

Unified Referral and Intake System (URIS) Group B Application

<input type="checkbox"/> YES <input type="checkbox"/> NO	Ostomy Care	<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	Gastrostomy Care	<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	Clean Intermittent Catheterization (CIC)	<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	Pre-set Oxygen	<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	Suctioning (oral and/or nasal)	<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	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? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Bleeding Disorder (e.g., von Willebrand disease, hemophilia)	What type of bleeding disorder has the child been diagnosed with? _____
<input type="checkbox"/> YES <input type="checkbox"/> 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? _____
<input type="checkbox"/> YES <input type="checkbox"/> 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: _____



Beautiful Plains School Division

Media Release Form For Students

Beautiful Plains School Division (BPSD) acknowledges that a variety of different types of public relations initiatives exist to promote our students.

These include:

1. Internal
 - School updates of print and online material that is circulated within the division
2. External
 - School updates of print material to inform our community
 - Requests by media for interviews, photographs and/or video footage of school and/or divisional events
 - Content on our divisional/school website and divisional/school-based social media.

Please complete the following permission form to give your child permission to be included in the above information. To give permission, please check "Yes" in the boxes below.

Please Note:

- All signed release forms are valid until otherwise specified in writing to your child's school
- Parental cancellation of permission applies to materials/media produced for any upcoming internal/external public releases (ex. School/classroom newsletters, etc.)

Name of Student: _____
(Please print)

Name of School: _____

As the parent/legal guardian, by checking "**No**" to any of the boxes below, I understand that I **DO NOT GIVE** permission to reproduce, exhibit, broadcast and distribute through printed, audio, visual or electronic means, my child's photograph, video image, work samples or quotations for the following purposes:

Yes No School/Divisional content of print and online material

Yes No Requests by media for interviews, photographs and/or video footage of school and/or divisional events

Name of Parent or Legal Guardian: _____
(Please print)

Date: _____ Signature of Parent or Legal Guardian: _____



Responsible Student Use of Technology Agreement

BPSD supports and encourages the use of technology to enhance and facilitate learning. Technology supports educational environments that are innovative, creative, and engaging. This agreement applies to student use of BPSD and personal technology. BPSD technology resources include computers, devices, email, internet and network services.

PART A RESPONSIBLE USE OF TECHNOLOGY

BPSD is committed to educating responsible digital citizens who RESPECT, EDUCATE, and PROTECT themselves and others. When using BPSD technology or personal devices, all students are required to:

- Take precautions to ensure personal privacy is protected (avoid sharing personal or identifying information online).
- Protect the privacy of others (do not share their personal information, images, or video without consent).
- Be respectful to all (do not use technology to degrade, defame, bully, or harass others).
- Avoid inappropriate or offensive online content (do not access, forward, or share).
- Abide by copyright laws and fair-use guidelines for electronic content.
- Do not post/download/share illegal software, music, movies, or content.
- Report any concerns, misuse, or abuse of technology to school personnel.
- Take full responsibility for, and respectfully use any technology provided.
- Use personal technology only when permission is granted, and keep it stored away when not in use.
- Turn off all peer-to-peer software when using personal technology at school (music, video, and file-sharing).
- Connect only to school approved Wi-Fi sources or networks.

PART B PARENT/GUARDIAN AGREEMENT

1. As the Parent/Legal Guardian of the student listed on this form, I fully understand, accept, and support the responsible use of technology as outlined in PART A, and will review this agreement with my child (when age-appropriate).
2. I understand that the security, connectivity, care, and maintenance of my child’s personal technology is my responsibility, and that BPSD will not be responsible for the loss, theft, or damage as such. I also understand that when my child connects to the BPSD network, their personal technology may be monitored. I further acknowledge that the school principal or designate, at their discretion, may access and search my child’s personal technology - if there are reasonable grounds to believe a breach of school rules or policies has occurred.
3. I acknowledge that this agreement allows for my child to be given access to the Internet for educational purposes. This includes the use of, but is not limited to, desktop/mobile applications, email(G-suite) accounts or other services. I also recognize that BPSD cannot filter or restrict access to all unacceptable materials on the Internet. *[BPSD is confident in the effectiveness of our Internet filtering services, but we also recognize that there are no perfect filters. School staff will do their utmost to ensure students arrive at appropriate websites. Students are educated regarding online safety and best practices of digital citizenship, and we encourage parents/guardians to engage in discussion with their children on such matters.]*
4. I understand and accept that BPSD will not assume legal liability for the inappropriate or illegal use of technology by my child, and I agree to report any unacceptable online behavior of my child to the school principal or designate. This includes, but is not limited to, communication or postings that indicate or suggest unethical or illegal activities, racism, hatred, or harassment. Furthermore, I recognize that violation of the terms of this agreement may result in loss of BPSD network use for my child, and/or possible disciplinary action.

STUDENT: _____ SCHOOL: _____ DATE: _____
DAY/MONTH/YEAR

PARENT/GUARDIAN: _____
PRINT NAME SIGNATURE REQUIRED

*This agreement shall remain in effect as long as your child is registered with the Beautiful Plains School Division, and is applicable for all grades. If you have any concerns or questions, please contact the school principal.
Updated: October 2019*