this consent form only allows us to take your student to these appointments, which may include doctor’s appointments, dentist’s appointments, physiotherapy, and teen health Clinic.

Please check off the boxes below if you **do not** want us to take your student to any of the following places, for the purpose of providing treatment. You can also give us further instructions by writing in the box marked “other”:

<input type="checkbox"/> Dentist appointment	<input type="checkbox"/> Medical doctor’s appointment	Other:
<input type="checkbox"/> Teen health counseling (pregnancy, drug or alcohol awareness)		

This consent form **does not** authorize us to consent to treatment for serious injuries on your student’s behalf. We cannot consent to treatment for head, dental or other injuries, seizures or illnesses that require further medical treatment at a hospital or a doctor’s office. You will be notified of all emergencies.

Please be aware that, in some situations, your student may be capable of providing consent to medical treatment for him or herself. If your student is able to understand the nature and effects of medical treatment, we may be **required by law** to respect your student’s choices, even if they are different than yours. Your student may also have a legal right to keep us from telling you about his or her health information, even though you have signed this consent form. While we are committed to keeping you informed about your student’s health, we must also follow these legal requirements.

This consent will be effective for as long as your student is a student at Southeast Collegiate, unless and until it is withdrawn by you, in writing. If you no longer wish to consent to health care treatment for your student, or if you want to change this form, please contact our Receptionist office at 204-261-3551 ext 313.

By signing this consent form, you agree that we can collect, use and share your students medical information for the purpose of providing the treatment that is authorized by this form. This information is handled in accordance with ss. 21 and 22 of *The Personal Health Information Act* and ss. 43 and 44 of *The Freedom of Information and Protection of Privacy Act*.

**Your signature confirms that you agree to release Southeast Collegiate and its representatives, agents, and successors from any liability related to the administration of health care treatment that is authorized by this form, as long as that health care treatment is provided reasonably and in good faith.**

DATE: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

Student Signature: \_\_\_\_\_

This contract expires June 30<sup>th</sup> of the current school year or when the student leaves Southeast Collegiate or if there is a change in either custody or legal guardianship, in which case, a new form must be completed.

Adoption Date: August 21/12	Revision Date: March 11/16
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## Educational Trips, Excursions and Cultural Activities- Waiver

### OFF-SITE ACTIVITIES CONSENT AND ACKNOWLEDGEMENT OF RISK

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Please read the contents of this Off-Site Consent and Acknowledgement of Risk form and clarify any questions or concerns with the Director/Principal (204-261-3551) before signing it. If this form is not signed and returned to the school, your student will not be able to participate in recreational programming at Southeast Collegiate. Students are able to sign up for "**low risk**" activities that may take place off the grounds of Southeast Collegiate.

Examples of such activities include:

- Movie Nights; Southeast Collegiate Sports Teams
- Ball Hockey; Winnipeg Aboriginal Sport Achievement (WASAC)
- Bowling; Mini Golf
- Wheelies; Swimming
- Attending sporting events; Parks and the Zoo
- Fort Whyte; Skating, Archery, Martial Arts and Museums

In addition to the "low risk" recreational programs listed above, students may also attend school sporting events and educational field trips sponsored by Southeast Collegiate off-site.

**Southeast Collegiate agrees that it will make every reasonable effort to ensure the following:**

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified;
- b. Parents and guardians, upon request, will be given information about the program or activities and the associated risks and hazards;
- c. In cases where students are being transported in Southeast Collegiate Fleet Vehicles, the vehicles will be operated in accordance with the SEC Fleet Vehicles Consent form;



- d. The students are adequately supervised in all aspects of the program/activity;
- e. The location of the activity is appropriate and reasonably safe for the activity and the students;
- f. A safety plan is in place to identify and manage known potential risks; and
- g. An emergency plan is in place to deal with an injury or illness to one of the students.

**As the parent/guardian, you acknowledge and agree to the following:**

- a. I acknowledge my right to obtain as much information as I require about this program or activities and associated risks and hazards, including information beyond that provided to me by the Southeast Collegiate;
- b. I freely and voluntarily assume the risks and hazards inherent in the program/activity and understand and acknowledge that my student may suffer personal and potentially serious injury, including death, due to an unforeseeable event associated with his/her participation;
- c. In consideration for the privilege of allowing my student to participate in the above-noted activities, I release Southeast Collegiate and its representatives and successors from any and all liability for any injury sustained by my student, regardless of how caused, resulting, arising or relating to my students participation in an off-site activity. I further agree to indemnify and save harmless Southeast Collegiate and its representatives and successors from and against any and all suits, demands, torts, and actions of any kind which may be made against its staff or agents from or in respect of arising out of any injury, loss, damage, or death resulting or suffered by my student whether by reason of any act, neglect or default by my student, Southeast Collegiate, their agents or otherwise. This means that you will not be able to initiate legal action against Southeast Collegiate if your student is injured or killed while participating in an off-site activity;
- d. My student has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity;
- e. In the event my student fails to abide by these rules and regulations, disciplinary action may include his/her exclusion from further participation; and
- f. I acknowledge that it is my responsibility to advise Southeast Collegiate, through its employees, of any medical and/or health concerns of my student that may affect his/her participation in a program or activity.

**Your signature means that you agree to allow your student to participate in off-site activities organized by Southeast Collegiate during the year, and that you agree to release Southeast Collegiate and its representatives, agents, and successors from any liability related to off-site activities, as set out on this form.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

This authorization expires at the end of the current Southeast Collegiate academic school year, when Southeast Collegiate receives written notice that there has been a change in either custody or legal guardianship of your student, or when you revoke this consent, with written notice to Southeast Collegiate.

Adoption Date: August 21/12	Revision Date: March 11/16
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## SEC Fleet Vehicles-Consent Form

### SEC Fleet Vehicles-Consent Form

Student's name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please read the contents of this SEC Fleet Vehicles Consent Form and clarify any questions or concerns with the Director/Principal before signing it. If this form is not signed and returned to the school, your student will not be allowed to travel in vehicles operated by Southeast Collegiate for any reason.

Southeast Collegiate may be required, from time to time, to transport your student off-site by the use of vehicles operated by Southeast Collegiate staff members. The reasons for the transportation may be for transportation to and from the airport, educational in nature, such as field trips, or it may be recreational. It may also be necessary to transport your student for medical reasons, such as taking him/her to doctor and dentist appointments.

**Southeast Collegiate acknowledges that it will be bound by the following operational requirements when transporting students:**

- a. The Vehicle driver maintains a log tracking mileage including the name of the person using the vehicle and the students or reason for trip;
- b. All vehicles carry 3rd party liability insurance;
- c. Maintenance is done by Certified Automotive Repair facility and all vehicles are safety-approved and contained seatbelts in working condition;
- d. All individuals driving a SEC "Bus" vehicle shall have a valid Manitoba driver's license with a Class 4 Classification or better. This license class shall meet provincial licensing guidelines required for the vehicle the individual is driving. This shall be kept in employee file and a copy in the Vehicle Fleet File. All others must have a valid class 5 Classification for other fleet vehicles;
- e. All individuals who are authorized to drive SEC vehicles must also have drivers abstract on file yearly. This shall be kept in the employee's file and a copy in the Vehicle Fleet File;
- f. All employees shall obey the traffic laws of the Province of Manitoba and exercise reasonable care when operating SEC vehicles. Employees may be personally responsible for traffic fines incurred while operating a SEC vehicle; and
- g. All students are required to wear seat belts while the vehicle is being operated.

**As the parent/guardian, and student you both acknowledge and agree to the following:**

- a. I understand that my student may suffer personal and potentially serious injury due to an unforeseeable event associated with him/her travelling in an SEC vehicle;
- b. I release Southeast Collegiate and its representatives and successors from and against all and any liability for any injury sustained by my student, regardless of how caused, resulting, arising or relating to the transportation of my student in an SEC Vehicle. I further agree to indemnify and save harmless Southeast Collegiate and its representatives and successors from and against any and all suits, demands, torts and actions of any kind which may be made against its staff or agents from or in respect of any injury, loss, damage or death resulting or suffered by my student whether by reason of any act, neglect or default by my student, Southeast Collegiate, their agents or otherwise. This means that you will not be able to initiate legal action against Southeast Collegiate if your student is injured or killed while being transported in a vehicle operated by Southeast Collegiate; and
- c. I understand that my student is expected to follow all applicable laws when riding in SEC Vehicles and is expected to follow the directions of the driver and/or other supervisors.

**Your signature means that you give permission to allow your student to travel in vehicles operated by Southeast Collegiate for various educational and recreational purposes.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Adoption Date: August 21/12	Revision Date: March 11/16
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## Student Sign Out

A student who wants to leave SEC for an evening sign out or for a weekend sign out must have parental permission to do so first regardless of age.

A Youth Care Leader will contact the parent/guardian and follow Lodge Student Standard Student Sign out procedures accordingly.

**These procedures include but are not limited to the following:**

- Confirm parental/guardian authorization by use of code
- Confirm with parent/guardian students intentions and confirm time student is required back at SEC
- Confirm with parent/guardian that because SEC is not responsible for providing transportation to or from sign outs bus tokens will be made available

\*\*\*\* a comprehensive standard has been written as part of the internal standards process for this policy and forms the Standards Policies of the Lodge.\*\*\*\*

Adoption Date: March 9, 2016	Revision Date:
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POLICY # G.1.P. EX1

## 1 HOUR Unsupervised Leave Without Parental/Guardian Consent- Waiver

Student's Name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

From time to time, your student may want to Self-Sign out **without** your knowledge to go to a local venue. This may be to Superstore to use their allowance gift card or to Tim Hortons for the ever popular coffee assortments. This would be to venues within walking distance only and for duration of up to one hour in length only. This is not an SEC activity; this would be either on their own, or with a friend. Do you give permission for your student to leave SEC for up to one hour **without** SEC contacting you for permission?

Your student would still be required to do a self-sign out process and notify staff where they are going and with whom, so that SEC can have knowledge of their departure and return times for safety reasons.

Please read the contents of this unsupervised Leave without parental/Guardian Consent Waiver and Acknowledgement of Risk form and clarify any questions or concerns with the Director/Principal (204-261-3551) before signing it. If this form is not signed and returned to the school, we will not allow your student to leave SEC without your knowledge and consent, and we will have to call you every time your students wishes to go out locally to a store.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

This authorization expires at the end of the current Southeast Collegiate academic school year, when Southeast Collegiate receives written notice that there has been a change in either custody or legal guardianship of your student or when you revoke this consent, with written notice to Southeast Collegiate.

Adoption Date: March 09,2016	Revision Date:
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### Release of Information Waiver

Southeast Collegiate is committed to protecting the privacy and confidentiality of all its students and to controlling the collection, use, and disclosure of the information provided. All personal information is collected and maintained in strict confidentiality according to The Canadian Standards Association Model Code for the Protection of Personal Information and is compliant with federal and provincial privacy laws including the federal Personal Information Protection and Electronic Documents Act (PIPEDA).

**Applying Student Signature:** My signature below indicates that the information provided is complete and correct to the best of my knowledge, and that I have completed it on my own. **By signing this application you are also granting permission to send incident reports and report cards to the Home school coordinator/Education Authority. If you are a member of one of the Southeast Communities, You agree that reports are able to be sent to your appointed Board Member as well.**

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Parent/Guardian	Signature	Date
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Student Name	Signature	Date
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### MEDIA WAIVER and RELEASE

I understand that while \_\_\_\_\_ (student's name) is a student at Southeast Collegiate (SEC) and enrolled as a student at SEC, photographs, film, audio recordings and videotape of the student may be taken for use in releases to the press, SEC's parents, donors, alumni or the public, including brochures, videos, various SEC publications and other work product. I do hereby grant SEC permission to record, display and /or reproduce my child's name, likeness and voice on audio and / or video tape, film or other media, Southeast website, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known. I hereby waive any claims I may have, and release SEC and its employees, officers, affiliates, and agents from liability of claims arising out of such activities or coverage.

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Parent/Guardian	Signature	Date
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Student Name	Signature	Date
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This Authorization is to remain in effect for the current school year

**INFORMED CONSENT FOR PEDIATRIC DENTAL TREATMENT OF:**

\_\_\_\_\_  
Patient name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Treaty Number

It is necessary for us as health professionals to obtain your consent for your child's planned oral health examination, dental treatment and/or oral surgery. Please read this form carefully and ask about anything that you do not understand.

1. I hereby authorize Dr. Kelly Regula, Dr. Simoens, their associates, and their hygienists/ dental assistants to perform upon my child (the patient) the following dental treatment or oral surgery procedures, including the use of any necessary or advisable local anesthesia, analgesia, or radiographs (commonly referred to as X-rays).

In general terms, the dental procedures will include:

- a. Teeth cleaning, fluoride application, examination of the teeth and any necessary X-rays
- b. Applying plastic "sealants" to the grooves of teeth
- c. Repairing diseased or broken teeth with fillings or crowns
- d. Treating infected teeth and/or gums (e.g. root canal and periodontal therapies)
- e. Removal of one or more teeth that is/are deemed unrestorable

2. The patient will have explained by Dr. Kelly Regula, Dr. Simoens, or their associates, and have had sufficient opportunity to discuss the dental condition/problem(s), the planned procedures and treatment, and the benefits to be reasonably expected from this treatment plan, compared with alternative approaches and/or no treatment. As the parent/guardian, I may contact Waverley Dental Centre and have the aforementioned explained to me at any time.

3. Although their occurrence is extremely remote, some risks are known to be associated with dental procedures. The usual and most frequent risks or complications occurring from the planned treatment and procedures will be explained to the patient. These risks include but are not limited to, the possibility of pain or discomfort during the treatment, swelling, infection, bleeding, injury to adjacent teeth and surrounding tissue, development of a temporomandibular joint disorder, temporary or permanent numbness, and allergic reactions. Occasionally, a patient may also chew/irritate his or her own cheek, lip, or tongue while numb.

4. I **understand** that I may revoke this consent to treatment at any time and that no further action based on this consent will be initiated except to the extent that treatment and procedures have already been performed or initiated.

5. I **confirm** that I have read (or it was read to me) and understand the information on this form, and that all blanks were filled in. I am advised that although good results are expected, the possibility and nature of complications cannot always be accurately anticipated. Therefore, there can be no guarantee as to the result of the treatment.

-----  
Parent/ Guardian Signature

-----  
Date

-----  
Student Signature

-----  
Date



Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Treaty Number (10 digit): \_\_\_\_\_

Parent Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alternative Dental Insurance Company: \_\_\_\_\_

Policy and Id numbers: \_\_\_\_\_ (please attach a photo of card)

As health care providers, we at Waverley Dental Centre are governed by the Person Health and Information Act (PHIA). We request your permission to contact your parents in writing for their consent to provide dental care to you. Please find attached the waiver that we wish to send to your parent/legal guardian.

I, (please print) \_\_\_\_\_ give my permission to allow Waverley Dental Centre to contact my parent/legal guardian to obtain his or her consent for treatment at Waverley Dental Centre.

I, (please print) \_\_\_\_\_ realize that it is my legal right to decline this consent, however, declining consent may result in the inability for the administrators of Southeast Collegiate to schedule and transport me to my dental appointments at Waverley Dental Centre.

\_\_\_\_\_

\_\_\_\_\_

Parent/ Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Student Signature

Date





## COVID-19 Response Student Policy

### 1. INTRODUCTION

Southeast Collegiate has developed this Policy in response to the ongoing COVID-19 outbreak, which is currently affecting all of North America, including Manitoba.

This policy has been developed for the primary purpose of keeping Southeast Collegiate's workplace, its employees and students as safe as possible during the course of this outbreak. There are precautions which can be taken to help ensure that the effects of COVID-19 are minimized and that our employees, students and their families, as well as our suppliers and business partners, remain as safe and healthy as possible, and so that our Collegiate continues to operate as normally as possible during such an outbreak.

Students who attend Southeast Collegiate are able to leave SEC in accordance with our sign out policy. Parents have given permission verbally on what a student is allowed to do, whether it be external sign outs, Recreation specific or field trips. Students are encouraged to wear masks at all times when not at SEC, however any SEC outings will require the use of masks

This Policy applies to all students and their families who may be entering the building or physically interacting outside with all of Southeast Collegiate's students.

Please note that Policy E.5.I is specifically written for Employees. Policy D.4.A is for External Partners (excluding parents and families). Both policies are available online for review under Policies Section E for employees and under Section D for Business Administration.

Southeast Collegiate would like to create an environment that allows our amazing students to live, work and play, without wearing PPE at all times due to the close proximity of living arrangements. We feel that by screening all employees and external partners for

potential COVID-19 and wearing PPE when we are near our students, we can provide a place of “new normal” which will create a more natural environment.

As a parent, we know that it will be a difficult decision to send your student away while they pursue their education, but an even more difficult decision to have them stay and prolong their learning at home. If a student leaves the property without your permission, you will be notified by a team member.

Southeast Collegiate has designated COVID-19 Ready Rooms, in case we need to isolate our students for any illnesses. We are prepared to ensure that those students will be looked after by designated staff members until they are well.

## 2. **FACILITY SAFETY MEASURES**

Southeast Collegiate has an obligation to maintain a safe and healthy environment for all its employees, students, families and other individuals who interact with us. Southeast Collegiate takes this obligation very seriously, this includes in light of the unique safety challenges brought by the COVID-19 outbreak. To address these safety risks, Southeast Collegiate has taken the following measures to ensure the facility is as safe as possible from COVID-19:

- Developing this policy;
- Employment and Visitor Health Screening for Entry Process To Southeast Collegiate (Screening Template)
- Imposing a strict PPE requirements upon entry to the building;
- Provide PPE to all employees and external partners (Masks) for use while at work or as an external partner.
- Ensuring that everyone is fit for work who comes to work
- Ensuring that all students who leave SEC are escorted for medical appointments and wear PPE until they return to SEC
- All SEC vehicles are sanitized after each trip with a staff or student
- Identifying key positions and personnel that will provide screening for all those who enter, cross-training of employees and providing for the quarantine and isolation of employees, and students where necessary;
- Making hand sanitizer available to employees and students at all times;
- Introduced measures to allow for the practice of social distancing in the workplace when not in the presence of students for eating purposes only;
- Staggered breaks and meal periods with designated seating to limit the use of common areas;
- Restricted access to the workplace to only allow employees, students and families as well as external partners into the physical workplace provided they pass the

screening;

- Providing antiseptic wipes to employees for cleaning their workstations regularly;
- Providing posters which promote proper hygiene including effective hand washing practices.
- Providing distance markers on floor spaces were required to maintain 6 feet distance.
- Providing workspace/commune barriers which pose high risk areas for staff and students
- Additional Hiring of Cleaning Staff for the facility, as well as, increased facility wide cleaning.
- Segregation of COVID-19 Sick Rooms for isolation should it occur

As the outbreak progresses, Southeast Collegiate will continuously consider adding additional measures to ensure the health and safety everyone in the facility.

### 3. **STUDENT AND FAMILIES OBLIGATIONS**

While Southeast Collegiate knows the obligation to provide a safe and healthy school starts with us, the above measures will only be as successful if all everyone embrace them during the COVID-19 outbreak. Accordingly, students and their families are expected to adhere to this policy and take the following precautions to help ensure the safety of themselves and everyone in the facility.

- Review this Policy;
- Review the self-screening tool<sup>1</sup> before coming to visit. Do not come to visit if you have any symptoms of COVID-19<sup>2</sup>, contact local public authorities as you will be eligible for Covid-19 testing as per Manitoba Shared Health Links
- Wash your hands with soap and warm water for at least 20 seconds;
- Sneeze or cough into your arm or sleeve even while wearing a mask; Families and visitors are required to wear PPE at all times.
- Limit any physical contact, including hugs, high fives, and handshakes regardless of wearing PPE;
- Support their student while they study and encourage them to follow all safety precautions put in place.

### 4. **QUESTIONNAIRE AND THERMAL TESTING**

Regardless of who you are, in order to enter Southeast Collegiate, you must agree to answer non evasive medical questions about your current health status and participate in thermal testing. This also goes for students who leave the premise with an escort (for

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<sup>1</sup>COVID-19 Screening Tool located at Shared Health <https://sharedhealthmb.ca/covid19/screening-tool/>.

<sup>2</sup> COVID-19 Symptoms: cold or flu-like symptoms, such as a cough, fever, runny nose, sore throat, weakness or headache, required to self-isolate for 14 days. Anyone with these symptoms is eligible for COVID-19 testing.

medical reasons only) and return to Southeast Collegiate. An elevated temperature has been widely recognized as a common symptom of the COVID-19 virus and can be tested using minimally invasive methods. This section sets out the parameters and the procedures Southeast Collegiate will follow:

#### (a) Nature of Thermal Testing/Questionnaire Process

At this time, Southeast Collegiate will be using a non-contact infrared thermometer, which can accurately detect a person's temperature by simply aiming a scanning laser at the individual's inner wrist. Any temperature reads above 38°C constitutes a fever. Such thermal readings would then be recorded by Southeast Collegiate designated person and stored in a secure location.

The questionnaire process is the same questions you would find on the Self-Assessment Tools prior to coming for the visit. These will be posted on the wall for your review upon entry. A copy of the screening sheet also forms part of this policy as attached. G.2.G EX1

The answers to your questions will be marked on the tracking sheet as well as your temperature reading, and you will be required to sign off on them prior to entry of the building.

#### (b) Time, Location and Testing Personnel

Thermal testing would take place at the student entrance only when you arrive to visit your student or when your student has been outside of the facility, during the period of time where such testing is considered necessary by Southeast Collegiate, in consultation with information from Manitoba Public health. The questions and testing would take place inside the student entrance doors. Such tests will take place one person at a time, and only the person implementing the test would be present with the student/visitor. Everyone else will be required to wait outside following social distancing measures as designated on the walkway.

The test shall be performed by a designated Shift Supervisor/or designate who has been trained to perform such thermal testing, and with the knowledge of **normal** thermal levels as advised by a Manitoba Health. The person shall not have the mandate to perform any other tests or to request any other information from an employee besides their name and recording the answers to the questions asked. They will also be required to initial the testing.

#### (c) Testing Results

In the event that a family member or visitor's thermal reading is in the normal range, and the individuals have not answered **YES** to any of the Questionnaire then they will be allowed to enter the facility for a visit with PPE.

Before leaving the confines of the doorway, they must put on their PPE (Gloves and Masks) as they will be entering in the common space where our students live.

In the event that a family member or visitor's thermal reading is elevated above the normal range (38°C or above) and/or that they have answered **YES** to the Questionnaire, then the visitor will be refused entry and advised to contact Manitoba Health Links, or if unwell seek medical attention. If a student's test over 38°C or is unwell they will begin isolation protocols. PPE will be discarded between the same doors as you leave.

#### (d) Use and Disclosure of Testing Results

All thermal test results taken from visitors/students will be treated as personal health information and will be kept in the strictest confidence. Such results shall solely be used for determining if an visitors/student is fit to enter the facility on any given day,

Testing results shall only be disclosed to Human Resources Personnel and to both of Southeast Collegiate's Directors as necessary to meet the objectives of this policy.

All thermal temperature test results taken from a visitor/student will be stored in a secure location. At the end of each **shift**, the designated tester will be required to put the page inside an envelope and seal it and put in with general reports. This will be under the strict of confidence and confidentiality and not to be opened by anyone except the Director of Operations.

#### (e) Refusal of Thermal Testing

In the event that a student refuses to submit to a thermal test prior to entering the facility, the Tester will quarantine the students and call the Executive Director/Principal for guidance.

### 5. **STUDENT TRAVEL and QUARANTINE/SELF ISOLATION**

Southeast Collegiate will keep everyone informed of the recommendations on travel restrictions as they are made available from Federal and Provincial governments.

Southeast Collegiate will continue to adopt all of these mandates and recommendations,

as they become available to us.

## 6. **SICK LEAVE and MEDICAL DOCUMENTATION**

If a student experiences symptoms of COVID-19 or receives a confirmed diagnosis of COVID-19, while in attendance at Southeast Collegiate your student shall be directed to stay in one of our isolation rooms. They will be limited to that space and only be permitted to use the washroom, laundry room and will be given their meals to eat in their rooms. They will be required to wear PPE at all times when they leave their rooms, until such time as an all clear is received by the attending physician. We will do everything we can to ensure they have everything they need, such as their homework, crafts, and something to do all day when they are resting. We will work with each student to find a balance.

## 7. **DISCLOSURE**

In administering this Policy, Southeast Collegiate will not disclose the identity of any individual who has COVID-19 symptoms or who has a confirmed diagnosis of COVID-19, except as authorized or required by law. Southeast Collegiate may be required to disclose this information if there is a risk of significant harm to the health or safety of the public or a group of people. Southeast Collegiate will take all reasonable steps to protect the privacy of students and their personal health information, including any results from thermal testing conducted in accordance with this Policy.

## 8. **CONTACT INFORMATION AND LINKS**

If you have any questions regarding this Policy or any COVID-19 measures in the workplace, please contact the Director of Operations Marlene Waterston at 204-261-3551 ext 313

This Policy will be reviewed and updated as necessary to respond to how the outbreak progresses

### **More Information**

Manitoba Health Links: (204)788-8200 or Toll free at 1-888-315-9257

Online at: <https://misericordia.mb.ca/programs/phcc/health-links-info-sante/>

Government of Manitoba COVID-19 Resource Centre

Online at: <https://www.gov.mb.ca/covid19/index.html>

Government of Canada COVID-19 Resource Centre

Online at: <https://www.canada.ca/en/public-health/services/diseases/coronavirus->

**Parents/Guardians must read, sign and comply with this Policy.**

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**Student name, (please print)**

I acknowledge that I have read and that my student has read and that we all understand and agree to comply with this COVID-19 RESPONSE STUDENT POLICY as set forth above. We as a family understand that failure to comply with this Policy will result in my student being sent home immediately for potentially causing unnecessary exposure to the facility.

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**Parent /Guardian (Printed) & (Signed)**

**Date**

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**Director/Principal**

**Date**

Adoption Date: May 02,2020
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Revision Date: August 23,2021
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