



Important Information – Please Translate
 这是一份重要信息 — 请找人为您翻译
 這是一份重要資訊 — 請找人為您翻譯

这是一份重要信息 — 请找人为您翻译 Thông tin quan trọng - Xin phiên dịch
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Community School Team Medical/ Emergency Consent Form

Please complete this form and submit it with your completed registration forms.

The collection and retention of information requested on this form is authorized and governed by the *British Columbia School Act* and the *Freedom of Information and Protection of Privacy Act*.

EMERGENCY MEDICAL INFORMATION

The following information will be helpful to the CST program staff in making your child's participation comfortable, safe and pleasant.

(Please print carefully and legibly)

Student Name: _____ Age: _____

Grade: _____ Division: _____ School: _____

Address: _____ Phone Number: _____

Student School Accident Insurance: Yes No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify: _____

Reaction(s) to above? _____

Carries Epi pen? Yes No Inhaler? Yes No Medical Alert Bracelet? Yes No

Date of last Tetanus shot: _____

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific: _____

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in: _____

Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such): _____

Other Health/Medical/Dietary Concerns/restrictions: _____

Emergency Contacts (other than Parent/Guardian):

1) _____ Relationship to child: _____

Phone: (H) _____ (W) _____ (C) _____

2) _____ Relationship to child: _____

Phone: (H) _____ (W) _____ (C) _____

Name of Physician _____ Phone # _____

ACKNOWLEDGEMENT OF CONSENT

Parent/Guardian who is filling out and signing this form:

_____ (Parent/Guardian Name printed)

Should it become necessary for my child to have medical care, I hereby give the Community Schools Team staff permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

Name (please print) _____ Signature _____



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Community School Team Consent for participation and acknowledgement of risk

Parent/Guardian Consent for CST Program Participation and Acknowledgement of Risk

This is an important document. Please review its content carefully prior to providing permission for your child to participate in programs with the Community School Team.

Consent and Acknowledgement of Risk

The qualified staff and volunteers have had their references checked, and have basic training in group management, program planning, first aid, and other relevant skills.

While program volunteers and staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of these activities, and may occur without fault on the part of the student, school board, its employees or community partners, or the facility where the activity is taking place. By allowing your child to participate in these activities, you are agreeing that the activities described are suitable for your child, and that there is a risk of injury associated with the activities.

- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administration, instructors, and supervisors over all phases of the programs/activities.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that the supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

During the program activities, photos and video may be taken of the participants and volunteers. These pictures may be used for print and digital media for the purposes of general program promotion and/or reporting to funders. **Should you not wish your child to be photographed or videotaped please initial here _____.**

I _____ (Name of parent/guardian) give permission for (Name of student) _____ to participate in the activities described. I understand that my child may be exposed to a risk of injury due to accident while participating in these activities. Date (DD/MM/YYYY): ____/____/____

Name (please print): _____

Parent/Guardian Signature: _____

Tupper Community Schools Team (TCST) OUT-OF-SCHOOL TIME PROGRAMS

David Livingstone

After School Programs

2016 Winter: January 19 – March 03

For more information, please call 604.713-5706.

www.vsb.bc.ca/communityschoolteams



REGISTRATION

Date: Tues Jan 12 2016

Time: 3:00 pm

Location: Front Lobby in front of School Office

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About TCST

The Tupper Community Schools Team (TCST) of the Vancouver Board of Education (VBE) offer programs and services to support vulnerable students in four areas: nutrition, academics, social-emotional functioning, and community connectedness.

Qualified and trained staff and students of Tupper Secondary School lead these afterschool programs.

Our Student Leaders are a dedicated group and some have even started out as participants of the CST programs.

WINTER 2016 – David Livingstone – Programs

Tuesday Multi-Sport

Grades 1-3 | Spaces: 16
Room – Gym

Date: Tues, Jan 19– Mar 1

Time: 3:00 to 4:30 pm

Cost: \$30 for 6 Sessions

Comic Hero

Grades 5-7 | Spaces: 12
Room – Library

Date: Tues, Jan 19 – Mar 1

Time: 3:00 to 4:30 pm

Cost: \$30 for 6 sessions

**THERE WILL BE NO
PROGRAMS ON
TUESDAY FEBRUARY
9TH 2016**

Thursday Dream Green

Grades 4-7 | Spaces: 12
Room – 209

Date: Thurs, Jan 21 – Mar 3

Times: 3:00 - 4:30pm

Cost: \$30 for 6 sessions

Master Chefs

Grades 2-3 | Spaces: 12
Room – Staff Room

Date: Thurs, Jan 21– Mar 3

Time: 3:00 to 4:30 pm

Cost: \$40 for 6 Sessions

**THERE WILL BE NO
PROGRAMS
THURSDAY
JANUARY 28TH
2016**

Additional Program information

Multi-Sport

Grades 1-3 | **Tuesday**, Jan 19 – Mar 1 | Time: 3:00 to 4:30 pm

Program Description: Come learn lots of fun new games and sports!

Emphasis will be on developing motor skills, fundamental movement, and coordination through sport and fun games!

Comic Hero's

Grades 5-7 | **Tuesday**, Jan 19- Mar 1 | Time: 3:00 to 4:30 pm

Program Description: Explore the world of design with this new fun and creative program. Let your imagination run wild with the chance to design your very own comic book! With the help of an amazing computer program the sky is the limit.

Dream Green

Grades 4-7 | **Thursday**, Jan 21– Mar 3 | Time: 3:00 to 4:30 pm

Program Description: Explore our world and its environment through different activities, fun crafts and hands on experiments. Learn about environmental issues we face and how we can take action to promote sustainability. We want you to leave the program feeling knowledgeable and empowered and ready to create change in your community!

Master Chefs

Grades 2-3 | **Thursday**, Jan 21- Mar 3 | Time: 3:00 to 4:30 pm

Program Description: Under the supervision of our trained program leaders learn the basics in culinary arts. Learn to make healthy yummy snacks to excite your taste buds and have a variety of recipes to take home.

****Please Note** The TCST is proud to offer quality programs to David Livingstone. We strive to maintain consistency while being able to evolve. We value your ideas and feedback. Should you have any questions or concerns, the programmer supporting Livingstone is Cynthia Lee and she can be reached at 604-713-5706 or 604-802-7241 Tuesday-Friday from 10:00am – 5:00pm or at cmlee@vsb.bc.ca

Winter 2016 –David Livingstone Registration Form (3 pages)

Program Selection: Mini MoreSports (Grades 1-3) Tuesday -\$30
 Comic Heroes (Grades 5-7) Tuesday- \$30
 Master Chefs (Grades 2-3) Thursday - \$40
 Dream Green (Grades 4-5) Thursday-\$30

Payment Total: \$ **Cash** (exact change only) **Cheque** (Vancouver School Board)

FINANCIAL HARDSHIP POLICY: The Board of Education Trustees is committed to ensuring that no school-age student will be denied an opportunity to participate in a course, class or program because of an inability to pay fees. Parents and guardians unable to pay some or all of a school fee are invited to speak to their child's teacher, school counsellor, and/or the school Principal.

PARTICIPANT INFORMATION

Student Name:


Age: Grade: Division:

Address: Postal Code:

Parent/Guardian Name: Home #

Relationship to participant: Cell #

Email:

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Picking up your child

Parents/Guardians are responsible for the care of the children once the CST program ends. Please ensure prompt pickup of your child.

My child will be picked up by: _____ (Contact name)

Contact telephone #(s) _____

My child will be picked up by: _____ (Contact name)

Contact telephone #(s) _____

If your child attends In-school after school care, OR if your Child is allowed to walk home, please complete the following:

I, _____ (Parent/Guardian name) give my permission for my child _____ (child's name)

To be walked to in-school afterschool care after the program by a TCST staff member

To Walk home / Leave the program alone (Grades 4-7 ONLY)

Signed _____ (Parent/Guardian signature) Date: _____

Please keep this portion for dates and times of the program

****ALL PROGRAMS WILL TAKE PLACE AT LIVINGSTONE****

