



## STUDENT HEALTH AND MEDICAL ALERT INFORMATION

If student has any medical concerns please complete the appropriate forms at the school: Individual Plan of Care; Authorization for Administration of Daily Prescription Medication; and/or Authorization for Administration of PRN Prescription Medication.

## PARENT/LEGAL GUARDIAN INFORMATION

Custody Information:  Both Parents  Mother Only  Father Only  Shared  Joint  Guardian  CAS

Living with:  Both Parents  Mother Only  Father Only  Guardian  Other  CAS

Copy Written Custody Agreement, or Court Order Provided

Guardianship:  Custody Agreement reviewed

If there is no Custody Agreement, then all the following criteria must be met (check Yes or No) in order for the child to attend school without the payment of a tuition fee:

Yes  No The student is a Canadian citizen or a permanent resident of Canada.

Yes  No The guardian is a member of the student's immediate family and resides in Ontario in the school board jurisdiction in which the student wants to attend school. Immediate Family Relationship (please specify): \_\_\_\_\_

Yes  No The guardian is assuming full responsibility for the care and well-being of the student, and the student is residing with the guardian through the custody period.

Yes  No A written agreement is in place between the parents of the student and the guardian that sets out all of the above, as well as the respective responsibilities of the parents and the guardian.

Parent/Guardian: Relationship to Student \_\_\_\_\_  
First Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian: Relationship to Student \_\_\_\_\_  
First Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ E-mail \_\_\_\_\_

Other (please specify): \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
First Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ E-mail \_\_\_\_\_

It is the parent/guardian's responsibility to provide the school with written notification of relevant health and custody access information. For every student an Ontario Student Record (OSR) folder is maintained. This is a record of the student's school history and as such is a very significant document. Student's, parents/guardians of students under the age of 18, unless has been denied by a court order, have access to the OSR and are encouraged to confer with school officials regarding its contents. The above information has been provided with the approval of the individuals listed.

Parent/Guardian (Print Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

Notice of Collection: The personal information provided on this form and any other correspondence relating to involvement in Board programs is collected by the Thames Valley District School Board under the authority of the Education Act and Regulations (R.S.O. 1990 cE.2) as amended. The information will be used to register the student in a school, for the collection of applicable student/activity fees, as well as for any consistent purpose. Information is shared with employees such that they may carry out their job duties. In addition the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to law enforcement matters, or in accordance with an other Act. For questions about this collection, contact the Board's Freedom of Information Coordinator, Thames Valley District School Board, 1250 Dundas Street, London, ON N6A 5L1, Telephone 519-452-2000 ext. 20218.



Dear Parents/Guardians:

As your child registers for attendance in the Thames Valley District School Board, we wish to make his/her transition as smooth as possible. The transfer of student records contained in the Ontario Student Record from your child’s former school district can take some time.

If your child has any special concerns, either physically, academically, or behaviourally, it can be beneficial for there to be communication between the former school and the new school prior to the delivery of their records, in order to meet your child’s needs. In order for this to occur, your permission is required.

Information to be shared includes, but is not exclusive to, that which is contained in the Ontario Student Record. This information is obtained and used only for the improvement of instruction and other education of the student in accordance with the Education Act, (R.S.O. 1990, s.266(2)) and is collected, transmitted, retained and disposed of confidentially in accordance with the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c. M. 56). Permission is granted for one year from date of signing.

I, \_\_\_\_\_, give my permission for the Principal/Designate of \_\_\_\_\_ and the Principal/Designate of \_\_\_\_\_, in \_\_\_\_\_ to communicate and share information with each other in regards to the programming needs for:

Name of Child: \_\_\_\_\_ (please print)

Date of Birth: \_\_\_\_\_ (yyyy/mon/day)

OEN Number: \_\_\_\_\_ (if available)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date