



Collection of Personal Information Notice

The [FOIP Act](#) (Freedom of Information and Protection of Privacy) sets controls and standards on how public bodies, such as school boards, collect, use and disclose personal information that is in their custody or under their control.

The FOIP Act requires that school boards collect personal information directly from individuals the information is about, that these individuals be provided with the legal authority for the collection, be explained the purpose of the collection and how the information will be used, and be provided a contact person should they have any questions relating to this activity.

The information collected on this form as part of the school registration process is personal information as referred to in the FOIP Act. This personal information is collected pursuant to the provisions of the School Act and its regulations (e.g. for the establishment of a student record, determination of residency) and pursuant to section 33(c) of the FOIP Act as the collection is related directly to and is necessary to a school board's obligation to provide students with an education program that meets their needs and to provide a safe and secure school environment (e.g. program placement, determination of eligibility and/or suitability for provincial or federal funding, contact and health related information in the event of problems or emergencies). Personal information may also be provided to the Minister of Education for the purpose of carrying out programs, activities, or policies under his administration (e.g. research, statistical analysis).

Once the information is collected and compiled, Pembina Hills Regional Division No. 7 believes the uses listed below are part of a vital, healthy and functioning school and participation of all students is important and encouraged. Here are examples of activities where the information may be used:

- the taking of individual, class, team or club photos for school purposes.
- the use of student information, including photos, for the issuance of bus transportation passes and for other identification purposes.
- the use of students' names in honour rolls, work ethic (listings), graduation ceremonies, scholarship or other awards within the school or school division.
- the use of students' names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards or scholarships in the event the board applies on a student's behalf.
- the use of students' names, related contact information and telephone numbers for absenteeism verification.
- the taking of photos and/or videos of classroom activities, and their use by the media or other organizations where students are not interviewed or identified by name or face. Where individual students are identified or interviewed and the material will be used outside the school, your consent is required. Please note that photos and/or videos of school activities that are open to the general public may be taken and used for purposes within and outside of the school.
- the taking of photos/videos of classroom or other school activities by the school board where the material will be used within the school. Where individual students are identified or interviewed and the material will be used outside the school, your consent is required.
- the use of students' names on artwork or other creative work or material of students displayed at school or school board locations or at a school board sponsored display in the community, provided Form 3-48 is properly completed. [Note that this relates to the Copyright Act (Canada), not the FOIP Act]

If you have any questions or concerns regarding the collection and the intended purposes, please contact your school principal or the FOIP Coordinator at 780-674-8500.

Please complete the **Student Information – General Consent Form** on Page 2. >>>



Student Information – General Consent

As indicated in the "Collection of Personal Information Notice" (see Page 1), Pembina Hills Regional Division No. 7 does not require your consent to record or tape your child, reproduce your child's work, or to display your child's work provided this material is used in the school or at a school board location. The Division also does not require your consent to use your child's name, photograph or comments about your child in a school calendar or internal newsletter. However, we do require your consent to display this information when the school calendar or newsletter is posted on the school or division website.

Many school events, which are open to the public, are not subject to some of the conditions of the FOIP Act. These events may include general assemblies, concerts, school plays, academic focused activities and athletics. The general public, parents and the media may be in attendance and are allowed to take photographs, videos and conduct interviews, without first obtaining consent. The media are expected to work cooperatively with schools within the realm of mutually agreed upon guidelines and protocol.

There may be times when television, radio, newspaper, community organizations and the staff of the school division are in schools providing outside coverage of events and programs not included in the public events category described above, in which consent is required. We also require your consent if your child's work or your child's personal information will be used or displayed in the community away from the school or school board location (ie. school website or division website). Please indicate your consent below.

Student Name: _____ A.S.N. _____

As parent / guardian of the above named student, I give consent to the:

- 1. Yes No Taking of photos and videos of my child at non-public events (ie. classroom activities, field trips), and the display of my child's creative work (art, story, poem):
By the school or division for use on the school or division website, social media sites, and newsletters.
By the media for use outside the school community.
- 2. Yes No Disclosure of my child's full name (first and last name) along with his/her creative work, photos and videos in the above mentioned uses.
- 3. Yes No Announcement of my child's birthday at school.

If you have any specific concerns regarding the disclosure of your child's personal information, please contact your school office. For more information you may contact your school Principal or the Pembina Hills FOIP Coordinator at 780-674-8500.

If you wish to make changes to this consent form, you may do so at any time by contacting your school office.

Parent / Legal Guardian (Please Print): _____

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

(If 18 years of age or older)

As required, the school will contact parents for additional permissions using the forms below:

[Form 3-47 – Student Information – Specific Consent](#)

[Form 3-48 – Student Creative Work – Copyright Release](#)

[Form 3-49 – Student Participation in Web-Based Communication – Consent](#)

Refer to [Exhibit – Student Permission Forms Flowchart](#) to determine the form(s) that are required.

This information is collected under the Authority of the Freedom of Information and Protection of Privacy Act Section 33 (c). This information will be used to identify practices or conditions which may affect the safety and care of individuals.

STUDENT INFORMATION				
Legal Name	Last Name	First Name	Middle Name(s)	
Date of Birth	MM-DD-YYYY			
Address		City, Province	Postal Code	
Phone Number	Res	Cell (optional)		
Parent/ Guardian 1	Last Name	First Name	Relationship to Student	
	Email	Res	Work	Cell
	Address (if different from student)	City, Province	Postal Code	
Parent/ Guardian 2	Last Name	First Name	Relationship to Student	
	Email	Res	Work	Cell
	Address (if different from student)	City, Province	Postal Code	

EMERGENCY AND MEDICAL INFORMATION				
Family Doctor		Phone		
Dentist		Phone		
In case of emergency, school closure, or if no one answers the home telephone number, please provide us with names and phone numbers of emergency contacts other than parents or guardians:				
Last Name	First Name	Relationship	Res	Cell
Last Name	First Name	Relationship	Res	Cell

Please check the appropriate response and provide details below if you answer "yes" to any of the questions:			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Carries an epiPen	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Previous history of concussions	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wears dental appliance	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Seizures and/or epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wears glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Been admitted to hospital in the last year	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vaccinations up to date	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Date of last Tetanus Shot	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has had injuries requiring medical attention in the past year	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trouble breathing during exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Presently injured	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Head or back injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Surgery in the last year	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fainting or seizure during or after physical activity	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wears medical information bracelet /necklace	<input type="checkbox"/> Yes <input type="checkbox"/> No
		For what purpose?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please give details if you answered "yes" to any of the above. (use a separate sheet if necessary)			

DECLARATION	
I understand that it is my responsibility to keep the school advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, the school will arrange to take the student to the hospital or a physician if deemed necessary. I also authorize release of information to appropriate people (physician, nurse) as deemed necessary.	
Signature of Custodial Parent/ Legal Guardian/ Independent Student	Date (MM-DD-YYYY)

IMPORTANT:

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Technology Acceptable Use Agreement for K-12 Students

1. I will follow the rules when using technology.
2. I will be polite and use appropriate language on the computers.
3. I will keep my password secret and secure.
4. I will not copy anyone's work.
5. I will take care of the computer equipment.

I understand that if I break the rules, I will not be allowed to use technology resources (computers, iPads, software, etc.).

User Name: (please print) _____ Grade: _____

Signature: _____

As the parent or legal guardian of the student signing above, I have read and discussed this Technology Acceptable Use Agreement with my child, and grant permission for my child to use the Division's technology and the Internet. I understand:

- that the school's computing resources are designed for educational purposes.
- that the use of filters and supervision while students are using the Internet does not guarantee that students will not access inappropriate materials. Students must report inappropriate access of material in school to a teacher or responsible staff person.
- that it is impossible for the school to restrict access to all controversial matters.
- that I will not hold the school or Division staff responsible for materials acquired on the Internet.
- that violations of these rules may result in disciplinary action of my child, including
 - a suspension or expulsion from school,
 - the loss of my child's privileges to use the school's or Division's information technology resources.
- that violations may also result in referral to police or legal action, if the matter is suspected to be criminal in nature.

I hereby give permission to issue an account for my child.

Parent or Legal Guardian's Name: (please print) _____

Parent Signature: _____

Date: _____

For access to the procedure:

- a. [AP 80-05 Technology Acceptable Use](#)
- b. Contact the school administration



Informed Consent/Permission for Extra-Curricular or Co-Curricular Trips, Field Trips and Excursions

(Students Under 18 Years) To be completed for all off-campus trips including extra-curricular trips, co-curricular trips, field trips, excursions within Alberta, and excursions within Canada

School	Barrhead Composite High School		
Class/Group	BCHS small group(s) OR class(es) OR whole school	Number of students:	1-700
Lead Teacher Name	BCHS Staff (varies)	Dates of Trip:	Within the 2017-18 school year
Event and Destination	Within walking distance of BCHS (Terry Fox Run, walking trails, PE activities in town, etc.)		
Post-event Pick Up Procedure (Teacher)	Students will be returned to school for regular bus, walk home, or pick up. Parents will be notified if alternate arrangements need to be made.	Other Pick-Up Arrangements	(to be completed by Parent, if required)

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

A. MODE OF TRANSPORTATION: School Bus Volunteer Vehicle Other (specify) walking

PARENTS, please note: Please call (780) 674-8509 to ensure that the bus driver is aware of any concerns or conditions specific to your child.

B. ELEMENTS OF RISK:

Educational activity programs, such as walk, swim, bike, skate, etc. involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in activities within walking distance of BCHS:

List all Elements of Risk:

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in activities within the area on Sept 2017 - June 2018, you must understand that you bear the responsibility for any injury that may occur.

Pembina Hills Regional Division No. 7 does provide student accident insurance on behalf of the students participating in this activity. The student accident insurance policy is purchased through Industrial-Alliance Pacific (Box 5900, Vancouver, BC V6B 5H6) and policy details are available at the school, board office and/or by calling Industrial-Alliance Pacific at 1-800-556-7411.

C. ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT BY PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

D. PERMISSION

I give _____ permission to participate in the activities within walking distance of BCHS
(name of student) (description of activity)

To be held on or about Sept 2017 - June 2018
(date)

Signature of Parent/Guardian: _____ Date: _____

This information is collected under the Authority of the Freedom of Information and Protection of Privacy Act Section 33 c. This information will be used to identify practices or conditions which may affect the safety and care of the students. For further information you may call the Principal or FOIP Coordinator at 674-8500.

