FIELD TRIP CONSENT FORM
Teslin School
2022 - 2023

Student: _____

Grade: _____

Teacher: _____

Activity: School/class field trips in Teslin area throughout the school year.

I give permission for _____ to participate in field trips in the Teslin area throughout the 2022 – 2023 school year.

I understand that all reasonable precautions will be taken for the safety of my child and that students will be expected to respect the authority of their supervisors. I hereby release Teslin School and the Department of Education, its agent and any person officially connected with the field trip from all liability for any injuries or damages arising from my child's participation in this field trip.

Yes, I will help with field trips! ☐ No, I am unable to help with field trips. ☐

_____
Signature of Parent/Guardian

_____
Date

_____
Cell phone

_____
Home Phone

_____
Work Phone

Yukon

MEDICAL INFORMATION
APPENDIX / FORM #5

GENERAL INFORMATION			
Name of student		☐ Male ☐ Female ☐ _____	Date of birth YYYY / MM / DD
Home address	City	Prov./Terr.	Phone
IN CASE OF EMERGENCY PLEASE NOTIFY:			
Name	Relationship		Phone day
Home address			Phone evening
Family doctor	Doctor's number		

MEDICAL HISTORY

It is important that the history be as complete and accurate as possible. Previous and current medical problems including all previous surgery as well as any significant injuries should be checked off.

☐ Epilepsy	☐ Skin disease	☐ Bleeding	☐ Dislocated joint
☐ Diabetes	☐ Heart problem	☐ Vision impairment	☐ Concussion
☐ Infectious mononucleosis	☐ Neck injury problem	☐ Eyeglasses/contacts	☐ Thyroid disorder
☐ Back injury problem	☐ Kidney disease	☐ Asthma	☐ Shoulder injury
☐ Tendinitis	☐ Sprain	☐ Knee injury	☐ Cast
☐ Metal plate, screw, pin If so, where? _____		☐ Brace/support required? If so, where? _____	

Other

Relevant family medical history

ALLERGIES

TO MEDICATION/DRUGS	TO FOOD	OTHER

CURRENT MEDICATIONS

PRESCRIPTION	DOSAGE	FREQUENCY

_____ _____ _____

Parent/legal guardian name (print) Signature of parent/legal guardian Date

The personal information contained on this form is being collected under the authority of the *Education Act* and s.29(c) of the *Access to Information and Protection of Privacy Act (ATIPP)* for the purpose of facilitating student health care when required. For more information about the collection, use and disclosure of personal information, please contact Yukon Education's Privacy Management Coordinator at (867) 667-8326.

YG(6075EQ)F1 Rev.08/2018

Khàtìnas.àxh Community School

#1 School Road
Teslin, YT Y0A 1B0
867-390-2570

Dear Parent/Guardian:

During the school year, we take photographs of school activities involving students to share the school's activities, achievements, and updates. By which incidentally, some photographs may capture your child's participation, directly or indirectly.

These photos may be published through our website, social media pages, newsletters, and ads.

With this, we seek for your consent in allowing us to publish photos which may involve your child to the said platforms.

Please provide your response by selecting your choice below and returning this form to the school:

Photo Release Consent for (Name of Student)_____

- o I hereby allow the reproduction and publication of my child's photograph(s)
- o I do not allow the reproduction and publication of my child's photograph(s)

Name of Parent_____

Signature_____

Khàtìnas.àxh Community School
Box 10, Teslin, Yukon, Y0A 1B0 Tel: (867)390-2570
Dr. Alexandrea (Rea) Postoloski – Principal
rea.postoloski@yukon.ca

PREDATORS ROAR

****IMPORTANT: PLEASE READ AND COMPLETE****

August 19, 2022

Dear Parents and Guardians,

Yukon schools teach Comprehensive Sexual Health Education as part of the Physical and Health Education curriculum for Grades Kindergarten to Grade 12.

https://curriculum.gov.bc.ca/curriculum/physical-health-education

A nurse from Yukon Health will be visiting the school this year to assist in delivering this important information to students. In addition, health will be taught regularly each week in PE class.

Pre-Kindergarten to Grade 3 will cover scientific names of body parts.

Grades 4-12 will cover taking care of our body, puberty, and reproduction, as well as healthy decision making.

Grades 7-12 will include a session on communicable diseases and sexual practices/decision making (visuals may be presented).

Please sign the form and indicate if you would like to have your child participate or to NOT have your child participate in the sessions at school and would prefer to address these topics at home.

Yours in education,

Dr. Rea Postoloski

Dr. Rea Postoloski
Principal – Khatinas.axh School

Khàtìnas.àxh Community School
Box 10, Teslin, Yukon, Y0A 1B0 Tel: (867)390-2570
Dr. Alexandrea (Rea) Postoloski – Principal
rea.postoloski@yukon.ca

PREDATORS ROAR

Option 1 (you want your child to participate):

I, _____ (print parent/guardian name), do **herby give permission** for my child, _____ (print child's name) to participate in the Community Health Nurse presentation on Health curriculum.

_____ (Signature) _____ (date)

Option 2 (you do <u>NOT</u> want your child to participate):

I, _____ (print parent/guardian name), do **<u>NOT</u>** give permission for my child, _____ (print child's name) to participate in the Community Health Nurse presentation on Health curriculum.

_____ (Signature) _____ (date)

TESLIN TLINGIT COUNCIL

Authorization for Disclosure of student information

Date:_____

Student:_____Grade:_____

Parent/Guardian:_____

Contact #1: Contract #2:

Name:_____Name:_____

Address:_____Adress:_____

Cell/Phone:_____Cell/Phone:_____

Email:_____Email:_____

I give consent to the Teslin Tlingit Council Sr Education support Manager Robin Smarch and the Whitehorse Education Support worker Lenora Minet to provide TTC education services/program and supports. In matters that directly involve my child with in the Teslin school, Fh Collins, Vanier,Porter Creek, ILC, Wood street, and Gadzoosdaa. I also give the Yukon Dept of Education, as represented by Teslin Tlingit Council permission to give information such as: academic behavior, discipline, and attendance, data about my child to the TTC education support workers.

The Teslin Tlingit Council education is:

Robin Smarch – Sr Education support worker/acting education Manager covers all TTC citzens in all schools in the Yukon from k4-12 and the Gadzoosdaa residence.

Lenora Minet Whitehorse Education support worker covers all High schools FH Collins, Porter Creek, Vanier, Woodstreet, ILC, Gadzoosdaa.

This agreement can be terminated at any time by the parent/guardian with a written or verbal request to the Teslin Tlingit Council support workers.

Parent/Guardian signature(s)_____date:_____

_____date:_____

Please return this form to Robin Smarch by scan and email: Robin.smarch@ttc-teslin.com

Box 133 Teslin, Yukon Y0A 1B0 Phone: 867.390.2532 Fax: 867.390.2176

Yukon

YUKON CHILDREN'S DENTAL PROGRAM

CONSENT FOR EXAMINATION AND PREVENTION SERVICES

ENROLMENT FOR 2022/2023 SCHOOL YEAR

Child's information

Name of child		Sex ☐ F ☐ M	Date of birth / /
Address			Postal code
Parent/guardian name	Work phone		Home phone
Parent/guardian name	Work phone		Home phone
Email(s)			

School history

What school did your child last attend?	What school is your child attending this year?	Grade

Has your child been enrolled in the Yukon Children's Dental Program before? ☐ Yes ☐ No

Medical history

Is your child currently under a doctor's care for an illness? ☐ Yes ☐ No

Is your child currently taking any medications? ☐ Yes ☐ No

If yes, list medications your child is currently taking: _____

Has your child ever been hospitalized? ☐ Yes ☐ No

If yes, list date(s) and reason(s): _____

Does your child smoke or use tobacco related products? ☐ Yes ☐ No

Has your doctor advised you that your child requires antibiotics before surgery or dental treatment? ☐ Yes ☐ No

Is your child pregnant? ☐ Yes ☐ No

Indicate if your child has/had:

☐ a reaction to dental treatment
☐ rheumatic fever
☐ heart murmur
☐ abnormal bleeding
☐ cancer (e.g. leukemia)
☐ liver disease (e.g. hepatitis, jaundice)
☐ thyroid disease
☐ high blood pressure
☐ allergies (e.g. food, medicine, latex, bees)
☐ asthma
☐ epilepsy
☐ diabetes
☐ heart disease
☐ kidney disease
☐ a communicable disease (e.g. tuberculosis, sexual transmitted infection, HIV infection)

If you answered yes or indicated your child has had any of the conditions listed above, or if your child has (or is being investigated for) a condition or disease not listed above, explain:

To provide a positive dental experience, advise if there are any reasons your child may have difficulties with dental services (disabilities – diagnosed or undiagnosed – or any behavioral struggles). We may contact you or your child's teacher for further information on how we can best provide service to your child:

Are your child's teeth brushed at least 2 times a day? ☐ Yes ☐ No ...and flossed daily? ☐ Yes ☐ No

☐ **YES, I CONSENT** to my child receiving a dental examination by a dentist or dental therapist.

As part of the examination, the services listed below may be provided by dental program staff.

You must indicate the service(s) you consent to your child receiving:

☐ **x-rays** ☐ **cleaning of teeth** ☐ **sealants** ☐ **fluoride**

Provide any additional notes for the dental program regarding your child's treatment:

_____

_____

Following the dental examination, if your child requires restorative dental treatment (i.e. fillings, extractions etc.) a Consent for Treatment form will be sent to obtain consent prior to providing treatment.

☐ **NO, I DO NOT CONSENT** to my child being enrolled in the Yukon Children's Dental Program.

_____ / /

Signature of parent/legal guardian Date

You may obtain a written statement of Health and Social Services information practices at www.yukon.ca/healthprivacy or by contacting the department's Privacy Officer at healthprivacy@yukon.ca.

If you have any questions or concerns, call the Yukon Children's Dental Program at 867-667-8360 (1-800-661-0408 extension 8360 toll-free in Yukon).

Return this consent form to the school.

PROGRAMME YUKONNAIS DE SOINS DENTAIRES POUR ENFANTS

CONSENTEMENT À L'EXAMEN ET AUX SERVICES DE PRÉVENTION

INSCRIPTION POUR L'ANNÉE SCOLAIRE 2022-2023

Renseignements sur l'enfant

Nom de l'enfant		Sexe ☐ F ☐ M	Date de naissance / /
Adresse			Code postal
Nom du père ou de la mère/tuteur	Tél. (travail)		Tél. (domicile)
Nom du père ou de la mère/tuteur	Tél. (travail)		Tél. (domicile)
Courriel			

Antécédents scolaires

Quelle est la dernière école fréquentée par votre enfant?	Quelle école votre enfant fréquente-t-il cette année?	Niveau

Votre enfant a-t-il déjà été inscrit au Programme yukonnais de soins dentaires pour enfants? ☐ Oui ☐ Non

Antécédents médicaux

Votre enfant est-il suivi par un médecin pour le traitement d'une maladie? ☐ Oui ☐ Non

Votre enfant prend-il actuellement des médicaments? ☐ Oui ☐ Non
Si oui, indiquez lesquels : _____

Votre enfant a-t-il déjà été hospitalisé? ☐ Oui ☐ Non
Si oui, indiquez les dates et les raisons de son hospitalisation : _____

Votre enfant fume-t-il ou consomme-t-il des produits du tabac? ☐ Oui ☐ Non

Votre médecin vous a-t-il avisé que votre enfant doit prendre des antibiotiques avant de subir une intervention chirurgicale ou un traitement dentaire? ☐ Oui ☐ Non

S'il s'agit d'une fille, est-elle enceinte? ☐ Oui ☐ Non

Indiquez si votre enfant souffre ou a déjà souffert...

- ☐ de réactions à un traitement dentaire
- ☐ de fièvre rhumatismale
- ☐ de souffle cardiaque
- ☐ de saignements anormaux
- ☐ d'un cancer (ex. leucémie)
- ☐ d'une maladie transmissible (ex. tuberculose, ITS, VIH)
- ☐ d'une maladie du foie (ex. hépatite, jaunisse)
- ☐ d'une maladie thyroïdienne
- ☐ d'allergies (ex. aliments, médicaments, latex, abeilles)
- ☐ d'une maladie du rein
- ☐ d'une maladie du cœur
- ☐ d'épilepsie
- ☐ de diabète
- ☐ d'asthme
- ☐ d'hypertension

Si vous avez répondu oui ou avez indiqué que votre enfant souffre de l'un des troubles ci-dessus, ou si votre enfant souffre de troubles médicaux ou de maladies qui ne sont pas indiqués ci-dessus (ou s'il passe actuellement des tests médicaux à ce sujet), veuillez fournir des explications :

Pour rendre la visite dentaire plus agréable, dites-nous si votre enfant éprouve des difficultés à recevoir des services dentaires (incapacités – confirmées ou non – ou difficultés comportementales). Nous pourrions vous contacter ou contacter l'enseignant de votre enfant à ce sujet afin de trouver la meilleure façon de lui fournir les services :

Votre enfant se brosse-t-il les dents au moins deux fois par jour? ☐ Oui ☐ Non
Utilise-t-il la soie dentaire quotidiennement? ☐ Oui ☐ Non

☐ **OUI, JE CONSENS** à ce que mon enfant subisse un examen dentaire effectué par un dentiste ou thérapeute dentaire. Les services ci-dessous peuvent faire partie de l'examen. **Indiquer ceux que vous désirez que votre enfant reçoive :**

☐ **radiographies** ☐ **nettoyage des dents** ☐ **scellant dentaire** ☐ **traitement au fluorure**

Veuillez fournir tout autre renseignement concernant le traitement de votre enfant dans le cadre de ce programme de soins dentaires : _____

À la suite de l'examen dentaire, si votre enfant a besoin d'un traitement de dentisterie restauratrice (ex. obturations, extractions), vous recevrez un formulaire de Consentement au traitement. Aucun traitement ne sera effectué sans votre consentement.

☐ **JE REFUSE** que mon enfant soit inscrit au Programme yukonnais de soins dentaires pour enfants.

Signature du parent/tuteur légal _____ Date / /

Pour consulter les pratiques de Santé et Affaires sociales en matière de renseignements, visitez le www.yukon.ca/fr/protection-renseignements-médicaux ou envoyez un courriel à l'agent de la protection de la vie privée, à healthprivacy@yukon.ca.

Si vous avez besoin de précisions, veuillez contacter le personnel du Programme yukonnais de soins dentaires pour enfants, au 667-8360 ou (sans frais au Yukon) au 1-800-661-0408 (poste 8360).

Le présent document a été rédigé sans distinction de genre.

Ce formulaire doit être retourné à l'école.