WELCOME to kindergarten!

Please take some time to review the information in this package in preparation for your child's entry into kindergarten this fall.

Arrival and Dismissal

Our school day begins at 8:55 each morning (children may arrive any time after 8:30). Upon arrival children will place outwear, book bags, and lunch kits in their assigned cubby outside the Kindergarten classroom and join us in class for our early morning routine. Bus students are dismissed at 3:30 each afternoon, with town students following around 3:35.

Bus changes

Please send a note in your child's Home Folder or contact the school Office
If your child is to have a bus change at the end of the day. Verbal instructions to your child must be accompanied by a note or phone call to avoid confusion (and tears)!

Snacks and Lunch

Please note that McCreary School is nut safe. Nut products are not permitted. A microwave is available for use during the lunch period.

Parent Chaperones

For parents wishing to accompany the Kindergarten class on any field trips that may arise, please be aware that you must obtain a criminal record check, as well as a child abuse registry check through the Turtle River School Division office.

Thank you for your anticipated support, and we'll look forward to a wonderful school year!

TURTLE RIVER SCHOOL DIVISION STUDENT REGISTRATION FORM

OFFICE USE

Entry Date: _____
Month/Day/Year

SCHOOL	MET NO.	STUDENT NO.	DATE

Information to be entered by Student`s Parents/Guardians – PLEASE NOTIFY SCHOOL IF ANY INFORMATION CHANGES

STUDENT INFORMATION (Please Print)

Please fill in and return to the school as soon as possible.

Legal Last Name _____ Birth Date: _____ Verified ☐
Month/Day/Year

Type of Identification: _____

First Name _____ Second Name _____

Name Known by _____

Languages(s) Spoken at Home: ☐ English ☐ Oji-Cree ☐ French ☐ Other *(please list* _____

Current ***or*** Last School Attended: _____ Division: _____

School's Address: _____ School's Phone No: _____

Last Grade Completed: _____ Grade Registering In: _____

Treaty Number: _____ Band Name: _____

STUDENT MAILING ADDRESS

Apt. No. /Street: _____ Community/Town/Village/City: _____

P.O. Box No: _____ Postal Code: _____ Student Email Address: _____

Home Phone: _____Cell Phone: _____ Other Phone: _____

Section/township/range _____ Bus Driver: _____ *(if known)*

PARENT/LEGAL GUARDIAN AND CONTACT INFORMATION

Legal Custody *(only if applicable)* ☐ Joint ☐ Father ☐ Mother ☐ Guardian ☐ Other (please note) _____ ☐ Agency (please note) _____

Parent or Legal Guardian ☐ **Student lives with**

Relation to Student: _____
Last Name _____
First Name_____
Address if different from above: _____
_____
City/Prov. _____ Postal Code _____
Home Phone _____
Cell/Other Phone _____
Email _____
Employer: _____
Work Phone _____ Ext. _____

Parent or Legal Guardian ☐ **Student also lives with**

Relation to Student: _____
Last Name _____
First Name_____
Address if different from above: _____
_____
City/Prov. _____ Postal Code _____
Home Phone _____
Cell/Other Phone _____
Email _____
Employer: _____
Work Phone _____ Ext. _____

Parent or Legal Guardian ☐ **Student also lives with**

Relation to Student: _____
Last Name _____
First Name_____
Address if different from above: _____
_____
City/Prov. _____ Postal Code _____
Home Phone _____
Cell/Other Phone _____
Email _____
Employer: _____
Work Phone _____ Ext. _____

EMERGENCY CONTACT *(if parent/guardian cannot be reached)*

Relation to Student: _____
Last Name _____
First Name_____
Address: _____
City/Prov. _____ Postal Code _____
Home Phone _____
Cell/Other Phone _____
Email _____
Work Phone _____ Ext. _____

EMERGENCY BILLET - Name of town billet (friend or relative that lives in town where child can stay in case of a storm: _____ Phone No. _____

FAMILY – Pre-School/School Age Siblings

Name: _____ Gr. _____ School_____ Age_____

Name: _____ Gr. _____ School_____ Age_____

Name: _____ Gr. _____ School_____ Age_____

Name: _____ Gr. _____ School_____ Age_____

Name: _____ Gr. _____ School_____ Age_____

MEDICAL INFORMATION

Manitoba Health Registration No. _____Personal Health I.D. No. _____

Health Concerns/Allergies: _____

Family Doctor: _____ Phone: _____

INDIGENOUS IDENTIFICATION DECLARATION

Indigenous Identity Declaration Authorization and Statement of Understanding

Indigenous Identity Declaration helps to support the efforts of Manitoba Education and Training and school divisions to plan and improve programs in a way that is responsive to Indigenous learners. (Providing this personal information is voluntary and optional. It is being collected in compliance with section 36(1)(b) of The Freedom of Information and Protection of Privacy Act as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.)

1. I, _____, (name of parent/guardian, please print clearly):

- ☐ Am submitting my child's Indigenous Identity Declaration for the first time
- ☐ Am making changes to my child's Indigenous Identity Declaration
- ☐ Already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.

2. Is your child an Indigenous person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)? ***Note: First Nations (North American Indian) include Status and Non-Status Indians***

If "Yes", mark the square(s) that best describe(s) your child now:

- ☐ Yes, First Nation (North American Indian)
- ☐ Yes, Métis
- ☐ Yes, Inuk (Inuit)

3. Which best describes your child's Indigenous cultural-linguistic identity?
Please select up to two choices:

- ☐ Anishinaabe (Ojibway/Saulteaux)
- ☐ Ininiw
- ☐ Dene (Sayisi)
- ☐ Dakota
- ☐ Oji-Cree
- ☐ Michif
- ☐ Inuktitut
- ☐ Other-please specify:_____

INFORMED CONSENT
(MEDIA, STUDENT WORK, ELECTRONIC COMMUNICATION, AND COMPUTER AND INTERNET USAGE)

ELECTRONIC COMMUNICATION – Student usage of division email and sharing of information through email (e.g. Newsletters, etc.)

As students complete activities and assignments, they are expected to submit and communicate electronically with email. Email is an important 21st century skill that students need to learn to use effectively in order to prepare them for the world. Being efficient in using email as a form of electronic communication is expected of students in our schools. Students are required to be able to submit work and communicate using email.

The division is able to provide students with an email for educational use. Students are obliged to follow the division policy regarding the "proper usage" of division email and may be required by teachers to use as a way of submitting work and assignments.

_____I GIVE CONSENT _____I DO NOT GIVE CONSENT

As a parent/guardian I allow schools and the division to communicate with me electronically. The electronic distribution (email) of newsletters, school updates and announcements regarding division and school activities, events and news (including fundraising and promotions).

_____I GIVE CONSENT _____I DO NOT GIVE CONSENT

to receive information electronically and will provide my email below.

Email address: _____

MEDIA – Television, Radio, Internet Media, and Divisional Video Productions

As your child grows and learns, they will have the opportunity to participate in many amazing activities and experiences in our schools. We would like to share these positive experiences with the broader community by inviting journalists and other members of the media to visit our schools. Photographs, videotaping or interviews are allowed at schools only with the permission of the principal.

_____I GIVE CONSENT _____I DO NOT GIVE CONSENT

for my son/daughter (or myself as an adult student) being photographed, videotaped/recorded or interviewed by the media.

COMPUTER and INTERNET USAGE –Student Usage of School Computers for completing school work and the Usage of the Internet for Research and Educational Purposes

Turtle River School Division recognizes the educational benefits of computer technology and internet access. Technology is promoted as a valuable instructional learning tool that enhances the ability of teachers to provide new and exciting learning opportunities for students. Students are supervised while using computers, the Internet, and any Information and Communication Technology (ICT). Students are taught the necessary skills to use technology and the internet in a proper manner.

I understand and will follow the guidelines as set in the division policy and school handbooks in regards to the Appropriate Use of Computers and Communication Devices. This includes the use of the Internet; including social media, text messaging and instant messaging and other forms of online communication and sharing platforms and resources that are provided by the Turtle River School Division networked computers. Access to computers and the Internet is for educational purposes as set out in the Turtle River School Division Policy. I further understand that should I commit any violation, my access privileges may be revoked and disciplinary action and/or appropriate legal action may be taken as deemed necessary. As the parent/guardian of the student, I have read the regulations for the Appropriate Use of Information Communication Technology (ICT) and the Use of Personal Communication Devices.

_____I GIVE CONSENT _____I DO NOT GIVE CONSENT

for my son/daughter (or myself as an adult student) to use school computers, have access to the internet, and use any of their own personal devices.

Print Name of Parent/Legal Guardian: _____

Date: _____**Signature of Parent/Guardian:** _____

Signature of Student (Grades 7-12 Only): _____

STUDENT WORK, PHOTOGRAPHS, and SCHOOL PROMOTION – Publish and Display (School Display, School Newsletters, Newspapers, Division/School Webpages and Social Media)

Our school would like to share information and communicate with parents/guardians by highlighting the school; students and student work or activities in a variety of publications and/or **Division organized or sponsored event(s)**. It will allow us to share with you the parent/legal guardian about some of the highlighted activities, work and projects your child is participating in at school. This will also showcase our school to the community and general public. Some examples of sharing include but are not limited to:

- Publication of their work (referenced appropriately) in school and division publications as printed or posted on division/school websites *(e.g. Writing compilations, submission for contests, modelling and sharing in schools, other educational purposes, etc.).*
- School or Division publications (newsletters, articles, webpages, community reports, etc.)
- Local newspaper submitted articles
- Sharing on division social media platforms (e.g. Twitter, Facebook)
- Displayed work in schools and the division office (in the hallways, classrooms, and at various presentations and events)

**** Please note: Student photographs posted to Turtle River School Division websites will not identify students by full name*** *(only first name)*

_____I GIVE CONSENT _____I DO NOT GIVE CONSENT

to the Turtle River School Division to publish or show my child's, or my (as an adult student) photographs, name, grade, school and samples of my or my child's work in various publications and/or **at a Division organized or sponsored event**. I understand that photographs of students posted to the school or Turtle River School Division website will not identify students by full name.

Date: _____ Signature of Parent/Guardian: _____

This personal information is being collected under the authority of The Public Schools Act for School related purposes. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have any questions about the collection, please contact your school principal.

REQUEST FOR BUS TRANSPORTATION

The Public Schools Act requires school divisions to provide transportation to all students living within their division boundaries. There are occasions where some students wish to attend schools in another division. In order to address the transportation of these students in adjoining divisions Turtle River School Division has adopted the enclosed policy. This policy is intended to provide educational services in the most cost effective manner for the taxpayers of Manitoba.

****

Please complete this form and return to:

Transportation Department
Turtle River School Division
Box 309
McCreary, MB R0J 1B0

Name of Student(s)	**Birthdate**	**Grade**	**Parents'/Guardians' Names**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your child have any health care needs that the bus driver needs to be aware of? (eg, allergies, asthma, heart condition, bleeding disorder, seizures, medication, etc.) _____

_____

_____

_____

Any special information or concerns the bus driver should be aware of: _____

_____

_____

_____

Mailing Address: _____

Phone Number(s): _____

Land Location of Residence: _____

Sec. / Twp. / Rge. **OR** Street Name & House #

Requesting Transportation to _____ School.

Requested date for transportation to begin: _____

Reason(s) for Requesting Transportation: _____

_____

_____

Signature of Parent/Guardian: _____ Date: _____

OFFICE USE ONLY:

Bus Driver: _____ Approx. Pick-up Time _____AM

Transfer Bus Driver: _____ Approx. Drop-off Time _____PM

McCreary School

Box 220
McCreary, Manitoba
R0J 1B0
Telephone – 204-835-2083
Fax-204-835-2660

Mrs. Jennifer Chrisp – Principal

Dear Parents,

Please be advised that the Department of Education and Training require that schools have your Manitoba Health PHIN# and a copy of either;

- Birth Certificate
- Baptismal Certificate
- Certificate of live birth
- Health card
- Statutory declaration

as proof of age at the time a student registers for school.

"Respect, Responsibility, & Co-operation."

MEDICAL FORM

P-19-I

To be completed by the Doctor:

Name: _____ Birth Date: _____

Address: _____ School: _____

Father: _____ Mother: _____

Physician: _____

Medical History:

Allergies / Asthma _____

Frequent colds / Ear Infections: _____

Convulsions / Fainting Spells: _____

Physical Examination: (Significant Findings)

Head and Neck _____
Chest _____
Abdomen _____
Arms & Legs _____
Nervous System _____
Laboratory _____

Significant medical findings that the teacher should be aware of:
(Special conditions, handicaps, etc.)

_____
_____
_____

Medication

_____
_____
_____

Date: _____ Signature: _____ M.D.

Declare your child's

Indigenous Identity

Indigenous Identity Declaration (IID) provides parents and guardians of Indigenous students the opportunity to declare their children's Indigenous identity within Manitoba's school system.

Why Declare?

- Your declaration helps school divisions enhance services and supports for Indigenous students.
- Providing this personal information is voluntary and optional. Information collected through IID is protected under *The Freedom of Information and Protection of Privacy Act (FIPPA).*

Contact Information

For more information about the Indigenous Identity Declaration, please contact your child's school office or the Indigenous Inclusion Directorate at **204-945-1416** or Toll Free in MB at **1-800-282-8069 (ext. 1416)**.

Indigenous Inclusion Directorate

Manitoba

Declare your child's

Indigenous Identity

Questions and Answers for Parents and Guardians

1. What is Indigenous Identity Declaration?

Indigenous Identity Declaration (IID) is an opportunity for parents/guardians of Indigenous students to declare their child's Indigenous identity within Manitoba's Kindergarten-Grade 12 provincial school system usually at time of registration. IID information received from parents/guardians is entered into a database by the school office and is then reported yearly to the Department of Manitoba Education and Training.

2. Why are Indigenous students being asked to declare their ancestral/cultural background?

IID helps direct resources to Indigenous students to help them succeed. Manitoba Education and Training is committed to supporting the academic success of Indigenous students. Your declaration helps school divisions enhance services and supports for Indigenous students. By declaring, your child (children) receives the appropriate support and programming they may need.

3. Statistics Canada collects this information. Why are parents/guardians being asked to provide information to the school?

Aboriginal identity refers to whether the person reported identifying with the Aboriginal peoples of Canada. This includes those who reported being an Aboriginal person, that is, First Nations (North American Indian), Métis or Inuk (Inuit) and/or those who reported Registered or Treaty Indian status, that is registered under the Indian Act of Canada, and/or those who reported membership in a First Nation or Indian band. Aboriginal peoples of Canada are defined in the Constitution Act, 1982, Section 35 (2) as including the Indian, Inuit and Métis peoples of Canada. The key data sources for statistics on Aboriginal people comes from the Census, which collects information on the language spoken at home, mother tongue and knowledge of language

IID provides accurate and detailed school level information and is recorded by schools and reported yearly to Manitoba Education and Training. Additionally, this information is combined to give a school division and provincial summary. Information collected through IID is protected under *The Freedom of Information and Protection of Privacy Act (FIPPA).*

4. I'm a First Nation member and my partner is Métis. Which box do we check?

For families that have multiple ancestral/cultural elements, choose what is most relevant for your family. For more detail, please see the IID identifier descriptions provided on the website at www.edu.gov.mb.ca/aed/abidentity.html.

5. I know I'm Indigenous but I don't speak any Indigenous languages. Do I still check any boxes?

YES. The linguistic identifiers refer to ancestral/cultural identity, NOT your ability to speak a specific Indigenous language. Select the identifier(s) that best reflect your identity. If you are still unsure what to choose, you can check the "Other" linguistic category, and write "uncertain" in the space provided.

6. My child is adopted and Indigenous, while our family is not Indigenous. Which box do I check?

Check the box most appropriate for your child's Indigenous identity. For more details, please see the IID descriptions provided or visit edu.gov.mb.ca/aed/abidentity.html.

7. I moved to Manitoba from another province and my language/culture identifier is not on the IID list. Which box do I check?

As the list of languages spoken by Indigenous people in North America is quite large, the IID uses the majority of the languages spoken in Manitoba. If your language is not listed, please check the box labelled "Other". Then you may indicate the language(s) spoken in the space provided (if known, write the language, or if unknown, write "uncertain").

8. There are so many languages to choose from and my language choice is spelled differently than I remember it being spelled. Are they likely the same?

Yes. They can be considered the same for the purposes of the IID. There are many different ways of spelling the major language groups. As an example, the word Ojibwe can be spelled, Ojibway and Ojibwa. The same can be said of Inuktituq. It can also be spelled as Inuktitut. Both are considered to be the language spoken by the Inuit people.

9. I've already declared my child a couple of years ago. Do I need to declare my child every year?

No. If you have declared your child in the past, you won't need to declare your child every year.

The school office will provide IID information to parents/guardians every year as Indigenous identity is not assumed. Also, sometimes the information parents/guardians provide the school may need to be updated, such as if a child is new to the provincial school system, or if changes were made to the list of IID identifiers. If your child is new to the provincial school system, or if you need to make a change to the declaration you had previously provided for your child, then a declaration form can be obtained from your child's school office at any time.

10. We've moved to a different school in a different school division. Do I need to declare my child again?

No. If parents/guardians have declared their child's Indigenous identity in the past, the declaration information will remain in the database throughout the child's education in the Manitoba K-12 provincial school system.

11. I've registered and/or they know my Indigenous identity at a First Nations school. Do I still need to identity at a provincial school?

Yes. Your Indigenous identity may not be provided by the First Nations school where you attended. We are asking that you please self-identify when registering at a provincial school.

12. Will my band lose funding for schools in my home community if I self declare my child in a Manitoba public school?

By self declaring your child or children your home band or community will not lose any funds. Public school funding and federal schools funding is not connected or related in any way to self declaring your child or children and will not result in any lose of funds.

PRAIRIE MOUNTAIN HEALTH

Community Program Representative ☐

UNIFIED REFERRAL AND INTAKE SYSTEM (URIS) GROUP B APPLICATION (a)

Review application, complete and sign in ink – to be completed ANNUALLY.

The purpose of this form is to identify the child's specific health care and if applicable, apply for URIS Group B support which includes the development of a health care plan and training of community program staff by a registered nurse. URIS is a partnership of Health, Education and Family Services. If you have questions about the information requested on this form, you may contact the community program.

Section I – To be completed by the community program

Type of community program *(please √)*	Community Program Name: McCreary School	Location of Service: ■ Same as on left
■ School ☐ Licensed child care ☐ Respite ☐ Recreation program ☐ Other: _____	Contact person: Mrs. Erin Duchart	Contact person:
	Phone: 204-835-2083 Fax: 204-835-2660	Phone: Fax:
	Email: educhart@trsd.ca	Email:
	Mailing address: Box 220 Street address: 429 3rd Ave. City/Town: McCreary, Manitoba Postal Code: R0J 1B0	Mailing address: Street address: City/Town: Postal Code:

Section II - Child information - to be completed by parent

Last Name | **First Name** | **Birthdate** *Month (print) D D Y Y Y Y*

Preferred Name (Alias) | **Age** | **Grade** | **Gender** ☐ M ☐ F ☐ Other

Does your child ride the bus? ☐ YES ☐ NO

Does your child have any of the following listed health concerns? ☐ YES ☐ NO **(check (√) one)**

➢ If you have answered **NO**, please sign here and return this form to the community program.

Parent/ Legal Guardian NAME | *Parent/Legal Guardian SIGNATURE* | *DATE (MON/DD/YYYY)*

➢ If you have answered **YES**, please complete the remainder of the form **including Section III**.

➢ Please check (√) all health care conditions for which the child requires an intervention during attendance at the community program. Return the completed form to the community program.

☐ YES ☐ NO **Life-threatening allergy and child is prescribed an injector (e.g. Epi-Pen®/ Taro Epinephrine®/ Allerject®)**
- ☐ YES ☐ NO Does the child bring an injector to the community program?

☐ YES ☐ NO **Asthma (administration of medication by inhalation)**
- ☐ YES ☐ NO Does the child bring reliever medication (puffer) to the community program?
- ☐ YES ☐ NO Does your child know **when** to take their reliever medication (puffer) e.g. can recognize signs of asthma?
- ☐ YES ☐ NO Can your child take their reliever medication (puffer) **on their own**?
- **IF NO**, describe what your child needs help with:_____

☐ YES ☐ NO **Seizure disorder What type of seizure(s) does the child have?** _____
- ☐ YES ☐ NO Does the child require administration of rescue medication? ☐**Lorazepam** ☐**Midazolam**
- ☐ YES ☐ NO Does the child require the use of a vagal nerve stimulator (wand)?

☐ YES ☐ NO **Diabetes What type of diabetes does the child have?** ☐ **Type 1** ☐ **Type 2**
- ☐ YES ☐ NO Does the child require blood glucose monitoring at the community program?
- ☐ YES ☐ NO Does the child require assistance with blood glucose monitoring?
- ☐ YES ☐ NO Does the child have low blood glucose emergencies that require a response?

☐ YES ☐ NO	**Ostomy Care** ☐ YES ☐ NO Does the child have an ostomy/stoma? ☐ YES ☐ NO Does the child require the ostomy pouch to be emptied at the community program? ☐ YES ☐ NO Does the child require the established appliance to be changed at the community program? ☐ YES ☐ NO Does the child require assistance with ostomy care at the community program?
☐ YES ☐ NO	**Gastrostomy Care** ☐ YES ☐ NO Does the child have a gastrostomy tube? Type of tube: _____ ☐ YES ☐ NO Does the child require gastrostomy tube feeding at the community program? ☐ YES ☐ NO Does the child require administration of medication via the gastrostomy tube at the program?
☐ YES ☐ NO	**Clean Intermittent Catheterization (CIC)** ☐ YES ☐ NO Does the child require CIC? ☐ YES ☐ NO Does the child require assistance with CIC at the community program?
☐ YES ☐ NO	**Pre-set Oxygen** ☐ YES ☐ NO Does the child require pre-set oxygen at the community program? ☐ YES ☐ NO Does the child bring oxygen equipment to the community program?
☐ YES ☐ NO	**Suctioning (oral and/or nasal)** ☐ YES ☐ NO Does the child require oral and/or nasal suctioning at the community program? ☐ YES ☐ NO Does the child bring suctioning equipment to the community program?
☐ YES ☐ NO	**Cardiac Condition where the child requires a specialized emergency response at the community program.** What type of cardiac condition has the child been diagnosed with? _____
☐ YES ☐ NO	**Bleeding Disorder (e.g., von Willebrand disease, hemophilia)** What type of bleeding disorder has the child been diagnosed with? _____
☐ YES ☐ NO	**Endocrine Conditions (e.g. steroid dependence, congenital adrenal hyperplasia, hypopituitarism, Addison's disease)** What type of steroid dependence has the child been diagnosed with? _____
☐ YES ☐ NO	**Osteogenesis Imperfecta (brittle bone disease)** What type? _____

Section III - Authorization for the Release of Medical Information

In accordance with *The Personal Health Information Act* (PHIA),I authorize the Community Program, the Unified Referral and Intake System Provincial Office, and the nursing provider serving the community program, all of whom may be providing services and/or supports to my child, to exchange and release medical information specific to the health care interventions identified above and consult with my child's health care provider, if necessary, for the purpose of developing and implementing an Individual Health Care Plan/Emergency Response Plan and training community program staff for

Child's Name: _____ ***Child's PHIN:*** _____

I also authorize the Unified Referral and Intake System Provincial Office to include my child's information in a provincial database which will only be used for the purposes of program planning, service coordination and service delivery. This database may be updated to reflect changing needs and services. I understand that my child's personal and personal health information will be kept confidential and protected in accordance with *The Freedom of Information and Protection of Privacy Act* (FIPPA) and *The Personal Health Information Act* (PHIA).

I understand that any other collection, use or disclosure of personal information or personal health information about my child will not be permitted without my consent, unless authorized under FIPPA or PHIA.

Consent will be reviewed with me annually. I understand that as the parent/legal guardian I may amend or revoke this consent at any time with a written request to the community program.

If I have any questions about the use of the information provided on this form, I may contact the community program directly.

_____	_____	_____
NAME (PRINT) *Parent/ Legal Guardian*	***SIGNATURE*** *Parent/Legal Guardian*	*DATE (MMM/DD/YYYY)*

Mailing Address: _____ City/Town: _____ Postal Code: _____

Work/Daytime Phone: _____ Cell Phone: _____ Home Phone: _____

Email: _____

PRAIRIE MOUNTAIN HEALTH

INDIVIDUAL HEALTH CARE PLAN (IHCP)
ASTHMA (2)

Name:		**Birthdate:** yyyy/mmm/dd	**Photo**
School/Community Program:			
Grade:	**MHSC:**	**PHIN:**	
MedicAlert™ bracelet worn? ☐ Yes ☐ No	**Does the child ride the bus?** ☐ Yes Bus No. _____ ☐ No		

Parent/Guardian Name:	**Home Phone No.:**	**Daytime Phone No.:**	**Cell Phone No.:**
Parent/Guardian Name:	**Home Phone No.:**	**Daytime Phone No.:**	**Cell Phone No.:**
Alternate emergency contact:	**Home Phone No.:**	**Phone No.:**	**Cell Phone No.:**
Allergist:		**Phone No.:**	
Pediatrician/Family Doctor:		**Phone No.:**	

TRIGGERS: List items that most commonly trigger your child's asthma.

RELIEVER MEDICATION (or bronchodilator) provides fast temporary relief from asthma symptoms. It is recommended that reliever medication is carried with the child so it is available if asthma episode occurs.

What reliever medication has been prescribed for your child? (CHECK ONE)	☐ Salbutamol (e.g. Ventolin®, Novo-Salmol®) ☐ Budesonide (e.g. Symbicort®) ☐ Other:_____
How many puffs of reliever medication are prescribed for an asthma episode? (CHECK ONE)	☐ 1 puff ☐ 1 or 2 puffs ☐ 2 puffs ☐ Other: _____
Where does your child carry his/her reliever medication?	☐ fanny pack ☐ purse ☐ backpack ☐ other _____
Does your child need help when using reliever medication?	☐ Yes What kind of help? _____ ☐ No

CIRCLE the type of medication device your child uses for <u>reliever medication</u>:

Metered dose inhaler (MDI)

MDI with Aerochamber®

MDI with Aerochamber® mask

Turbuhaler®

_____
other

The Individual Health Care Plan and emergency medication should accompany the child on excursions outside the facility.

Name: _____

Birthdate: _____

PHIN: _____

STANDARD HEALTH CARE PLAN (SHCP)
ASTHMA

IF YOU SEE THIS:	DO THIS:
Signs of an asthma episode: ▪ Coughing ▪ Wheezing ▪ Chest tightness ▪ Shortness of breath ▪ Increase in rate of breathing	1. Remove the child from triggers of asthma (e.g. exercise, cold air, smoke). 2. Have child sit down. 3. Ensure the child takes reliever medication (blue cap). 4. Encourage slow deep breathing. 5. Monitor child for improvement.
Emergency Situations: ▪ Reliever medication has been given and there is no improvement of asthma symptoms in 5 minutes ▪ Greyish/bluish color in lips and nail beds ▪ Inability to speak in full sentences ▪ Heaving of chest or chest sucking inward ▪ Shoulders held high, tight neck muscles ▪ Cannot stop coughing ▪ Difficulty walking If asthma symptoms are severe, the child may NOT be wheezing as there is not enough air moving in the lungs to generate a wheeze.	1. Activate 911/EMS. 2. Give reliever medication every 5 minutes. 3. Notify parent/guardian. 4. Stay with child until EMS personnel arrives
Signs that asthma is not controlled **If staff become aware of any of the following situations, they should inform the child's parent/guardian.** ▪ Asthma symptoms prevent child from performing normal activities. ▪ Child appears to be experiencing more frequent coughing, shortness of breath or wheezing. ▪ Child is using reliever medication more than 3 times per week to relieve asthma symptoms. An exception to this includes the use of reliever medication before exercise to prevent exercise induced asthma symptoms, which then may be used up to once a day.	

I have reviewed the above plan for my child and provide consent to this plan on behalf of my child.
Parent/guardian signature: _____ **Date:** _____ yyyy/mmm/dd

I have reviewed the above plan to ensure it provides the community program with required information.
Nurse signature: _____ **Date:** _____ yyyy/mmm/dd

I have received the above plan and have notified appropriate staff.
Program Designate signature: _____ **Date:** _____ yyyy/mmm/dd

☐ **Instruction sheet for medication device attached**

FOR OFFICE USE ONLY:

PRAIRIE MOUNTAIN HEALTH
SANTÉ PRAIRIE MOUNTAIN

ANAPHYLAXIS
INDIVIDUALIZED HEALTH CARE PLAN

Child name:	**Birth date:**
Community program name: McCreary School	**MedicAlert™ identification worn?** ☐ **YES** ☐ **NO**
Grade:	

Parent/guardian name:

Home #: **Cell #:** **Work #:**

Parent/guardian name:

Home #: **Cell #:** **Work #:**

Alternate emergency contact name:

Home #: **Cell #:** **Work #:**

Allergist: **Phone #:**

Pediatrician/Family doctor: **Phone #:**

Life-threatening allergen(s):

Other allergies (non life-threatening):

Adrenaline auto-injector prescribed for child	Type of device ☐ EpiPen® ☐ Allerject™	Dosage ☐ 0.3 mg ☐ 0.15 mg	Location ☐ Fanny pack or belt ☐ Backpack ☐ Purse ☐ Other: _____

It is recommended that the adrenaline auto-injector be with the child during attendance at the community program. Antihistamines are NOT used in the management of life-threatening allergies in community program settings.

Child has a back-up adrenaline auto-injector at the community program. ☐ YES ☐ NO Location: _____

OTHER INFORMATION ABOUT MY CHILD'S LIFE THREATENING ALLERGY THAT THE COMMUNITY PROGRAM SHOULD KNOW:

The Health Care Plan and emergency medication should accompany the child on excursions outside the facility.

PRAIRIE MOUNTAIN HEALTH
SANTÉ PRAIRIE MOUNTAIN

ANAPHYLAXIS
EMERGENCY RESPONSE PLAN

Name:	**Birth date:**
IF YOU SEE THIS →	**DO THIS**

If ANY combination of the following signs is present and there is reason to suspect anaphylaxis:

When remembering the signs of anaphylaxis, think F.A.S.T (Face, Airway, Stomach, Total Body)

Face
- red watering eyes
- runny nose
- itchiness
- redness, swelling of face, lips & tongue

Airway
- throat tightness
- change of voice
- difficulty swallowing
- difficulty breathing
- coughing
- wheezing

Stomach
- vomiting
- diarrhea
- cramps

Total body
- swelling
- hives
- itchiness
- sense of doom
- change in behavior
- pale or bluish skin
- dizziness
- fainting
- loss of consciousness

1. Give adrenaline auto-injector (EpiPen or Allerject).
   i. Secure child's leg.
   ii. Identify site on outer middle thigh.
   iii. Grasp adrenaline auto-injector in fist and remove safety cap(s).
   iv. Firmly press tip into the thigh at a 90º angle until you hear a click.
   v. Hold in place for a slow count of 5.
2. Activate 911/EMS.
3. Notify parent/guardian.
4. If signs of anaphylaxis persist or recur, give backup adrenaline auto-injector (if available) every 5 to 15 minutes.
5. Stay with child until EMS personnel arrive.
6. Discard adrenaline auto-injector safely or give to EMS personnel.

Risk reduction strategies are the only way to prevent anaphylaxis. Although it is not possible to achieve complete avoidance of allergens in community program settings, it is important to reduce exposure to life-threatening allergen(s). Please contact the community program if you have any questions about the risk reduction strategies that are implemented in their facility. School division policy may be found on their website.

I have reviewed the above plan for my child and provide consent to this plan on behalf of my child.

Parent/guardian signature: _____ **Date:** _____

I have reviewed the above plan to ensure it provides the community program with required information.

Nurse signature: _____ **Date:** _____

Documentation (Office use ONLY)

Turtle River School Division

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Numeracy/Literacy Consultant – Jason Nadeau
Trudy Campbell – Speech and Language Pathologist
Dana Gurke, Division Social Worker
Sirppa Sterling, Educational Psychologist

Turtle River School Division Role and Mission Statement

The Board of Trustees of Turtle River School Division is responsible for policy formulation, which provides the structure and organization for the education of students within its boundaries. The implementation of these programs is guided by the major goals of assisting students to reach high degrees of self-actualization to become both self-sufficient and contributing members of society. The Board will focus on the overall need of its students. Notwithstanding this, the Board will pay due regard to its responsibilities to the community and encourage a high quality of education.

The degree to which the Board attains its goals will be measured through the use of standard evaluation tools, internal and external testing, and the performance of students in their chosen endeavours.

The Board, in implementing programs, will draw upon the unique skills of its staff and its use of progressive and varied methods of instruction.

In doing so, the Board will maximize the use of specialized facilities to provide the greatest opportunity for student learning and social growth.

Turtle River School Division

Kindergarten Program

"Learning Today for Tomorrow"

Kindergarten Philosophy

Kindergarten is a carefully planned program based on the knowledge of children's growth and development. The program provides informal learning experiences to help develop the unique potential of each child's readiness for the various school subjects.

Basic features that the program provides are:

An opportunity for your child to become aware of his or her self dignity.

An opportunity for your child to develop a feeling of self worth and adequacy.

A teacher who is friendly, accepting, understanding, and sensitive to your child's needs.

A teacher who evaluates the creative effort of your child in terms of what it has done for the student.

A well-arranged environment that invites exploration in different activity centers with a variety of materials and media.

A variety of activities which provide children with the opportunity of doing things at which they can succeed.

Early Identification Program

In October of each school year, each child will participate in an early identification program that includes:

a. Hearing Screening
b. Vision Screening
c. Fine Motor Assessment
d. Speech and Language Development Assessment

Parents are advised of any potential concerns and, should any further action be taken, parents are involved in team planning from the very beginning.

Remember

***Play is a child's way* of learning!**

Alonsa School
767-2168

École Laurier
447-2068

Glenella School
352-4253

Grass River School
352-4410

McCreary School
835-2083

Parkview School
967-2572

Ste. Rose School
447-2088

Activities

Language Development Activities:
Listening, speaking, reading, writing, viewing, representing

Math Activities:
Number readiness, classifying, matching, patterning, problem solving, time

Science Activities:
Observing, comparing, experimenting, measuring, asking questions, evaluating

Social Studies Activities:
Exploring the child's world, exploring the neighbourhood, observing changes

Music Activities:
Rhythm, movement, singing, music appreciation

Physical Education Activities:
Awareness of body space, balance, coordination, fitness, large and small muscle movement, wellness

Art Activities:
Experimenting with media, creative expression

Experiences:
Field trips, special events, special guests, cooking

Things You Might Do at Home:
Talk about things you do, talk about places you go, answer questions, listen to your child, read and talk about books, praise your child

Things for You to Do Before Kindergarten Begins

July:

- Make a sandwich and cut it into 4.
- Pull 10 weeds.
- Print your name.
- Count the beds in your house.
- Look for a lady bug.
- Find your hips, knees, ankles, elbows, waist, and wrist.
- Name 4 things larger than a table.
- Help fold the towels and put them away.
- Name all the things you would take on a picnic.
- Count the stones you put into your sand pail.
- Trace your hands.
- Help Mom or Dad post a letter.
- Skip across the yard.
- Draw a circle, triangle, and a square.
- Sing the alphabet song.

August:

- Get dressed by yourself.
- Ask for an old blanket and make a tent.
- Cut out pictures of food you like from an old magazine.
- Make your bed.
- Draw a picture of the people you love.
- Help Mom or Dad put away the groceries.
- Count 20 pennies.
- Get Mom or Dad to dump out the cutlery drawer so you can sort.
- Set the table for supper.
- Name 10 things smaller than a book.
- Phone a friend.
- Learn your telephone number and address.
- Learn your birthday.
- Count all the days until school starts.
- Cut out yellow things from a magazine.
- Plan what you are going to wear for the first day of school.

Is your child ready for Kindergarten?

Kindergarten may be the first big step beyond the home for your child and you! It may be the first time your child will face a routine. It may also be the first time your child will be with other children for an entire day.

What will your child need to know for that first time at school? Here are some suggestions:

1. ***How to listen and follow directions.*** Directions can be taught at home by always calling your child by name and having him or her follow two- or three- step instructions, such as "Laura, get the crackers and put them in a bowl, please."
2. ***Location words.*** Words such as "on, under, in, out, beside, behind, in front" can be taught in many everyday activities. For example, "Look under your bed."
3. ***Size and shape words***. Words such as "big, little, tall, and short" or "circle, square, and triangle" are important details in many conversations. For example "I want the blue shirt." or "I cut a square."
4. ***Time and quantity words.*** A family calendar helps your child to learn about the "number of sleeps" before an event. Counting cutlery while setting the table, or counting the number of shoes in the closet, are some ideas for learning quantity. Other examples are, "Let's put more gas in the car." "We ate all the potatoes."
5. ***Colour and description words.*** Introduce one colour at a time when your child is first learning colours. Try using colours to describe objects of interest to your child. Teach textures with a touch-and-feel book. You can also ask your child to compare the textures of different objects found in your house.

Together, you can make a scrapbook of your child's new words. The scrapbook will help your child learn by encouraging him or her to use these new words in his or her everyday life.

The First Day at School

Your child's first day at school will be very exciting, but possibly frightening. Knowing how to do the following activities will make that first day much easier:

1. Telling an adult his or her first and last name, and his or her parents' names.
2. Telling an adult his or her phone number and address.
3. Knowing the way to school or what bus to get on.
4. Printing his or her name.
5. Tidying up toys after playing with them.
6. Clearing his or her dishes from the table.
7. Going to the bathroom, flushing the toilet and washing his or her hands.
8. Putting on his or her shoes and tying the shoelaces.
9. Taking off his or her sweater or jacket, and then putting it back on, and zipping or buttoning it.
10. Listening quietly while someone reads.

Manitoba Speech & Hearing Association
2 - 333 Vaughan Street (Fred Douglas Place) • Winnipeg, MB R3B 3J9
Phone: 204.453.4539 • Fax: 204.477.1881
www.msha.ca

Reading Skills

Although your child is not expected to be able to read when he or she gets to kindergarten, you can teach your child some reading skills that will make it easier to learn to read. Here are some basic ideas:

1. Your child should be able to recognize rhyming words, and play rhyming games with you. Reading books with lots of rhymes is a good way for your child to learn about rhyming.
2. Your child should be able to recognize some letters, such as the beginning letter of his or her name, or the first letter of some familiar words.
3. Your child should be able to "read" some short stories, for example repeating a favourite story as you read it or telling you a personal version of the story as you flip through the book.
4. Your child should recognize the front and back of a book, and have it right side up when he or she reads.

For more information, contact the Manitoba Speech and Hearing Association.

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Phone: 204.453.4539 • Fax: 204.477.1881
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Kindergarten School Supply List 2018/19

Please label all items:

- ☐ Backpack (large enough to fit Home Folder, lunch kit, and other supplies)
- ☐ **No-lace** indoor running shoes with non-marking soles
- ☐ Lunch kit
- ☐ A change of clothes, to be stored at school
- ☐ $35 for classroom supplies, to be paid the first day of school
  (If writing a cheque, please make it payable to **McCreary School Fund**)