

Annual Media Consent Agreement

Hamilton-Wentworth District School Board (HWDSB) is committed to protecting student personal information and helping to positively shape the “digital footprint” that students leave when they post personal information online. Please refer to your school’s website for our *Parent/Guardian Letter on Personal Information* for a full explanation for, and examples of, how we routinely handle student information and protect privacy while meeting legislative requirements.

Classrooms have changed dramatically with the introduction of digital tools. In keeping with 21st century learning priorities, the board provides students with Google Apps for Education, access to the HWDSB App Catalogue, email and a calendar, as well as the Ministry of Education Virtual Learning Environment. In addition, students may also use online tools and social media such as wikis, blogs, podcasts, Skype, YouTube, Twitter, and other web apps, websites, and tools as deemed appropriate by the classroom teacher.

Students receive age appropriate instruction on digital citizenship and the safe use of technology. For more information on our policies and directives governing 21st century learning, see *Policy 6.1 21st Century Learning*, along with the *Responsible Use Procedure, Ownership and Authorship Procedure*, and the *Identity, Credibility and Positive Participation Procedure*. These policies and directives are easily found by using the search function on the board website (www.hwdsb.on.ca).

Students at HWDSB will use the internet at school and will learn how to make use of the tools that we provide in order to learn, create, share, and collaborate. They will participate in online spaces that are visible within the classroom, and possibly within the school and other sites across the board. Only with your consent on this form will online contributions that are public (i.e., visible *outside* of HWDSB) contain identifying information.

We are asking for your consent to allow your child to fully participate online in ways deemed age appropriate by classroom teachers and directly related to their learning and accomplishments. Your consent is completely optional. With consent, photos/videos/audio recordings of your child, their written and creative work, and/or name may appear online beyond HWDSB schools, (i.e., publicly visible to the community or discoverable on the World Wide Web) involving, for example:

- school electronic newsletters sent to our parent community
- classroom websites, blogs, and video projects
- classroom/school/board social media accounts (e.g., Twitter, YouTube, etc.)
- school/community media publications or broadcasts
- other educational platforms

(please keep this page for your information)

Consent to disclose electronic student information

- Yes, I agree** and give my permission for the disclosure of my child's personal information in the forms described (e.g., photos/videos/audio recordings of my child, name, written/creative work, social media/website/news media posts) as they participate in a 21st century learning environment under the guidance of their classroom teacher, and for sharing and celebrating their creative and academic accomplishments by school/board staff and local news media. I understand that once posted online, the student information may appear in other publications outside of HWDSB's control.
- NO, I do not agree.** I do not consent to the disclosure of my child's identifiable personal information in ways that are publicly visible and/or searchable on the World Wide Web.

Student Name: _____ Grade: _____

Student Signature (if 18 years or older): _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Your child's classroom teacher will keep you informed throughout the year about the 21st century learning experiences planned for students so that you have opportunities to ask questions about specific technologies and to change your consent if desired.

If you have any concerns related to the safety of your child with respect to use of personal information, please speak with your school principal where your child attends.

TAPLEYTOWN PUBLIC SCHOOL
2019/2020 Emergency Closure Information

STUDENT _____ TEACHER _____ GRADE ____ ROOM ____

FAMILY SURNAME _____

SIBLINGS _____ Teacher _____ Grade ____ Room ____
(Oldest to Youngest)

_____ Teacher _____ Grade ____ Room ____

_____ Teacher _____ Grade ____ Room ____

_____ Teacher _____ Grade ____ Room ____

INSTRUCTIONS: Please circle the appropriate number

1. My child has permission to walk home alone.
2. A) My child will take the bus home (for bus students only complete both A & B).
B) If bus is cancelled, choose another option for getting your child home safely and enter it in the space provided _____.

3. I will pick up my child/ren.

4. Oldest child above will walk younger siblings home.

5. A neighbour or relative will meet my child at school:

Name _____ Address _____ Telephone _____

6. An older student attending Tapleystown School will walk my child home:

Name _____ Address _____ Telephone _____

7. Other Instructions (child(ren) are aware of)

Parent/Guardian Signature

Date

***PLEASE ADVISE THE SCHOOL IMMEDIATELY IF ANY CHANGES IN THE ABOVE INFORMATION**



STUDENT EMERGENCY MEDICAL/CONTACT INFORMATION FORM

Please return this form to the school

Excursion Location:

Date(s) of Excursion:

Grade(s):

Class/Course/Group:

At the conclusion of this excursion/series of excursions, this form will be shredded by the school.

To be completed by the parent/guardian:

Surname: First Name: Middle Name:

Date of Birth:

In the event of an emergency during this excursion, please list in order of priority who should be contacted:

Table with 5 columns: Name, Relation (e.g.: parent, uncle, friend), Preferred Contact Telephone #, Alternate Contact Telephone #, Pickup Student (Yes/No).

Medical Information required for this excursion to be used by Teacher/Supervisors:

Allergies: Life Threatening: Yes/No

Epipen: Yes/No

Other Medical Conditions/Restrictions/Limitations:

Are there any medical concerns/specific instructions related to this excursion (please attach additional information if necessary):

FOR OUT OF PROVINCE/COUNTRY EXCURSIONS ONLY

Medical Insurance Provider: Policy Number:

Provider Contact Telephone: Proof of Coverage: Yes/No

Consent of Parent/Guardian

I/We understand that in the event of a medical emergency, while on the excursion, medical officials can authorize emergency medical care. This would apply when a serious condition exists and the Hamilton-Wentworth District School Board and medical officials have been unable to contact the parents/guardians.

Parent/Guardian Signature: Date: