

# Turtle River School Division Student Registration Form



Office Use

Entry Date \_\_\_\_\_  
Month/Day/Year

School \_\_\_\_\_

MET Number \_\_\_\_\_

Student Number \_\_\_\_\_

Date \_\_\_\_\_

Information to be entered by Student's Parents/Guardians – PLEASE NOTIFY SCHOOL IF ANY INFORMATION CHANGES

## Student Information (Please Print)

Please fill in and return to the school as soon as possible.

Legal Last Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ ☐ Verified  
Month/Day/Year

First Name \_\_\_\_\_ Second Name \_\_\_\_\_

Name Known by \_\_\_\_\_

Language(s) Spoken at Home: ☐ English ☐ Oji-Cree ☐ French ☐ Other (please list) \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Grade Registering In: \_\_\_\_\_

Treaty Number: \_\_\_\_\_ Band Name: \_\_\_\_\_

## Student Mailing Address

Apt. Number/Street: \_\_\_\_\_ Community/Town/Village/City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

Section/township/range \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

PO Box: \_\_\_\_\_ Bus Driver: \_\_\_\_\_ (if known)

## Family - Pre-School/School Age Siblings

Name: \_\_\_\_\_ Gr. \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Gr. \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Gr. \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

**The local public health nurses on occasion will be requesting individual student information for their program.**

- ☐ I give consent to share this information with the local public health authority  
☐ I don't consent to sharing

## Student Registration Form

Page 2

### Parent/Legal Guardian and Contact Information

Legal Custody ☐ Joint ☐ Mother ☐ Other (please note) \_\_\_\_\_  
(only if applicable) ☐ Father ☐ Guardian ☐ Agency (please note) \_\_\_\_\_

Custody / Access notes:

**Student lives with:** **Mother/Father**

**Parent or Legal Guardian** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address if different from above: \_\_\_\_\_ City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Employer: \_\_\_\_\_

**Parent or Legal Guardian** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address if different from above: \_\_\_\_\_ City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Employer: \_\_\_\_\_

### **Emergency Contact** *(if parent/guardian cannot be reached)*

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

Address: \_\_\_\_\_

City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Other phone \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

**Emergency Billet** - Name of town billet (friend or relative that lives in town where child can stay in case of a storm: \_\_\_\_\_ Phone Number \_\_\_\_\_

### **Medical Information**

Personal Health I.D. Number \_\_\_\_\_ Manitoba Health Registration Number \_\_\_\_\_

Health Concerns/Allergies: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Indigenous Identification Declaration**

### **Indigenous Identity Declaration Authorization and Statement of Understanding**

*Indigenous Identity Declaration helps to support the efforts of Manitoba Education and Training and school divisions to plan and improve programs in a way that is responsive to Indigenous learners. (Providing this personal information is voluntary and optional. It is being collected in compliance with section 36(1)(b) of The Freedom of Information and Protection of Privacy Act as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.)*

1. I, \_\_\_\_\_, (name of parent/guardian, please print clearly):

- ☐ Am submitting my child's Indigenous Identity Declaration for the first time
- ☐ Am making changes to my child's Indigenous Identity Declaration
- ☐ Already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.

2. Is your child an Indigenous person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)?

Note: First Nations (North American Indian) include Status and Non-Status Indians

If "Yes", mark the square(s) that best describe(s) your child now:

- ☐ Yes, First Nation (North American Indian)
- ☐ Yes, Métis
- ☐ Yes, Inuk (Inuit)

3. Which best describes your child's Indigenous cultural-linguistic identity?

Please select up to two choices:

- ☐ Anishinaabe (Ojibway/Saulteaux)
- ☐ Ininiw
- ☐ Dene (Sayisi)
- ☐ Dakota
- ☐ Oji-Cree
- ☐ Michif
- ☐ Inuktitut
- ☐ Other-please specify: \_\_\_\_\_

**Identification of Children that are Eligible for URIS Group B Health Care Support**

**Unified Referral and Intake System (URIS)**

The Unified Referral and Intake System (URIS) is a provincial program that assists community programs in providing a safe and supportive environment for children with special health care needs. It is managed by an interdepartmental committee that includes representatives from the Departments of Health, Healthy Living and Seniors, Family Services and Education and Advanced Learning, with input from others with appropriate expertise.

**Classification of Health Care Needs**

URIS provides a standard means of classifying the complexity of health care needs/interventions and establishes the level of qualification required by staff that supports the child.

- **Group A** - health care procedures that are complex and must be performed by a registered nurse.
- **Group B** - health care needs that can be delegated to non-health-care personnel that are trained and monitored by a registered nurse.

**Identifying a child with URIS Group B health care needs**

It is the community program's responsibility to identify children that have a URIS Group B health care need(s).

**Individual Health Care Plans (IHCP)**

An Individual Health Care Plan (IHCP) is completed when the child is eligible for one or more of the following URIS Group B health care needs.

**Please indicate (✓) all health care needs that apply to your child:**

- ☐ Anaphylaxis
- ☐ Asthma
- ☐ Bleeding disorder
- ☐ Cardiac condition
- ☐ Clean intermittent catheterization
- ☐ Diabetes
- ☐ Endocrine Conditions
- ☐ Gastrostomy care
- ☐ Osteogenesis imperfecta
- ☐ Ostomy care
- ☐ Pre-set oxygen
- ☐ Seizure disorder
- ☐ Suctioning (oral/nasal)

***If you have checked any of the above health care needs, the school will provide you with information on services available from the Unified Referral and Intake System (URIS).***

**Helpful Tip**

*If a doctor has not prescribed medication for asthma (i.e. reliever medication) or anaphylaxis (i.e. adrenaline auto-injector), the child is NOT eligible for URIS Group B service. The child must also bring this medication to community program to be eligible for URIS Group B support.*

**Informed Consent**

(Media, Student Work, Electronic Communication, and Computer and Internet Usage)

**Electronic Communication – Student usage of division email and sharing of information through email (e.g. Newsletters, etc.)**

As students complete activities and assignments, they are expected to submit and communicate electronically with email. Email is an important 21st century skill that students need to learn to use effectively in order to prepare them for the world. Being efficient in using email as a form of electronic communication is expected of students in our schools. Students are required to be able to submit work and communicate using email.

The division is able to provide students with an email for educational use. Students are obliged to follow the division policy regarding the “proper usage” of division email and may be required by teachers to use as a way of submitting work and assignments.

☐ **I give Consent**☐ **I do not give Consent**

As a parent/guardian I allow schools and the division to communicate with me electronically. The electronic distribution (email) of newsletters, school updates and announcements regarding division and school activities, events and news (including fundraising and promotions).

☐ **I give Consent**☐ **I do not give Consent**

to receive information electronically and will provide my email below.

Email address: \_\_\_\_\_

**Media – Television, Radio, Internet Media, and Divisional Video Productions**

As your child grows and learns, they will have the opportunity to participate in many amazing activities and experiences in our schools. We would like to share these positive experiences with the broader community by inviting journalists and other members of the media to visit our schools. Photographs, videotaping or interviews are allowed at schools only with the permission of the principal.

☐ **I give Consent**☐ **I do not give Consent**

**for my son/daughter (or myself as an adult student) being photographed, videotaped/recorded or interviewed by the media.**

**Computer and Internet Usage – Student Usage of School Computers for completing school work and the Usage of the Internet for Research and Educational Purposes**

Turtle River School Division recognizes the educational benefits of computer technology and internet access. Technology is promoted as a valuable instructional learning tool that enhances the ability of teachers to provide new and exciting learning opportunities for students. Students are supervised while using computers, the Internet, and any Information and Communication Technology (ICT). Students are taught the necessary skills to use technology and the internet in a proper manner.

I understand and will follow the guidelines as set in the division policy and school handbooks in regards to the Appropriate Use of Computers and Communication Devices. This includes the use of the Internet; including social media, text messaging and instant messaging and other forms of online communication and sharing platforms and resources that are provided by the Turtle River School Division networked computers. Access to computers and the Internet is for educational purposes as set out in the Turtle River School Division Policy. I further understand that should I commit any violation, my access privileges may be revoked and disciplinary action and/or appropriate legal action may be taken as deemed necessary. As the parent/guardian of the student, I have read the regulations for the Appropriate Use of Information Communication Technology (ICT) and the Use of Personal Communication Devices.

☐ **I give Consent**

☐ **I do not give Consent**

for my son/daughter (or myself as an adult student) to use school computers, have access to the internet, and use any of their own personal devices.

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

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Signature of Student (Grades 7-12 Only): \_\_\_\_\_

**Student Work, Photographs, and School Promotion – Publish and Display  
(School Display, Newsletters, Yearbook, Newspapers, Division/School Webpages and Social Media)**

Our school would like to share information and communicate with parents/guardians by highlighting the school; students and student work or activities in a variety of publications and/or Division organized or sponsored event(s). It will allow us to share with you the parent/legal guardian about some of the highlighted activities, work and projects your child is participating in at school. This will also showcase our school to the community and general public. Some examples of sharing include but are not limited to:

- Publication of their work (referenced appropriately) in school and division publications as printed or posted on division/school websites (*e.g. Writing compilations, submission for contests, modelling and sharing in schools, other educational purposes, etc.*).
- School or Division publications (newsletters, articles, webpages, community reports, etc.)
- Local newspaper submitted articles
- Sharing on division social media platforms (e.g. Twitter, Facebook)
- Displayed work in schools and the division office ( in the hallways, classrooms, and at various presentations and events)

***\* Please note: Student photographs posted to Turtle River School Division websites will not identify students by full name (only first name)***

☐ **I give Consent**

☐ **I do not give Consent**

to the Turtle River School Division to publish or show my child's, or my (as an adult student) photographs, name, grade, school and samples of my or my child's work in various publications and/or at a Division organized or sponsored event. I understand that photographs of students posted to the school or Turtle River School Division website will not identify students by full name.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

This personal information is being collected under the authority of The Public Schools Act for School related purposes. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have any questions about the collection, please contact your school principal.

# Student Registration Form

Page 8

## Request for Bus Transportation

The Public Schools Act requires school divisions to provide transportation to all students living within their division boundaries. There are occasions where some students wish to attend schools in another division. In order to address the transportation of these students in adjoining divisions Turtle River School Division has adopted the enclosed policy. This policy is intended to provide educational services in the most cost effective manner for the taxpayers of Manitoba.

\*\*\*\*\*

**Please complete this form and return to:**      Transportation Department  
Turtle River School Division  
Box 309  
McCreary, MB R0J 1B0

<u>Name of Student(s)</u>	<u>Birthdate</u>	<u>Grade</u>	<u>List medical concerns</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Parent Guardian Contact Information</u>	<u>Home Phone</u>	<u>Cell Phone</u>	<u>Work Phone and Ext.</u>
_____	_____	_____	_____
_____	_____	_____	_____

Any special information or concerns the bus driver should be aware of: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Land Location of Residence: \_\_\_\_\_  
Sec. / Twp. / Rge. OR Street Name & House #

Requesting Transportation to \_\_\_\_\_ School

Requested date for transportation to begin: \_\_\_\_\_

Reason(s) for Requesting Transportation: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only:

Bus Driver: \_\_\_\_\_ Approx. Pick-up Time \_\_\_\_\_ AM  
Transfer Bus Driver: \_\_\_\_\_ Approx. Drop-off Time \_\_\_\_\_ PM





**FOR MORE  
INFORMATION OR TO  
APPLY FOR URIS  
SUPPORT, CONTACT  
YOUR COMMUNITY  
PROGRAM**

## **RESPONSIBILITY OF FAMILIES**

- Inform the community program of any medical or special health care needs of your child.
- Complete the URIS Group B Application form provided by the community program.
- Talk with the URIS Nurse to develop your child's individual health care plan for the community program.
- Sign your child's completed health care plan for use at the community program.
- Inform the staff at the community program as well as the URIS nurse of ANY changes to your child's health information at any time.



Date of Issue: April 2014  
Date of Revision: May 2014  
Document #: PMH149



## **UNIFIED REFERRAL AND INTAKE SYSTEM (URIS) A GUIDE FOR PARENTS**

[www.prairiemountainhealth.ca](http://www.prairiemountainhealth.ca)



# Unified Referral and Intake System (URIS)

The URIS program supports children who require assistance with health care needs while attending community programs including schools, licensed child care facilities, respite services, and recreation programs within Prairie Mountain Health.

With your assistance, the URIS Nurse will complete an Individual Health Care Plan for your child

This Health Care Plan outlines your child's health history and the necessary interventions to support your child's health care needs while attending the community program.

The URIS Nurse will train the community program staff for procedures specific to your child's health care need (eg. how to administer an inhaled medication to a child with Asthma).

URIS training supports schools, licensed child care facilities, recreation programs and respite services personnel to respond to your child's specific health care needs and emergencies.

Prairie Mountain Health URIS Program partners with Manitoba health care professionals to ensure your child is receiving the best support available.



**The Unified Referral and Intake System (URIS) is a partnership of Prairie Mountain Health and the Government of Manitoba Departments of Health, Family Services and Education**



## Health Care Conditions (Group B)

Health care procedures may be safely delegated to non-healthcare personnel when the child's health status is stable and response to the procedure is predictable. Non-healthcare personnel must receive training and ongoing monitoring by a URIS Nurse. The URIS program may provide support for the following conditions:

- Life-threatening Allergy (anaphylaxis)
- Asthma (when medication is present at the community program)
- Seizure Disorder
- Diabetes
- Cardiac Condition
- Bleeding Disorder
- Steroid Dependence
- Osteogenesis Imperfecta (brittle bone disease)
- Gastrostomy Care and Feeding
- Ostomy Care
- Clean Intermittent Catheterization (IMC)
- Pre-set Oxygen
- Suctioning (oral and/or nasal)
- Administration of Medications

## UNIFIED REFERRAL AND INTAKE SYSTEM (URIS) GROUP B APPLICATION (a)

**Review application, complete and sign in ink**

The purpose of this form is to identify the child's specific health care and if applicable, apply for URIS Group B support which includes the development of a health care plan and training of community program staff by a registered nurse. URIS is a partnership of Health, Education and Family Services. If you have questions about the information requested on this form, you may contact the community program.

### Section I – To be completed by the community program

<b>Type of community program (please ✓)</b>  <input type="checkbox"/> School <input type="checkbox"/> Licensed child care <input type="checkbox"/> Respite <input type="checkbox"/> Recreation program <input type="checkbox"/> Other: _____ _____	<b>Community Program Name:</b>	<b>Location of Service:</b> <input type="checkbox"/> Same as on left
	Contact person:	Contact person:
	Phone:                      Fax:	Phone:                      Fax:
	Email:	Email:
	Mailing address: Street address: City/Town: Postal Code:	Mailing address: Street address: City/Town: Postal Code:

**Section II - Child information - to be completed by parent**

Last Name																First Name								Birthdate													
																								Y	Y	Y	Y	M	M	M	D	D					
Preferred Name (Alias)												Age				Grade				Gender																	
																					M		F		Other												

**Does your child ride the bus?** ☐ YES ☐ NO

**Does your child have any of the following listed health concerns?**   ☐ **YES**   ☐ **NO (check (✓) one)**

➤ If you have answered **NO**, please sign here and return this form to the community program.

---

Parent/ Legal Guardian NAME                      Parent/ Legal Guardian SIGNATURE                      DATE (YYYY/MMM/DD)

- If you have answered **YES**, please complete the remainder of the form **including Section III**.
- Please check (✓) all health care conditions for which the child requires an intervention during attendance at the community program. Return the completed form to the community program.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Life-threatening allergy and child is prescribed an injector (e.g. Epi-Pen®/ Taro Epinephrine®/ Allerject®)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring an injector to the community program?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Asthma (administration of medication by inhalation)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring reliever medication (puffer) to the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your child know <u>when</u> to take their reliever medication (puffer) e.g. can recognize signs of asthma? <input type="checkbox"/> YES <input type="checkbox"/> NO Can your child take their reliever medication (puffer) <u>on their own</u> ? <b>IF NO</b> , describe what your child needs help with: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Seizure disorder What type of seizure(s) does the child have? _____</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require administration of rescue medication? <input type="checkbox"/> Lorazepam <input type="checkbox"/> Midazolam <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require the use of a vagal nerve stimulator (wand)?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Diabetes What type of diabetes does the child have? <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require blood glucose monitoring at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require assistance with blood glucose monitoring? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child have low blood glucose emergencies that require a response?

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Ostomy Care</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child have an ostomy/stoma? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require the ostomy pouch to be emptied at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require the established appliance to be changed at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require assistance with ostomy care at the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Gastrostomy Care</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child have a gastrostomy tube? Type of tube: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require gastrostomy tube feeding at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require administration of medication via the gastrostomy tube at the program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Clean Intermittent Catheterization (CIC)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require CIC? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require assistance with CIC at the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Pre-set Oxygen</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require pre-set oxygen at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring oxygen equipment to the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Suctioning (oral and/or nasal)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require oral and/or nasal suctioning at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring suctioning equipment to the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cardiac Condition where the child requires a specialized emergency response at the community program.</b> What type of cardiac condition has the child been diagnosed with? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Bleeding Disorder (e.g., von Willebrand disease, hemophilia)</b> What type of bleeding disorder has the child been diagnosed with? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Endocrine Conditions (e.g. steroid dependence, congenital adrenal hyperplasia, hypopituitarism, Addison's disease)</b> What type of steroid dependence has the child been diagnosed with? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Osteogenesis Imperfecta (brittle bone disease)</b> What type? _____

### Section III - Authorization for the Release of Medical Information

In accordance with *The Personal Health Information Act* (PHIA), I authorize the Community Program, the Unified Referral and Intake System Provincial Office, and the nursing provider serving the community program, all of whom 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 health care provider, if necessary, for the purpose of developing and implementing an Individual Health Care Plan/Emergency Response Plan and training community program staff for

**Child's Name:** \_\_\_\_\_ **Child's PHIN:** \_\_\_\_\_

I also authorize the Unified Referral and Intake System Provincial Office to include my child's information in a provincial database which will only be used for the purposes of program planning, service coordination and service delivery. This database may be updated to reflect changing needs and services. I understand that my child's personal and personal health information will be kept confidential and protected in accordance with *The Freedom of Information and Protection of Privacy Act* (FIPPA) and *The Personal Health Information Act* (PHIA).

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 under FIPPA or PHIA.

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 community program.

If I have any questions about the use of the information provided on this form, I may contact the community program directly.

<b>NAME (PRINT)</b> Parent/ Legal Guardian _____	<b>SIGNATURE</b> Parent/Legal Guardian _____	<b>DATE (YYYY/MMM/DD)</b> _____
Mailing Address: _____	City/Town: _____	Postal Code: _____
Work/Daytime Phone: _____	Cell Phone: _____	Home Phone: _____
Email: _____		



## ANAPHYLAXIS HEALTH CARE PLAN

Child name:	Birth date:
Community program name:	
Parent/guardian name:	
Home #:	Cell #:
Work #:	
Parent/guardian name:	
Home #:	Cell #:
Work #:	
Alternate emergency contact name:	
Home #:	Cell #:
Work #:	
Allergist:	Phone #:
Pediatrician/Family doctor:	Phone #:
Life-threatening allergies (i.e. allergies that epinephrine auto-injector is prescribed for):	
Other allergies (non life-threatening):	
Does child wear MedicAlert™ identification for life-threatening allergy(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b><u>Epinephrine auto-injector information</u></b>	
<b>Type</b> <input type="checkbox"/> EpiPen® 0.15 mg (green) <input type="checkbox"/> EpiPen® 0.3 mg (yellow) <input type="checkbox"/> Allerject® 0.15 mg (blue) <input type="checkbox"/> Allerject® 0.3 mg (orange)	<b>Location</b> - It is recommended that the child carries the epinephrine auto-injector at all times. <input type="checkbox"/> Fanny pack <input type="checkbox"/> Back pack <input type="checkbox"/> Purse <input type="checkbox"/> Other – Describe _____
<b>Child has a 2<sup>nd</sup> (back-up) auto-injector available at the community program.</b> <input type="checkbox"/> YES Location _____ <input type="checkbox"/> NO	
<b>Other information about my child's life threatening allergy that community program should know.</b>     	

This Health Care Plan should accompany the child on excursions outside the facility.

## ANAPHYLAXIS HEALTH CARE PLAN

Name:	Birth date:
<b>IF YOU SEE THIS</b>	<b>DO THIS</b>
<p><b><u>If ANY combination of the following signs is present and there is reason to suspect anaphylaxis:</u></b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b><u>Face</u></b></p> <ul style="list-style-type: none"> <li>Red, watering eyes</li> <li>Runny nose</li> <li>Redness and swelling of face, lips &amp; tongue</li> <li>Hives (red, raised &amp; itchy rash)</li> </ul> <p><b><u>Airway</u></b></p> <ul style="list-style-type: none"> <li>Sensation of throat tightness</li> <li>Hoarseness or other change of voice</li> <li>Difficulty swallowing</li> <li>Difficulty breathing</li> <li>Coughing</li> <li>Wheezing</li> <li>Drooling</li> </ul> </div> <div style="width: 45%;"> <p><b><u>Stomach</u></b></p> <ul style="list-style-type: none"> <li>Severe vomiting</li> <li>Severe diarrhea</li> <li>Severe cramps</li> </ul> <p><b><u>Total body</u></b></p> <ul style="list-style-type: none"> <li>Hives (red, raised &amp; itchy rash)</li> <li>Feeling a “sense of doom”</li> <li>Change in behavior</li> <li>Pale or bluish skin</li> <li>Dizziness</li> <li>Fainting</li> <li>Loss of consciousness</li> </ul> </div> </div>	<ol style="list-style-type: none"> <li>1. Inject the epinephrine auto-injector in the outer middle thigh.               <ol style="list-style-type: none"> <li>a) Secure child’s leg. The child should be sitting or lying down in a position of comfort.</li> <li>b) Identify the injection area on the outer middle thigh.</li> <li>c) Hold the epinephrine auto-injector correctly.</li> <li>d) Remove the safety cap by pulling it straight off.</li> <li>e) Firmly press the tip into the outer middle thigh at a 90° angle until you hear or feel a click. Hold in place to ensure all the medication is injected.</li> <li>f) Discard the used epinephrine auto-injector following the community program’s policy for disposal of sharps or give to EMS personnel.</li> </ol> </li> <li>2. Activate 911/EMS. <i>Activating 911/EMS should be done simultaneously with injecting the epinephrine auto-injector by delegating the task to a responsible person.</i></li> <li>3. Notify parent/guardian.</li> <li>4. A second dose of epinephrine may be administered within 5-15 minutes after the first dose is given IF symptoms have not improved.</li> <li>5. Stay with child until EMS personnel arrive. <i>Prevent the child from sitting up or standing quickly as this may cause a dangerous drop in blood pressure.</i></li> </ol> <p><i>Antihistamines are <u>NOT</u> used in managing life-threatening allergies in community program settings.</i></p>
<p><b><u>Risk reduction strategies</u></b></p> <p>Avoidance of allergens is the only way to prevent an anaphylactic reaction. Although it is not possible to achieve complete avoidance of allergens in community program settings, it is important to reduce exposure to life-threatening allergen(s). Contact the community program if you have any questions about the risk reduction strategies that are implemented in their facility. School division policy may be found on their website.</p>	

*I have reviewed this health care plan and provide consent to this plan on behalf of my child.*






**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I have reviewed this health care plan to ensure it provides the community program with required information.*

**Nurse signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_


**Documentation**


## ASTHMA HEALTH CARE PLAN

Child name:		Birth date:	
Community program name:			
Parent/guardian name:			
Home Ph#:	Cell #:	Work Ph#:	
Parent/guardian name:			
Home Ph#:	Cell #:	Work Ph#:	
Alternate emergency contact name:			
Home Ph#:	Cell #:	Work Ph#:	
Allergist:		Phone #:	
Pediatrician/Family doctor:		Phone #:	
Known allergies:			
Does child wear MedicAlert™ identification for asthma? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>			
<b><u>TRIGGERS</u></b> - List items that most commonly trigger your child's asthma.			
<b><u>RELIEVER MEDICATION</u></b> (or bronchodilators) provides fast temporary relief from asthma symptoms. It is recommended that Reliever medication is carried with the child so it is available if an asthma episode occurs.			
What Reliever medication has been prescribed for your child? (CHECK ONE)		<input type="checkbox"/> Salbutamol (e.g. Ventolin®, Airomir®) <input type="checkbox"/> Symbicort® <span style="margin-left: 20px;"><input type="checkbox"/> Other _____</span>	
How many puffs of Reliever medication are prescribed for an asthma episode? (CHECK ONE)		<input type="checkbox"/> 1 puff <span style="margin-left: 20px;"><input type="checkbox"/> 1 or 2 puffs</span> <input type="checkbox"/> 2 puffs <span style="margin-left: 20px;"><input type="checkbox"/> other _____</span>	
Where does your child carry his/her Reliever medication? (CHECK ONE)		<input type="checkbox"/> fanny pack <span style="margin-left: 20px;"><input type="checkbox"/> purse</span> <input type="checkbox"/> backpack <span style="margin-left: 20px;"><input type="checkbox"/> other _____</span>	
Does your child know when to take their Reliever medication? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		Can your child take their Reliever medication on their own? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
<b>CIRCLE</b> the type of medication device your child uses for <u>Reliever medication</u> .			
 Metered dose inhaler (MDI)	 MDI & spacer with mouthpiece	 MDI & spacer with mask	 Turbuhaler®
 Diskus®			

**The Health Care Plan should accompany the child on excursions outside the facility.**

## ASTHMA HEALTH CARE PLAN

Name: _____		Birth date: _____
<b>IF YOU SEE THIS:</b>		<b>DO THIS:</b>
<u><b>Symptoms of asthma</b></u> <ul style="list-style-type: none"> <li>Coughing</li> <li>Wheezing</li> <li>Chest tightness</li> <li>Shortness of breath</li> <li>Increase in rate of breathing while at rest</li> </ul>		<ol style="list-style-type: none"> <li>1. Remove the child from triggers of asthma.</li> <li>2. Have the child sit down.</li> <li>3. Ensure the child takes Reliever medication (usually blue cap or bottom).</li> <li>4. Encourage slow deep breathing.</li> <li>5. Monitor the child for improvement of asthma symptoms.</li> <li>6. If Reliever medication has been given and asthma symptoms do not improve in 5-10 minutes, contact parent/guardian.               <ul style="list-style-type: none"> <li><i>Reliever medication can be repeated once at this time. If the child is not well enough to remain at the community program, the parent/guardian should come and pick them up.</i></li> </ul> </li> <li>7. If any of the emergency situations occur (see list below), call 911/EMS.</li> </ol>
<u><b>Emergency situations</b></u> <ul style="list-style-type: none"> <li>Skin pulling in under the ribs</li> <li>Skin being sucked in at the ribs or throat</li> <li>Greyish/bluish color in lips and nail beds</li> <li>Inability to speak in full sentences</li> <li>Shoulders held high, tight neck muscles</li> <li>Cannot stop coughing</li> <li>Difficulty walking</li> </ul>		<ol style="list-style-type: none"> <li>1. Activate 911/EMS. <i>Delegate this task to another person. Do not leave the child alone.</i></li> <li>2. Continue to give Reliever medication as prescribed every five minutes.</li> <li>3. Notify the child's parent/guardian.</li> <li>4. Stay with the child until EMS personnel arrives.</li> </ol>
<u><b>Signs that asthma is not controlled</b></u> <p><b>If staff becomes aware of any of the following situations, they should inform the child's parent/guardian.</b></p> <ul style="list-style-type: none"> <li>Asthma symptoms prevent the child from performing normal activities.</li> <li>The child is frequently coughing, short of breath or wheezing.</li> <li>The child is using Reliever medication more than 3 times per week for asthma symptoms.</li> </ul>		

*I have reviewed this health care plan and provide consent to this plan on behalf of my child.*

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I have reviewed this health care plan to ensure it provides the community program with required information.*

**Nurse signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Documentation


☐ Instruction sheet for medication device attached





## Turtle River School Division - Administrative Procedure

### Section H – Transportation & Vehicles Bus Ridership

**These rules are to be supplied to all parents by schools at the beginning of each school year, or when a new student enrolls.**

#### **I. GENERAL RULES:**

These rules apply to regular bus passengers, as well as non regular passengers who utilize a Turtle River School Division school bus.

1. Misbehavior of any kind will NOT be tolerated. Students who misbehave may be denied the privilege of riding on the school bus by the principal. (Manitoba regulation P25OR10)
2. Each bus driver, in cooperation with the principal, shall establish a seating plan for his/her bus.
3. A seating plan shall be displayed on the bus.
4. In the event of an accident, students will be subjected to a medical examination.
5. Provincial regulation respecting school bus states, "No school bus, while transporting children, shall be used to carry any animal, firearm, explosive, inflammable liquid, or anything of a dangerous or objectionable nature, or any article likely to endanger the safety of the passengers." The purpose of this regulation is to protect the passengers and avoid introducing hazardous items into a non-hazardous environment. Carry on items are restricted to those items that can be adequately managed by each passenger, in his/her assigned seating place.
6. On extra curricular trips, supervising passengers shall be the responsibility of the supervising teacher as well as the bus driver.
7. Parents will be notified if there is misconduct on the bus. If students behaviour is unsatisfactory, students may be denied bus riding privileges.
8. No driver of a school bus shall smoke, drink, eat or perform acts that may detract him and her from driving safely.
9. The rear door shall be used for emergency purposes only.
10. Students shall cooperate with the monitors on their bus. Monitors are the driver's helpers and it is their duty to help make the ride to and from school a safe one for all students.

#### **II. STUDENT/PARENT RESPONSIBILITY**

1. Notify the driver if the student will not be traveling on the bus at a particular time. Repeated negligence on the parent's part will cause the driver not to pick up the student after the last absence.
2. Students should dress according to weather conditions. In winter, rural students or students taking part in extra curricular bus trips should be prepared for sudden

Board Informed:	Last Reviewed:	Last Revision:
September 12, 2023		



## Turtle River School Division - Administrative Procedure

### Section H – Transportation & Vehicles

#### Bus Ridership

storms or emergency situations. Students should wear snow boots and other warm clothing.

3. Parents have the option to keep their children at home if they feel weather conditions are too severe. The driver shall be notified if the child will not be riding the bus.

Resolution No. 7 June 28, 2012

**A. PREVIOUS TO LOADING – ON THE ROAD AND AT THE SCHOOL, STUDENTS SHALL:**

1. Be on time. Help keep the bus on schedule.
2. Stay off the road while waiting for the bus. Bus riders should conduct themselves in a safe manner.
3. Wait until the bus comes to a COMPLETE STOP before attempting to board. Line up in a single file and board the bus in an orderly manner.
4. Use the handrail and watch their step while boarding the bus.
5. Be courteous, and not take advantage of other students in order to get to and from their seat.

**B. WHILE ON THE BUS STUDENTS SHALL:**

1. Sit on the seat assigned to them by the bus driver and remain seated until they have reached their destination.
2. Not open the bus windows unless the driver has given permission.
3. Keep their head and hands INSIDE the bus at ALL times.
4. Refrain from talking and laughing loudly. Unnecessary confusion diverts the driver's attention and may result in a serious accident.
5. Not eat and drink on the bus.
6. Remain IN the bus in case of road emergency, unless directed to follow the Emergency Evacuation Procedure.
7. Keep absolutely "QUIET" when the bus is stopped at a railroad crossing.
8. NOT throw anything out of the window.
9. Assist in keeping the bus safe and sanitary at all times. Students shall place all refuse in the garbage container provided.
10. NEVER tamper with the bus or its equipment.
11. Treat the bus equipment as valuable furniture in their home. Offenders may be required to pay for damage to seats or any bus equipment.
12. Be courteous to fellow students, the bus driver and other people they may encounter.

**C. AFTER LEAVING THE BUS STUDENTS SHALL:**

1. Help look after the safety and comfort of the small children.

Board Informed:	Last Reviewed:	Last Revision:
September 12, 2023		



## Turtle River School Division - Administrative Procedure

### Section H – Transportation & Vehicles Bus Ridership

2. Cross the road at least 10 feet in FRONT of the bus, after having checked that no traffic is approaching and after the driver has given the "ALL CLEAR" signal to cross.
3. Students who live on the same side of the road as the bus stop shall move clear of the bus (approximately 6 feet) before the bus pulls away.

**THESE RULES APPLY TO EXTRA CURRICULAR ACTIVITIES AS WELL AS  
REGULAR BUS TRIPS!!!**

February 6, 1990, Resolution No. 9 June 28, 2012

Board Informed:	Last Reviewed:	Last Revision:
September 12, 2023		





# *Declare your child's* **Indigenous Identity**

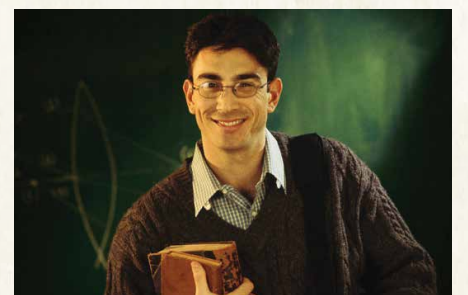
## **Indigenous Identity Declaration (IID)**

provides parents and guardians of Indigenous students the opportunity to declare their children's Indigenous identity within Manitoba's school system.



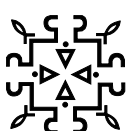
## **Why Declare?**

- Your declaration helps school divisions enhance services and supports for Indigenous students.
- Providing this personal information is voluntary and optional. Information collected through IID is protected under *The Freedom of Information and Protection of Privacy Act (FIPPA)*.



## **Contact Information**

For more information about the Indigenous Identity Declaration, please contact your child's school office or the Indigenous Inclusion Directorate at **204-945-1416** or Toll Free in MB at **1-800-282-8069 (ext. 1416)**.



**Indigenous Inclusion  
Directorate**





# *Declare your child's* **Indigenous Identity**

## *Questions and Answers for Parents and Guardians*

### *1. What is Indigenous Identity Declaration?*

Indigenous Identity Declaration (IID) is an opportunity for parents/guardians of Indigenous students to declare their child's Indigenous identity within Manitoba's Kindergarten-Grade 12 provincial school system usually at time of registration. IID information received from parents/guardians is entered into a database by the school office and is then reported yearly to the Department of Manitoba Education and Training.

### *2. Why are Indigenous students being asked to declare their ancestral/cultural background?*

IID helps direct resources to Indigenous students to help them succeed. Manitoba Education and Training is committed to supporting the academic success of Indigenous students. Your declaration helps school divisions enhance services and supports for Indigenous students. By declaring, your child (children) receives the appropriate support and programming they may need.

### *3. Statistics Canada collects this information. Why are parents/guardians being asked to provide information to the school?*

Aboriginal identity refers to whether the person reported identifying with the Aboriginal peoples of Canada. This includes those who reported being an Aboriginal person, that is, First Nations (North American Indian), Métis or Inuk (Inuit) and/or those who reported Registered or Treaty Indian status, that is registered under the Indian Act of Canada, and/or those who reported membership in a First Nation or Indian band. Aboriginal peoples of Canada are defined in the Constitution Act, 1982, Section 35 (2) as including the Indian, Inuit and Métis peoples of Canada. The key data sources for statistics on Aboriginal people comes from the Census, which collects information on the language spoken at home, mother tongue and knowledge of language

IID provides accurate and detailed school level information and is recorded by schools and reported yearly to Manitoba Education and Training. Additionally, this information is combined to give a school division and provincial summary. Information collected through IID is protected under *The Freedom of Information and Protection of Privacy Act (FIPPA)*.

### *4. I'm a First Nation member and my partner is Métis. Which box do we check?*

For families that have multiple ancestral/cultural elements, choose what is most relevant for your family. For more detail, please see the IID identifier descriptions provided on the website at [www.edu.gov.mb.ca/aed/abidentity.html](http://www.edu.gov.mb.ca/aed/abidentity.html).

### *5. I know I'm Indigenous but I don't speak any Indigenous languages. Do I still check any boxes?*

YES. The linguistic identifiers refer to ancestral/cultural identity, NOT your ability to speak a specific Indigenous language. Select the identifier(s) that best reflect your identity. If you are still unsure what to choose, you can check the "Other" linguistic category, and write "uncertain" in the space provided.



*6. My child is adopted and Indigenous, while our family is not Indigenous. Which box do I check?*

Check the box most appropriate for your child's Indigenous identity. For more details, please see the IID descriptions provided or visit [edu.gov.mb.ca/aed/abidentity.html](http://edu.gov.mb.ca/aed/abidentity.html).

*7. I moved to Manitoba from another province and my language/culture identifier is not on the IID list. Which box do I check?*

As the list of languages spoken by Indigenous people in North America is quite large, the IID uses the majority of the languages spoken in Manitoba. If your language is not listed, please check the box labelled "Other". Then you may indicate the language(s) spoken in the space provided (if known, write the language, or if unknown, write "uncertain").

*8. There are so many languages to choose from and my language choice is spelled differently than I remember it being spelled. Are they likely the same?*

Yes. They can be considered the same for the purposes of the IID. There are many different ways of spelling the major language groups. As an example, the word Ojibwe can be spelled, Ojibway and Ojibwa. The same can be said of Inuktituq. It can also be spelled as Inuktitut. Both are considered to be the language spoken by the Inuit people.

*9. I've already declared my child a couple of years ago. Do I need to declare my child every year?*

No. If you have declared your child in the past, you won't need to declare your child every year.

The school office will provide IID information to parents/guardians every year as Indigenous identity is not assumed. Also, sometimes the information parents/guardians provide the school may need to be updated, such as if a child is new to the provincial school system, or if changes were made to the list of IID identifiers. If your child is new to the provincial school system, or if you need to make a change to the declaration you had previously provided for your child, then a declaration form can be obtained from your child's school office at any time.

*10. We've moved to a different school in a different school division. Do I need to declare my child again?*

No. If parents/guardians have declared their child's Indigenous identity in the past, the declaration information will remain in the database throughout the child's education in the Manitoba K-12 provincial school system.

*11. I've registered and/or they know my Indigenous identity at a First Nations school. Do I still need to identify at a provincial school?*

Yes. Your Indigenous identity may not be provided by the First Nations school where you attended. We are asking that you please self-identify when registering at a provincial school.

*12. Will my band lose funding for schools in my home community if I self declare my child in a Manitoba public school?*

By self declaring your child or children your home band or community will not lose any funds. Public school funding and federal schools funding is not connected or related in any way to self declaring your child or children and will not result in any loss of funds.

