

# Personal Information Privacy Policy For Parents And Students (D1)

Child(ren)'s Name(s) \_\_\_\_\_  
(please print) \_\_\_\_\_  
\_\_\_\_\_

## The School's Commitment to You

Safeguarding personal information of parents and students is a fundamental concern of **CATHOLIC INDEPENDENT SCHOOLS of the KAMLOOPS DIOCESE (CISKD)**. The school is committed to meeting or exceeding the privacy standards established by British Columbia's *Personal Information Protection Act* (PIPA) and any other applicable legislation. You may ask to view the complete version of this Personal Information Privacy Policy at the school office.

*The information requested in the enclosed documents is required in order to register your child at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officer for CISKD – ST JAMES SCHOOL is Dianne Wilson, Principal who may be reached at 250-542-4081.*

## Permission To Collect Personal Information

I consent to having CISKD collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e mail address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of CISKD (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with CISKD, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in CISKD's Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of CISKD.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission To Use Student Photos and Work Samples

From time to time St. James School wishes to use photos or work samples of our students in our school newsletter, on the school web site, or in other promotional materials. Also, at times the school submits, or is asked to permit the use of pictures or writings of students from St. James School to the news media, including the Diocesan News.

Please sign this portion if your child's name/work/photo is allowed to be used for these purposes.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name (please print): \_\_\_\_\_

***The permissions granted on this document are effective for the period the student(s) is attending St. James School unless revoked in writing by the parent/guardians or school.***

# MEDICAL INFORMATION AND CONSENT FOR MEDICAL CARE (D2)

*Please complete one form for each student*

Student Name: \_\_\_\_\_

## **Medical Information**

CARE CARD NUMBER: \_\_\_\_\_

Does your child have any allergies or medical problems for which we should be aware of and/or that medicine is required?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If **YES** please advise below.

ALLERGIES and/or MEDICAL PROBLEMS, MEDICATION and/or DIRECTIONS FOR MEDICATION USE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Permission to Administer Medication**

I, \_\_\_\_\_, give permission to St. James School to  
*(parent's name printed)*

administer the necessary medication to \_\_\_\_\_.  
*(student's name printed)*

## **Ambulance Services**

In the event that an accident or sudden illness requires hospitalization and I (we) cannot be contacted I give St. James School permission to call an ambulance and I (we) will assume responsibility for all costs.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)