TURTLE RIVER SCHOOL DIVISION STUDENT REGISTRATION FORM

OFFICE USE

Entry Date: ______________
Month/Day/Year

SCHOOL	**MET NO.**	**STUDENT NO.**	**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

Type of Identification: _______________________________________

First Name ______________________ Second Name ______________________

Name Known by ______________________

Languages(s) Spoken at Home: ☐English ☐Oji-Cree ☐French ☐ Other *(please list* __________

Current ***or*** Last School Attended: ___________________ Division: _________________________

School's Address: ______________________________ School's Phone No: _________________

Last Grade Completed: ______________ Grade Registering In: _______________

Treaty Number: ____________________ Band Name: _____________________

STUDENT MAILING ADDRESS

Apt. No. /Street: ______________________________ Community/Town/Village/City: ___________________

P.O. Box No: _________ Postal Code: ___________ Student Email Address: _______________________

Home Phone: _______________Cell Phone: __________________ Other Phone: __________________

Section/township/range __________________ Bus Driver: _______________________ *(if known)*

PARENT/LEGAL GUARDIAN AND CONTACT INFORMATION

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

Parent or Legal Guardian ☐ **Student lives with**

Relation to Student: ______________________________
Last Name ____________________________________
First Name____________________________________
Address if different from above: ____________________
____
City/Prov. _______________ Postal Code ____________
Home Phone ___________________________________
Cell/Other Phone _______________________________
Email ____
Employer: _____________________________________
Work Phone ______________ Ext. _______

Parent or Legal Guardian ☐ **Student also lives with**

Relation to Student: ______________________________
Last Name ____________________________________
First Name____________________________________
Address if different from above: ____________________
____
City/Prov. _______________ Postal Code ____________
Home Phone ___________________________________
Cell/Other Phone _______________________________
Email ____
Employer: _____________________________________
Work Phone ______________ Ext. _______

Parent or Legal Guardian ☐ **Student also lives with**

Relation to Student: ______________________________
Last Name ____________________________________
First Name____________________________________
Address if different from above: ____________________
____
City/Prov. _______________ Postal Code ____________
Home Phone ___________________________________
Cell/Other Phone _______________________________
Email ____
Employer: _____________________________________
Work Phone ______________ Ext. _______

EMERGENCY CONTACT *(if parent/guardian cannot be reached)*

Relation to Student: ______________________________
Last Name ____________________________________
First 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 No. _________________

FAMILY – Pre-School/School Age Siblings

Name: __________________________ Gr. _____ School__________________________ Age______

Name: __________________________ Gr. _____ School__________________________ Age______

Name: __________________________ Gr. _____ School__________________________ Age______

Name: __________________________ Gr. _____ School__________________________ Age______

Name: __________________________ Gr. _____ School__________________________ Age______

MEDICAL INFORMATION

Manitoba Health Registration No. ____________________________Personal Health I.D. No. ___________________________

Health Concerns/Allergies: ____

Family Doctor: ____ Phone: ____________________________

ABORIGINAL IDENTIFICATION DECLARATION

Aboriginal Identity Declaration Authorization and Statement of Understanding

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

2. Is your child an Aboriginal 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 Aboriginal cultural-linguistic identity?
   Please select up to two choices:
   - ☐ Anishinaabe (Ojibway/Saulteaux)
   - ☐ Ininiw
   - ☐ Dene (Sayisi)
   - ☐ Dakota
   - ☐ Oji-Cree
   - ☐ Michif
   - ☐ Inuktitut
   - ☐ Other-please specify:_____________________

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, School Newsletters, 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.

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

Name of Student(s)	Birthdate	Grade	Parents'/Guardians' Names
____________________	____________	_____	___________________________
____________________	____________	_____	___________________________
____________________	____________	_____	___________________________
____________________	____________	_____	___________________________

Does your child have any health care needs that the bus driver needs to be aware of? (eg, allergies, asthma, heart condition, bleeding disorder, seizures, medication, etc.) ____
____
____
____

Any special information or concerns the bus driver should be aware of: ___________________________________
____
____
____

Mailing Address: ____
Phone Number(s): ____
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

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.**

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

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

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

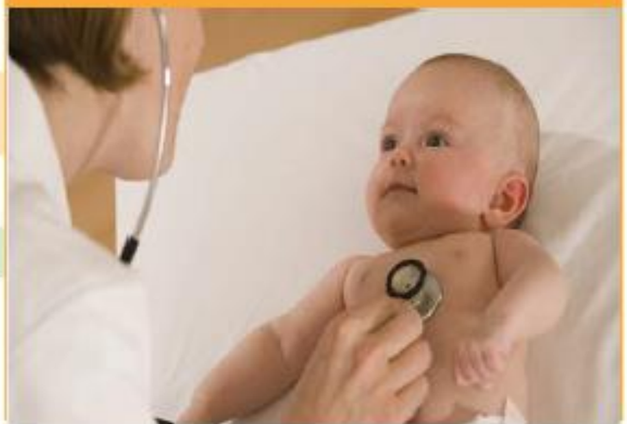
This Health Care Plan outlines your child's health history and the necessary interventions to support your child's health care needs while attending the community program.

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 predicable. 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**

Community Program Representative ☐

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

Type of community program (please √)	Community Program Name:	Location of Service: ☐ Same as on left
❑ School ❑ Licensed child care ❑ Respite ❑ Recreation program ❑ Other: ___________ _______________	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.

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

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

________________________________	________________________________	______________________
NAME (PRINT) *Parent/ Legal Guardian*	***SIGNATURE*** *Parent/Legal Guardian*	*DATE (YYYY/MMM/DD)*

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)? ☐ **YES** ☐ **NO**

Epinephrine auto-injector information

Type

- ☐ EpiPen® 0.15 mg (green)
- ☐ EpiPen® 0.3 mg (yellow)
- ☐ Allerject® 0.15 mg (blue)
- ☐ Allerject® 0.3 mg (orange)

Location - It is recommended that the child carries the epinephrine auto-injector at all times.

- ☐ Fanny pack
- ☐ Back pack
- ☐ Purse
- ☐ Other – Describe ________________________

Child has a 2nd (back-up) auto-injector available at the community program.

- ☐ YES Location ______________________
- ☐ NO

Other information about my child's life threatening allergy that community program should know.

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

ANAPHYLAXIS HEALTH CARE PLAN

Name:	Birth date:
IF YOU SEE THIS ➡	**DO THIS**

If ANY combination of the following signs is present and there is reason to suspect anaphylaxis:

Face
- Red, watering eyes
- Runny nose
- Redness and swelling of face, lips & tongue
- Hives (red, raised & itchy rash)

Airway
- Sensation of throat tightness
- Hoarseness or other change of voice
- Difficulty swallowing
- Difficulty breathing
- Coughing
- Wheezing
- Drooling

Stomach
- Severe vomiting
- Severe diarrhea
- Severe cramps

Total body
- Hives (red, raised & itchy rash)
- Feeling a "sense of doom"
- Change in behavior
- Pale or bluish skin
- Dizziness
- Fainting
- Loss of consciousness

DO THIS

1. Inject the epinephrine auto-injector in the outer middle thigh.
   a) Secure child`s leg. The child should be sitting or lying down in a position of comfort.
   b) Identify the injection area on the outer middle thigh.
   c) Hold the epinephrine auto-injector correctly.
   d) Remove the safety cap by pulling it straight off.
   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.
   f) Discard the used epinephrine auto-injector following the community program's policy for disposal of sharps or give to EMS personnel.
2. Activate 911/EMS.
   Activating 911/EMS should be done simultaneously with injecting the epinephrine auto-injector by delegating the task to a responsible person.
3. Notify parent/guardian.
4. A second dose of epinephrine may be administered within 5-15 minutes after the first dose is given IF symptoms have not improved.
5. Stay with child until EMS personnel arrive.
   Prevent the child from sitting up or standing quickly as this may cause a dangerous drop in blood pressure.

Antihistamines are NOT used in managing life-threatening allergies in community program settings.

Risk reduction strategies

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.

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?		☐ **YES** ☐ **NO**

TRIGGERS - List items that most commonly trigger your child's asthma.

RELIEVER MEDICATION (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)	☐ Salbutamol (e.g. Ventolin®, Airomir®) ☐ Symbicort®	☐ Other ______________
How many puffs of Reliever medication are prescribed for an asthma episode? (CHECK ONE)	☐ 1 puff ☐ 2 puffs	☐ 1 or 2 puffs ☐ other ______________
Where does your child carry his/her Reliever medication? (CHECK ONE)	☐ fanny pack ☐ backpack	☐ purse ☐ other ______________

Does your child know when to take their Reliever medication?	☐ Yes ☐ No	**Can your child take their Reliever medication on their own?**	☐ Yes ☐ No

CIRCLE the type of medication device your child uses for Reliever medication.

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:**

IF YOU SEE THIS:	**DO THIS:**
Symptoms of asthma • Coughing • Wheezing • Chest tightness • Shortness of breath • Increase in rate of breathing while at rest	1. Remove the child from triggers of asthma. 2. Have the child sit down. 3. Ensure the child takes Reliever medication (usually blue cap or bottom). 4. Encourage slow deep breathing. 5. Monitor the child for improvement of asthma symptoms. 6. If Reliever medication has been given and asthma symptoms do not improve in 5-10 minutes, contact parent/guardian. • *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.* 7. If any of the emergency situations occur (see list below), call 911/EMS.
Emergency situations • Skin pulling in under the ribs • Skin being sucked in at the ribs or throat • Greyish/bluish color in lips and nail beds • Inability to speak in full sentences • Shoulders held high, tight neck muscles • Cannot stop coughing • Difficulty walking	1. Activate 911/EMS. *Delegate this task to another person. Do not leave the child alone.* 2. Continue to give Reliever medication as prescribed every five minutes. 3. Notify the child's parent/guardian. 4. Stay with the child until EMS personnel arrives.

Signs that asthma is not controlled

If staff becomes aware of any of the following situations, they should inform the child's parent/guardian.

- Asthma symptoms prevent the child from performing normal activities.
- The child is frequently coughing, short of breath or wheezing.
- The child is using Reliever medication more than 3 times per week for asthma symptoms.

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.

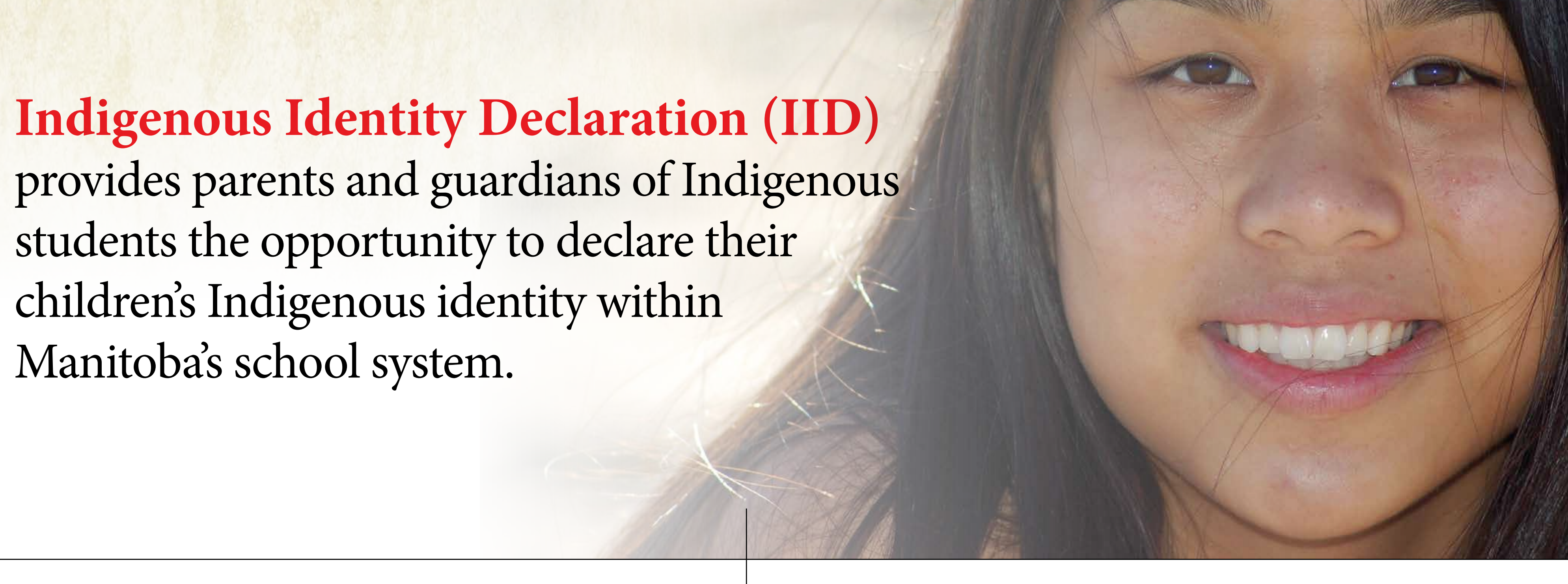
Nurse signature: ______________________________ **Date:** ____________________

Documentation

☐ **Instruction sheet for medication device attached**

Declare your child's

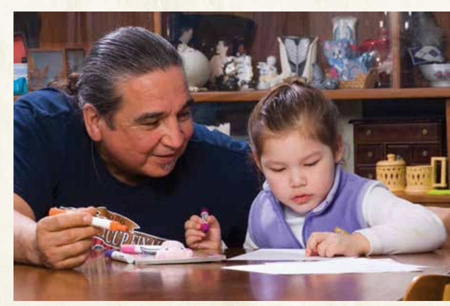
Indigenous Identity

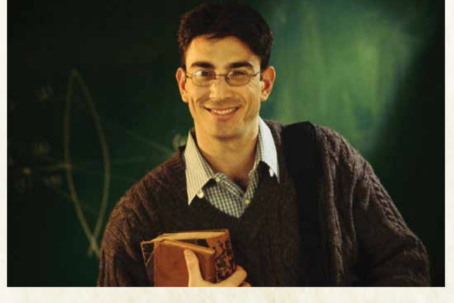


Indigenous Identity Declaration (IID) provides parents and guardians of Indigenous students the opportunity to declare their children's Indigenous identity within Manitoba's school system.

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)**.

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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.

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.

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 identity 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 lose of funds.