

Bienvenue à École Laurier

C.P. 100 Laurier, Manitoba R0J 1A0
Téléphone 447-2068 Télécopieur 447-3048

Directrice/Principal Mme Christine VanHumbeck cvanhumbeck@trsd.ca
Secrétaire/Secretary Mme Tracy Delaurier tdelaurier@trsd.ca

Nous sommes une école d'immersion française, de la prématernelle à la 8^{ième} année qui offre une excellente éducation dans les deux langues officielles. Nous offrons un environnement d'apprentissage linguistique riche en situations d'apprentissage authentiques pour apprendre la langue française. Votre enfant profitera d'une deuxième langue ainsi que l'attention individuelle réservée à une petite classe.

We are a French Immersion school and provide an excellent education in both official languages from Jr. Kindergarten to Grade 8. We offer a linguistically rich learning environment where students are immersed into the French language and exposed to a variety of authentic learning situations. We provide a smaller classroom setting which will give your child more individualized attention with the classroom teacher.

ecolelaurier.ca





**Junior
Kindergarten
Program
2025-2026**

Turtle River School Division
Box 309 – 808 Burrows Road
McCreary, MB
R0J 1B0
www.trsd.ca



What: French Junior Kindergarten Program

Where: École Laurier

Who: Children entering Kindergarten in
September 2026

When: Monday/Wednesday/Friday (beginning Sept. 8th)

Cost: Free

Parents can register their child at the Turtle River School Division office or at École Laurier between February and August. Please contact the TRSD office or the school for more information about how to register.

Turtle River School Division

Box 309, 808 Burrows Road

McCreary, MB R0J 1B0

M-F 8:00 a.m. to 4:00 p.m.

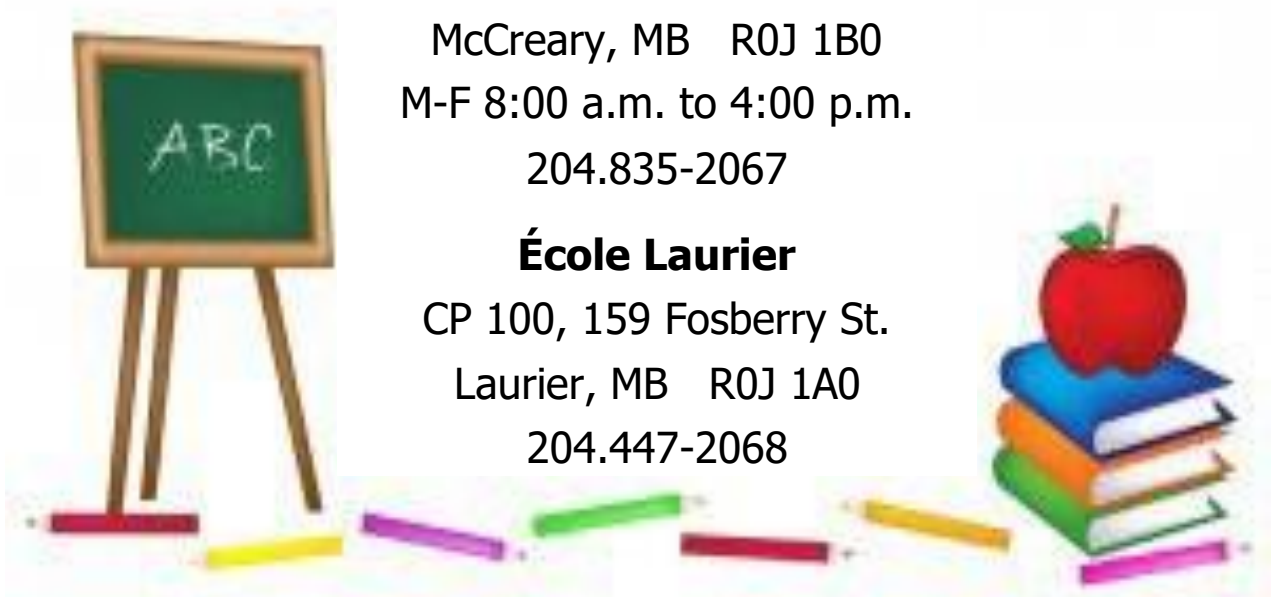
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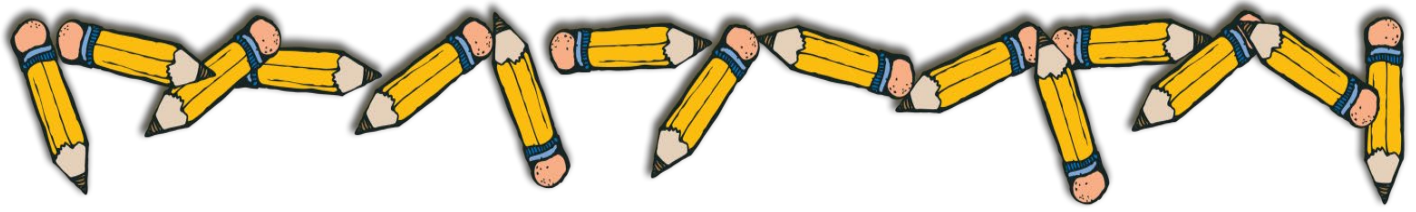
École Laurier

CP 100, 159 Fosberry St.

Laurier, MB R0J 1A0

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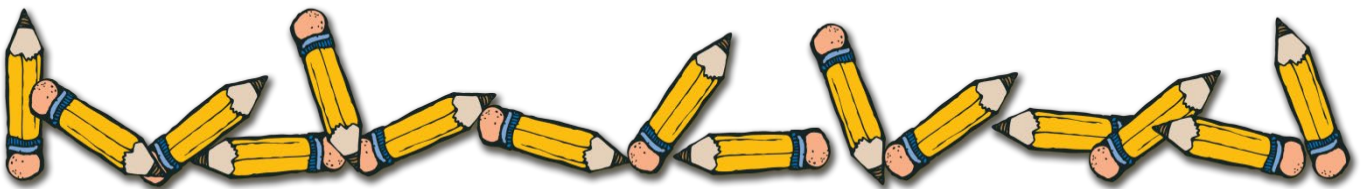
Junior Kindergarten is a program in Turtle River School Division that introduces our future kindergarten students to the daily routine of school. It is scheduled for three (3) full days per week: Monday, Wednesday, and Friday.

Activities will include:

- Circle and story time
- Introduction to academic fundamentals (letters, shapes, numbers)
- Exposure to the French language and culture
- Social interaction among peers and adults
- Free play and movement (gym or playground)
- Fine motor activities (art, crafts, drawing, puzzles)

Expected Outcomes:

- Introduce parents and child to school environment
- Orientation to classroom routines and expected behaviors
- Improve social skills
- Relieve possible anxieties for starting school





Parents or caregivers are welcome to attend with their child, if this suits the best needs of their child and the program. If a child needs assistance of any sort, the parents are responsible for working with the school to help meet the needs of their child.

Due to provincial regulations, buses cannot be used to transport students to and from school. Parents will be responsible for arranging transportation.

Parents must provide a healthy lunch and snack for each school day.

Research tells us that high quality early childhood education can positively affect the long-term academic success, as well as the long-term health and well-being of our children. Student success begins in the early years (0-5), which is a critical time for children's essential growth and development, and is the foundation for lifelong learning.



Jr. Kindergarten School Supply List

2025/2026

Please label all items with your child's name.

- \$20.00 to cover costs of classroom supplies (cheques made payable to École Laurier)
- Indoor Running shoes (non-marking soles - Velcro is best)
- 1 box of Kleenex
- 1 school bag
- 1 lunch kit
- 1 water bottle
- Blanket for rest time
- Change of clothing in a bag (underwear, socks, pants, shirt)



Articles Scolaires Pré-Maternelle

2025/2026

Veuillez identifier tous les articles avec le nom de votre enfant.

- 20\$ pour couvrir les achats du matériel préscolaire
- Les espadrilles à semelles non marquantes (Velcro)
- 1 boîte de Kleenex
- 1 sac à dos
- 1 boîte à lunch
- Une bouteille d'eau
- Une couverture pour la période de repos
- Sac contenant des vêtements de rechange (culotte, bas, pantalon, chandail)

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.

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 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.





**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

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**



École Laurier
CP 100
Laurier, MB R0J 1A0
204-447-2068

« A l'École Laurier, mon Français m'ouvre les portes du monde. »

Dear Parents,

Please be advised that the Department of Education and Training require that families provide school officials with one piece of valid identification as proof of age/eligibility at the time a student registers for school. Acceptable forms of identification include any of the following:

- Birth Certificate
- Baptismal Certificate
- Certificate of live birth
- Health card
- Statutory declaration

Thank you for providing these documents.

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.

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 <i>(please ✓)</i> <input type="checkbox"/> School <input type="checkbox"/> Licensed child care <input type="checkbox"/> Respite <input type="checkbox"/> Recreation program <input type="checkbox"/> Other: _____ _____	Community Program Name:		Location of Service: <input type="checkbox"/> Same as on left	
	Contact person:		Contact person:	
	Phone:	Fax:	Phone:	Fax:
	Email:		Email:	
	Mailing address:		Mailing address:	
	Street address:		Street address:	
City/Town:		City/Town:		
Postal Code:		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	Life-threatening allergy and child is prescribed an injector (e.g. Epi-Pen®/ Taro Epinephrine®/ Allerject®) <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	Asthma (administration of medication by inhalation) <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> ? IF NO , describe what your child needs help with: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Seizure disorder What type of seizure(s) does the child have? _____ <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	Diabetes What type of diabetes does the child have? <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <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	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/MM/DD)
Mailing Address: _____	City/Town: _____	Postal Code: _____
Work/Daytime Phone: _____	Cell Phone: _____	Home Phone: _____
Email: _____		