



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
 - 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:

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

3) Please list any medications your student is on:

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

If yes, please identify:

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

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

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

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.)



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 30th 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
- Ball Hockey
- Bowling
- Wheelies
- Attending sporting events
- Fort Whyte
- Southeast Collegiate Sports Teams
- Winnipeg Aboriginal Sport Achievement (WASAC) Mini Golf
- Swimming
- Parks and the Zoo
- Skating, Archery, Paint ball, Airsoft, 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.**

Parent/Guardian	Signature	Date

Student Name	Signature	Date

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.

Parent/Guardian	Signature	Date

Student Name	Signature	Date

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:

- Teeth cleaning, fluoride application, examination of the teeth and any necessary X-rays
- Applying plastic “sealants” to the grooves of teeth
- Repairing diseased or broken teeth with fillings or crowns
- Treating infected teeth and/or gums (e.g. root canal and periodontal therapies)
- 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 _____

Dr. Lori Simoens BSc, DMD^{1,2} | **Dr. Kelly Regula** DMD, PhD^{1,3}

 (204) 261-4046 15-1325 Markham Rd., Winnipeg, MB R3T 4J6



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

DEPARTMENT OF INDIGENOUS SERVICES CANADA
JORDAN’S PRINCIPLE
REQUEST FORM

Please complete this Form to make a request, and send it to the [Focal Point in your region](#).
Please note: If immediate or urgent care is required for a child, please call 911 or your local emergency services number, or visit the nearest health facility.

Please identify if you are a: <input type="radio"/> Child over 16 years <input type="radio"/> Parent/Guardian <input type="radio"/> Authorized Representative of the Parent/Guardian (In order for a representative to make a request on behalf of the parent/guardian, please ensure the parent/guardian signs the request form and prepares an authorization in writing.)

SECTION 1: Child’s Information	
Given Name:	Family Name:
Child’s Date of Birth (yyyy/mm/dd):	Child’s sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified
Address(i.e. civic address, apartment/unit number) :	
City/Community:	Province/Territory:
Postal Code:	Telephone Number:
Does the child live or ordinarily live on reserve: <input type="radio"/> Yes <input type="radio"/> No	Is the child in foster care: <input type="radio"/> Yes <input type="radio"/> No
Is child registered (Y/N)? If yes, registration number:	If no, name of parent: Parent registration number:

SECTION 2: Parent/Guardian’s Information	
Given Name:	Family Name:
Relationship to child:	
Address, if different from above (i.e. civic address, apartment/unit number):	
City:	Province/Territory:
Postal Code:	Language preference:
Telephone number:	Email address:

SECTION 3: Authorized Representative’s Information (if applicable)	
Given Name:	Family Name:
Relationship to child:	
Relationship to parent/guardian:	
Address (i.e. civic address, apartment/unit number):	

City:	Province/Territory:
Postal Code:	Language preference:
Telephone number:	Email address:

SECTION 4: Reason for Request

What is the child’s unmet need?

Is an assessment/ prescription/ referral by a health, social or education professional attached?
(Y/N)?

If not, please explain.

SECTION 5: Request Information

Description of the request(s):

Please indicate the products/services requested

Requested products/services	Frequency/Duration (if applicable)	Estimated Cost (if known)
		\$
		\$
		\$
		\$
		\$
Total Amount Request		\$

Provide any other details relevant to the request:

SECTION 6: Request History

Has this request been submitted to a provincial or federal program or service?
☐ Yes ☐ No

If **yes**, please provide the name of program/service, and attach a copy of the information/documents submitted.

If partially covered, please provide details:

SECTION 6: Declaration & Signature	
I declare the information to be true and accurate and that it does not contain a request for any benefit or service previously paid for by Department of Indigenous Services Canada or by any other plan(s)/program(s) that is noted in the statement or explanation of benefits.	
Please identify if you are a: <input type="radio"/> Child over 16 years <input type="radio"/> Parent/Guardian	
Signature:	
Print Name:	Date (yyyy/mm/dd):

FOR INTERNAL USE
FOR GOVERNMENT OF CANADA USE ONLY
Request Tracking Number:

PRIVACY NOTICE STATEMENT
The personal information you provide is protected in accordance with the Privacy Act and collected under the authority of the Privy Council Order-in-Council PC Number 2017-1464. We require this information to determine eligibility and process requests for health, social and educational assistance under the Jordan’s Principle Initiative. Your personal information may be used within the Department of Indigenous Services Canada for the alignment of health, social and educational benefits and for audit purposes. With consent, personal information may be disclosed to health, social and educational services professionals, and service coordinators for processing requests. Your personal information may be disclosed without your consent, but only in accordance with subsection 8(2) of the Privacy Act. This information collection is described in Info Source, available online at infosource.gc.ca . Your rights under the Privacy Act: You have the right of access to, correction and protection of your personal information. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

DEPARTMENT OF INDIGENOUS SERVICES CANADA
JORDAN'S PRINCIPLE
Information Sharing Consent

Child Name:	
Parent/Guardian Name:	
Authorized Representative:	

Note: Authorized Representatives (person acting on behalf of Parent/Guardian) also attest to receiving verbal consent from parent/guardian and reviewing privacy notice statement.

Privacy Notice Statement

The personal information you provide is protected in accordance with the Privacy Act and collected under the authority of the Privy Council Order-in-Council PC Number 2017-1464. We require this information to determine eligibility and process requests for health, social and educational assistance under the Jordan's Principle Initiative. Your personal information may be used within the Department of Indigenous Services Canada for the alignment of health, social and educational benefits and for audit purposes. With consent, personal information may be disclosed to health, social and educational services professionals, and service coordinators for processing requests. Your personal information may be disclosed without your consent, but only in accordance with subsection 8(2) of the Privacy Act. This information collection is described in Info Source, available online at infosource.gc.ca. Your rights under the Privacy Act: You have the right of access to, correction and protection of your personal information. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

I, _____ have read and reviewed the privacy notice above and attest that I agree to the sharing of information with _____ for the sole purpose of providing services to the child noted above.

Signature

Date

Unified Referral and Intake System (URIS): Group B Application

In accordance with Section 15 of the Personal Health Information Act (PHIA), the purpose of this form is to identify the child's health care intervention(s) and apply for URIS Group B support, which includes the development of a health care plan and training of school staff by a registered nurse. If you have questions about the information requested on this form, you may contact the school.

Section I – School Information (to be completed by school staff)

Name of School:			
Contact Person:		Phone:	
Address (location where service is to be delivered):			
Street:			Postal Code:
City / Town:			

Section II – Child information

Last Name	First Name	Birth Date (yyyy-mm-dd)
Also Known as:		

Please check all health care conditions for which the child requires an intervention during attendance at the school.

1. ☐ **Life-threatening allergy (and the child is prescribed an EpiPen)**

Does the child bring an EpiPen to the school?

☐ Yes ☐ No

2. ☐ **Asthma (administration of medication by inhalation)**

Does the child bring asthma medication (puffer) to the school?

☐ Yes ☐ No

Can the child take the asthma medication (puffer) on his/her own?

☐ Yes ☐ No

3. ☐ **Seizure disorder**

What type of seizure(s) does your child have? _____

Does the child require administration of rescue medication (e.g., sublingual lorazepam)?

☐ Yes ☐ No

4. ☐ **Diabetes**

What type of diabetes does the child have?

☐ Type 1 ☐ Type 2

Does the child require blood glucose monitoring at the school?

☐ Yes ☐ No

Does the child require assistance with blood glucose monitoring?

☐ Yes ☐ No

Does the child have low blood sugar emergencies that require a response?

☐ Yes ☐ No

5. ☐ **Cardiac condition, where the child requires a specialized emergency response at the school**
What type of cardiac condition has the child been diagnosed with? _____
6. ☐ **Bleeding disorder (e.g., von Willebrand disease, hemophilia)**
What type of bleeding disorder has the child been diagnosed with? _____
7. ☐ **Steroid dependence (e.g., congenital adrenal hyperplasia, hypopituitarism, Addison's disease)**
What type of steroid dependence has the child been diagnosed with? _____
8. ☐ **Osteogenesis imperfecta (brittle bone disease)**
9. ☐ **Gastrostomy feeding care**
Does the child require gastrostomy tube feeding at the school? ☐ Yes ☐ No
Does the child require administration of medication via the gastrostomy tube at the school? ☐ Yes ☐ No
10. ☐ **Ostomy care**
Does the child require the ostomy pouch to be emptied at the school program? ☐ Yes ☐ No
Does the child require the established appliance to be changed at the school program? ☐ Yes ☐ No
Does the child require assistance with ostomy care at the school program? ☐ Yes ☐ No
11. ☐ **Clean intermittent catheterization (IMC)**
Does the child require assistance with IMC at the school? ☐ Yes ☐ No
12. ☐ **Pre-set oxygen**
Does the child require pre-set oxygen at the school? ☐ Yes ☐ No
Does the child bring oxygen equipment to the school? ☐ Yes ☐ No
13. ☐ **Suctioning (oral and/or nasal)**
Does the child require oral and/or nasal suctioning at the school? ☐ Yes ☐ No
Does the child bring suctioning equipment to the school? ☐ Yes ☐ No

Section III – Authorization for the Release of Medical Information

I authorize the Manitoba First Nations Education Resource Centre Inc., the Unified Referral and Intake System, and the nursing provider serving the school, all of who may be providing services and/or supports to my child, to exchange and release medical information specific to the health care interventions identified above, and consult with my child's physician(s), if necessary, for the purpose of developing and implementing an Individual Health Care Plan / Emergency Response Plan and training school staff for (child's name): _____

I understand that any other collection, use or disclosure of personal information or personal health information about my child will not be permitted without my consent, unless authorized by FIPPA or PHIA and in accordance with *The Freedom of Information and Protection of Privacy Act* (FIPPA) and *The*

Personal Health Information Act (PHIA). I understand that the information on this form may be shared with the following:

- ☐ Health centre / nursing station / St. Amant
- ☐ Child and Family Services
- ☐ Jordan's Principle case manager / service provider
- ☐ Pediatrician

- ☐ HSC and Children's Hospital
- ☐ MFNERC clinicians
- ☐ Other:

Consent will be reviewed with me annually. I understand that as the parent/legal guardian I may amend or revoke this consent at any time with a written request to the school. If I have any questions about the use of the information provided on this form, I may contact the school directly.

Parent / Legal Guardian Signature

Date

Mailing Address

Postal Code

Phone Number