



Southeast Collegiate  
 1301 Lee Blvd  
 Winnipeg MB R3T 5W8  
 Tel: 204-261-3551 Fax: 204-269-7880

**Section A Student Information**

Student's legal name (Last Name) \_\_\_\_\_ Sex: Male\_\_\_\_Female\_\_\_\_\_

Given legal name(s) in full (first) Middle \_\_\_\_\_ Date of Birth (Day/Month/Year)\_\_\_\_/\_\_\_\_/\_\_\_\_

6 Digit Medical number /9 Digit Medical Number \_\_\_\_\_ Treaty Number (10 digit) \_\_\_\_\_

Current School Name or last school attended \_\_\_\_\_ Current Grade \_\_\_\_\_

**Section B Parent/Guardian Information**

Mother/Female Guardian	MS	MRS	Miss	Father/Male Guardian	MR	
_____				_____		
Last Name				Last Name		
_____				_____		
Given Name				Given Name		
_____				_____		
Street Address (PO Box)				Street Address (PO Box)		
_____				_____		
City	Prov		Postal Code	City	Prov	Postal Code
_____	_____		_____	_____	_____	_____
Telephone (Home and Cell)				Telephone (Home and Cell)		
_____				_____		
Place of Employment/ Work Number (if applicable)				Place of Employment / Work Number (if applicable)		
_____				_____		
Emergency Contact				Emergency Contact		
_____				_____		

**Circle the following as applicable:**

Student's parents are  Married  Divorced  Separated  
 Student lives with  Both Parents  Mother  Father  Guardian  
 Correspondence to  Both Parents  Mother  Father  Guardian

**Section C to be completed by parent or guardian**

1) Does your child have any allergies? **Yes/No.** If yes, please identify \_\_\_\_\_

2) Any medical condition that we need to be aware of or current medication? \_\_\_\_\_

3) Are there any special learning needs of which we should be aware in order to assist your child's learning? \_\_\_\_\_

4) Does your child require resource learning assistance at their current school? **Yes/No.** If yes, please identify. \_\_\_\_\_

5) What is the principal language spoken in your home? \_\_\_\_\_

6) Do you or your family have any previous connection with Southeast Collegiate? Please provide information. \_\_\_\_\_

7) Do you wish to make any further comments regarding your child? \_\_\_\_\_

8) Disclosure of legal matters, probation orders, court dates, outstanding charges and past criminal convictions. (Please list as this is a requirement for safety proposes for students on campus. Use separate paper if required.)

**Section D credit requirements: To be accepted to Southeast Collegiate the following grade 9 credits must be satisfied. Application must be accompanied by a transcript.**

English

Math

Science

Social Studies

Physical Education



## Managing Health Care Requests- Medical Release

### AUTHORIZATION FOR THE RELEASE OF HEALTH INFORMATION

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Protecting the privacy of our students is important to Southeast College. The purpose of this form is to authorize Southeast College to collect and disclose your student's personal health information, such as your student's health care history, with doctors, nurses and other health care providers, as required, for the purpose of developing an Individual Health Care Plan and/or an Emergency Plan for your student.

As the parent/guardian, I may amend or revoke this consent at any time with written notice to Southeast College.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

This authorization expires at the end of the current Southeast College academic school year, when Southeast College receives written notice that there has been a change in either custody or legal guardianship of your student, or when you revoke this consent, with written notice to Southeast College

Adoption Date: August 21/12	Revision Date: March 11/16
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## Administration Health Care- Medical Consent Form

### HEALTH CARE CONSENT FORM

Student's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Your students safety and well-being is a priority for us. To help keep your student safe and healthy, we may need to provide health care treatment to your student, while he or she is a student at our school.

However, we cannot provide health care treatment to your student without consent to do so. **By signing this consent form, you are agreeing that we can provide the following health care treatment to your student:**

- First aid treatment**, performed by our staff. This means that we can give treatment to your student for injuries like minor scratches, cuts, burns and splinters.
- We can give the following **non-prescription medication** to your student, for the purpose of treating “acute self-limiting conditions”. This means that we can give your student the **non-prescription medication** that is listed below for minor medical conditions that will resolve themselves without the need for further treatment, such as headaches, colds and upset stomachs:

Acetaminophen (e.g. Tylenol)	Antacid (e.g. Tums)	Antibiotic cream (e.g. Polysporin)
Antihistamines (e.g. Benadryl)	Calamine lotion	Ibuprofen (e.g. Advil)
Cough Medicine		Orajel-( tooth pain reliever)
Throat lozenges		

We will follow the instructions that come with this medication, when we give it to your student. **If you do not want your student to receive a particular kind of medication, please cross out the medication from the list above.**

3. We can give **prescription medication** to your student, but only if you tell us we can. Should your student be prescribed medication, by a health care provider, you will be contacted by a Youth Care Leader from Southeast College to discuss the prescription. You will be asked for **Verbal consent** each time a prescription has been prescribed for your son/daughter. This **verbal consent** is for Southeast to disburse to your son/daughter. A Youth Care Leader will complete a **RECORD OF ADMINISTERED PRESCRIBED MEDICATION** form (G.1.K – EX1), to track the prescribed medication and dosage for your student.
  
4. As part of our commitment to your student’s health and wellness, we can take your student to or from a doctor and/or a hospital or health care facility, such as a dentist, for treatment. Please note that we are not responsible for ensuring that you have consented to any such treatment that the doctor/and or hospital or health care facility may prescribe. Rather, this consent form only allows us to take your student to these appointments, which may include doctor’s appointments, dentist’s appointments, physiotherapy, and teen health Clinic.

Please check off the boxes below if you **do not** want us to take your student to any of the following places, for the purpose of providing treatment. You can also give us further instructions by writing in the box marked “other”:

<input type="checkbox"/> Dentist appointment	<input type="checkbox"/> Medical doctor’s appointment	Other:
<input type="checkbox"/> Teen health counseling (pregnancy, drug or alcohol awareness)		

This consent form **does not** authorize us to consent to treatment for serious injuries on your student’s behalf. We cannot consent to treatment for head, dental or other injuries, seizures or illnesses that require further medical treatment at a hospital or a doctor’s office. You will be notified of all emergencies.

Please be aware that, in some situations, your student may be capable of providing consent to medical treatment for him or herself. If your student is able to understand the nature and effects of medical treatment, we may be **required by law** to respect your student’s choices, even if they are different than yours. Your student may also have a legal right to keep us from telling you about his or her health information, even though you have signed this consent form. While we are committed to keeping you informed about your student’s health, we must also follow these legal requirements.

This consent will be effective for as long as your student is a student at Southeast College, unless and until it is withdrawn by you, in writing. If you no longer wish to consent to health care treatment for your student, or if you want to change this form, please contact our Receptionist office at 204-261-3551.

By signing this consent form, you agree that we can collect, use and share your students medical information for the purpose of providing the treatment that is authorized by this form. This information is handled in accordance with ss. 21 and 22 of *The Personal Health Information Act* and ss. 43 and 44 of *The Freedom of Information and Protection of Privacy Act*.

**Your signature confirms that you agree to release Southeast College and its representatives, agents, and successors from any liability related to the administration of health care treatment that is authorized by this form, as long as that health care treatment is provided reasonably and in good faith.**

DATE: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

Student Signature: \_\_\_\_\_

This contract expires June 30<sup>th</sup> of the current school year or when the student leaves Southeast College or if there is a change in either custody or legal guardianship, in which case, a new form must be completed.

Adoption Date: August 21/12	Revision Date: March 11/16
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## Educational Trips, Excursions and Cultural Activities- Waiver

### OFF-SITE ACTIVITIES CONSENT AND ACKNOWLEDGEMENT OF RISK

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Please read the contents of this Off-Site Consent and Acknowledgement of Risk form and clarify any questions or concerns with the Director/Principal (261-3551) before signing it. If this form is not signed and returned to the school, your student will not be able to participate in recreational programming at Southeast College. Students are able to sign up for "**low risk**" activities that may take place off the grounds of Southeast College.

Examples of such activities include:

- Movie Nights;
  - Ball Hockey;
  - Bowling;
  - Wheelies;
  - Mini-Golf;
  - Attending sporting events;
  - Swimming;
  - Zoo;
  - Parks;
  - Fort Whyte;
  - Winnipeg and Area Attractions Archery;
  - Skating;
  - Martial Arts;
  - Art Gallery;
  - Museum; and
  - Laser Tag
- Southeast College Sports Teams  
Winnipeg Aboriginal Sport Achievement (WASAC)

In addition to the "low risk" recreational programs listed above, students may also attend school sporting events and educational field trips sponsored by Southeast College off-site.

**Southeast College agrees that it will make every reasonable effort to ensure the following:**

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified;
- b. Parents and guardians, upon request, will be given information about the program or activities and the associated risks and hazards;
- c. In cases where students are being transported in Southeast College Fleet Vehicles, the vehicles will be operated in accordance with the SEC Fleet Vehicles Consent form;
- d. The students are adequately supervised in all aspects of the program/activity;
- e. The location of the activity is appropriate and reasonably safe for the activity and the students;
- f. A safety plan is in place to identify and manage known potential risks; and
- g. An emergency plan is in place to deal with an injury or illness to one of the students.

**As the parent/guardian, you acknowledge and agree to the following:**

- a. I acknowledge my right to obtain as much information as I require about this program or activities and associated risks and hazards, including information beyond that provided to me by the Southeast College;
- b. I freely and voluntarily assume the risks and hazards inherent in the program/activity and understand and acknowledge that my student may suffer personal and potentially serious injury, including death, due to an unforeseeable event associated with his/her participation;
- c. In consideration for the privilege of allowing my student to participate in the above-noted activities, I release Southeast College and its representatives and successors from any and all liability for any injury sustained by my student, regardless of how caused, resulting, arising or relating to my student's participation in an off-site activity. I further agree to indemnify and save harmless Southeast College and its representatives and successors from and against any and all suits, demands, torts, and actions of any kind which may be made against its staff or agents from or in respect of arising out of any injury, loss, damage, or death resulting or suffered by my student whether by reason of any act, neglect or default by my student, Southeast College, their agents or otherwise. This means that you will not be able to initiate legal action against Southeast College if your student is injured or killed while participating in an off-site activity;
- d. My student 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 administrators, instructors, and supervisors over all phases of the program/activity;
- e. In the event my student fails to abide by these rules and regulations, disciplinary action may include his/her exclusion from further participation; and
- f. I acknowledge that it is my responsibility to advise Southeast College, through its employees, of any medical and/or health concerns of my student that may affect his/her participation in a program or activity.

**Your signature means that you agree to allow your student to participate in off-site activities organized by Southeast College during the year, and that you agree to release Southeast College and its representatives, agents, and successors from any liability related to off-site activities, as set out on this form.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

This authorization expires at the end of the current Southeast College academic school year, when Southeast College receives written notice that there has been a change in either custody or legal guardianship of your student, or when you revoke this consent, with written notice to Southeast College.

Adoption Date: August 21/12	Revision Date: March 11/16
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## SEC Fleet Vehicles-Consent Form

### SEC Fleet Vehicles-Consent Form

Student's name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please read the contents of this SEC Fleet Vehicles Consent Form and clarify any questions or concerns with the Director/Principal before signing it. If this form is not signed and returned to the school, your student will not be allowed to travel in vehicles operated by Southeast College for any reason.

Southeast College may be required, from time to time, to transport your student off-site by the use of vehicles operated by Southeast College staff members. The reasons for the transportation may be for transportation to and from the airport, educational in nature, such as field trips, or it may be recreational. It may also be necessary to transport your student for medical reasons, such as taking him/her to doctor and dentist appointments.

**Southeast College acknowledges that it will be bound by the following operational requirements when transporting students:**

- a. The Vehicle driver maintains a log tracking mileage including the name of the person using the vehicle and the students or reason for trip;
- b. All vehicles carry 3rd party liability insurance;
- c. Maintenance is done by Certified Automotive Repair facility and all vehicles are safety-approved and contained seatbelts in working condition;
- d. All individuals driving a SEC "Bus" vehicle shall have a valid Manitoba driver's license with a Class 4 Classification or better. This license class shall meet provincial licensing guidelines required for the vehicle the individual is driving. This shall be kept in employee file and a copy in the Vehicle Fleet File. All others must have a valid class 5 Classification for other fleet vehicles;
- e. All individuals who are authorized to drive SEC vehicles must also have drivers abstract on file yearly. This shall be kept in the employee's file and a copy in the Vehicle Fleet File;
- f. All employees shall obey the traffic laws of the Province of Manitoba and exercise reasonable care when operating SEC vehicles. Employees may be personally responsible for traffic fines incurred while operating a SEC vehicle; and
- g. All students are required to wear seat belts while the vehicle is being operated.

**As the parent/guardian, and student you both acknowledge and agree to the following:**

- a. I understand that my student may suffer personal and potentially serious injury due to an unforeseeable event associated with him/her travelling in an SEC vehicle;
- b. I release Southeast College and its representatives and successors from and against all and any liability for any injury sustained by my student, regardless of how caused, resulting, arising or relating to the transportation of my student in an SEC Vehicle. I further agree to indemnify and save harmless Southeast College and its representatives and successors from and against any and all suits, demands, torts and actions of any kind which may be made against its staff or agents from or in respect of any injury, loss, damage or death resulting or suffered by my student whether by reason of any act, neglect or default by my student, Southeast College, their agents or otherwise. This means that you will not be able to initiate legal action against Southeast College if your student is injured or killed while being transported in a vehicle operated by Southeast College; and
- c. I understand that my student is expected to follow all applicable laws when riding in SEC Vehicles and is expected to follow the directions of the driver and/or other supervisors.

**Your signature means that you give permission to allow your student to travel in vehicles operated by Southeast College for various educational and recreational purposes.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Adoption Date: August 21/12	Revision Date: March 11/16
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## Student Sign Out

A student who wants to leave SEC for an evening sign out or for a weekend sign out must have parental permission to do so first regardless of age.

A Youth Care Leader will contact the parent/guardian and follow Lodge Student 1.1 Student Sign out procedures accordingly.

**These procedures include but are not limited to the following:**

- Confirm parental/guardian authorization by use of code
- Confirm with parent/guardian students intentions and confirm time student is required back at SEC
- Confirm with parent/guardian that because SEC is not responsible for providing transportation to or from sign outs bus tickets will be made available

\*\*\*\* a comprehensive standard has been written as part of the internal standards process for this policy and forms the Standards Policies of the Lodge.\*\*\*\*

Adoption Date: March 9, 2016	Revision Date:
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## 1 HOUR Unsupervised Leave Without Parental/Guardian Consent- Waiver

Student's Name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

From time to time, your student may want to Self-Sign out **without** your knowledge to go to a local venue. This may be to Superstore to use their allowance gift card or to Tim Hortons for the ever popular coffee assortments. This would be to venues within walking distance only and for duration of up to one hour in length only. This is not an SEC activity; this would be either on their own, or with a friend. Do you give permission for your student to leave SEC for up to one hour **without** SEC contacting you for permission?

Your student would still be required to do a self-sign out process and notify staff where they are going and with whom, so that SEC can have knowledge of their departure and return times for safety reasons.

Please read the contents of this unsupervised Leave without parental/Guardian Consent Waiver and Acknowledgement of Risk form and clarify any questions or concerns with the Director/Principal (261-3551) before signing it. If this form is not signed and returned to the school, we will not allow your student to leave SEC without your knowledge and consent, and we will have to call you every time your students wishes to go out locally to a store.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

This authorization expires at the end of the current Southeast College academic school year, when Southeast College receives written notice that there has been a change in either custody or legal guardianship of your student or when you revoke this consent, with written notice to Southeast College.

Adoption Date: March 09,2016

Revision Date:

**Section E Application Completion Authorization**

Southeast Collegiate is committed to protecting the privacy and confidentiality of all its students and to controlling the collection, use, and disclosure of the information provided. All personal information is collected and maintained in strict confidentiality according to The Canadian Standards Association Model Code for the Protection of Personal Information and is compliant with federal and provincial privacy laws including the federal Personal Information Protection and Electronic Documents Act (PIPEDA).

**Applying Student Signature:** My signature below indicates that the information provided is complete and correct to the best of my knowledge, and that I have completed it on my own. **By signing this application you are also granting permission to send incident reports and report cards to the Home school coordinator/Education Authority.**

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Parent/Guardian	Signature	Date
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In the event that the student is or will turn 18 yrs of age during the school year he/she must sign here that they are authorizing Southeast Collegiate (SEC) to send incident reports and report cards to the Home School Coordinator and parents

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Student Name	Signature	Date
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**Section F MEDIA WAIVER and RELEASE**

I understand that while \_\_\_\_\_ (student's name) is a student at Southeast Collegiate (SEC) and enrolled as a student at SEC, photographs, film, audio recordings and videotape of the student may be taken for use in releases to the press, SEC's parents, donors, alumni or the public, including brochures, videos, various SEC publications and other work product. I do hereby grant SEC permission to record, display and /or reproduce my child's name, likeness and voice on audio and / or video tape, film or other media, Southeast website, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known. I hereby waive any claims I may have, and release SEC and its employees, officers, affiliates, and agents from liability of claims arising out of such activities or coverage.

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Parent/Guardian	Signature	Date
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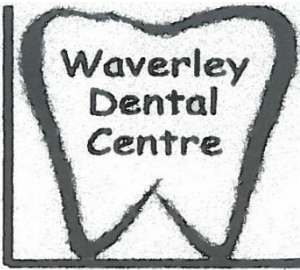
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Student Name	Signature	Date
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This Authorization is to remain in effect for the current school year

## **Necessary Information to Include**

1. Please include a transcript of marks with application form. **No Application is complete without a transcript.**
2. Manitoba Health numbers – 6 or 9 digits – Please notify us of specific medical conditions.
3. Treaty number – all 10 digits
4. Reminder that all grade 9 credits must be completed for acceptance consideration.



Dr. Cathy J. Beynon, Dr. Kelly M. Regula & Dr. Lori Simoens  
16-1325 Markham Rd Winnipeg, Manitoba R3T 4J6  
phone: (204) 261-7374 fax: (204) 261-4046  
waverleydental@shaw.ca

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

Date of Birth: \_\_\_\_\_

Treaty number (10 digits) \_\_\_\_\_

Name of Parent/Legal Guardian:

\_\_\_\_\_  
(As per Southeast Collegiate Registration)

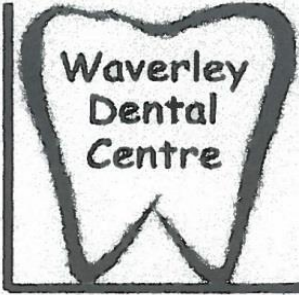
As health care providers, we at the Waverley Dental Centre, are governed by the Personal Health and Information Act (PHIA). As you are the age of majority (18 years of age) we request your permission to contact your parents in writing for their consent to provide dental care to you. Please find attached the waiver that we wish to send to your parent/legal guardian.

I, (please print) \_\_\_\_\_ give my permission to allow the Waverley Dental Centre to contact my parent/legal guardian to obtain his or her consent for treatment at the Waverley Dental Centre.

I, (please print) \_\_\_\_\_ realize that it is my legal right to decline this consent, however, declining consent may result in the inability for the administrators of Southeast Collegiate to schedule and transport me to my dental appointments at the Waverley Dental Centre.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



Dr. Cathy J. Beynon, Dr. Kelly M. Regula & Dr. Lori Simoens  
16-1325 Markham Rd Winnipeg,  
Manitoba R3T 4J6  
phone: (204) 261-7374 fax: (204) 261-4046  
waverleydental@shaw.ca

**INFORMED CONSENT FOR PEDIATRIC DENTAL TREATMENT OF:** \_\_\_\_\_

Patient Name

It is necessary for us as health professionals to obtain your consent for your child's planned oral health examination, dental treatment and/or oral surgery. Please read this form carefully and ask about anything that you do not understand.

1. I hereby authorize Dr. Cathy Beynon and/or Dr. Kelly Regula and/or Dr. Lori Simoens and their hygienists/assistants to perform upon my child (the patient) the following dental treatment or oral surgery procedures, including the use of any necessary or advisable local anesthesia, analgesia, or radiographs (commonly referred to as X-rays).

In general terms, the dental procedures will include:

- a. Teeth cleaning, fluoride application, examination of the teeth and any necessary X-rays
- b. Applying plastic "sealants" to the grooves of teeth
- c. Repairing diseased or broken teeth with fillings or crowns
- d. Treating infected teeth and/or gums (e.g. Root canal and periodontal therapies)
- e. Removal of one or more teeth that is/are deemed unrestorable

2. The patient will have explained by Dr. Cathy Beynon and/or Dr. Kelly Regula and/or Dr. Lori Simoens or their associates, and have had sufficient opportunity to discuss the dental condition/problem(s), the planned procedures and treatment, and the benefits to be reasonably expected from this treatment plan, compared with alternative approaches and/or no treatment. As the parent/guardian, I may contact Waverley Dental Centre and have the aforementioned explained to me at any time.

3. Although their occurrence is extremely remote, some risks are known to be associated with dental procedures. The usual and most frequent risks or complications occurring from the planned treatment and procedures will be explained to the patient. These risks include but are not limited to, the possibility of pain or discomfort during the treatment, swelling, infection, bleeding, injury to adjacent teeth and surrounding tissue, development of a temporomandibular joint disorder, temporary or permanent numbness, and allergic reactions. Occasionally, a patient may also chew/irritate his or her own cheek, lip, or tongue while numb.

4. I understand that I may revoke this consent to treatment at any time and that no further action based on this consent will be initiated except to the extent that treatment and procedures have already been performed or initiated.

5. I confirm that I have read (or it was read to me) and understand the information on this form, and that all blanks were filled in. I am advised that although good results are expected, the possibility and nature of complications cannot always be accurately anticipated. Therefore, there can be no guarantee as to the result of the treatment.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

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

\_\_\_\_\_  
Date