



NAME: _____

GRADE: _____

September 15, 2020

Dear Parents and Guardians

Please carefully review the booklet entitled **Informed Consent: School Programs and Activities**.

This booklet provides important details about your child's participation in school programs and activities. The school strongly encourages parents and students to review this guidebook together and confirm your personal level of risk tolerance.

After you have reviewed the guidebook, please complete this form by **September 18th**, 2020 in order to provide informed consent for your child's participation in the school's programs and activities.

Failure to submit this completed form will mean that your child will be restricted from certain activities at the discretion of the school until the form is completed. While the school imposes these restrictions in the best interests of students and parents, holding students back from activities because a consent form has not been received from parents is often disappointing for affected students.

Exclusions

Restrictions or exclusions from any specific activities or programs must be communicated by parents/guardians to travis.visscher@stjohnsacademy.ca

Except for any exemptions specified, this general consent form provides consent for your child to participate in any or all activities outlined in the accompanying guidebook.

The school also reserves the right to prohibit the participation of any child in any activity if the school views participation as likely to compromise the safety or welfare of your child or other participants.

Consent Requirements During the School Year

During the school year, as part of the school's consent process, you may also receive communications relevant to off-campus trips or activities that refer to specific sections of the guidebook. The school may provide additional details prior to a trip or activity supplementary to the information currently available, providing you with an opportunity to opt-out or provide consent-based on those details. (Please see the guide for more information regarding consent processes.)

Signatures Required for Consent

1. This consent form must be accepted by signing the bottom of the next page. This action must be completed by a parent/guardian. If for any reason one parent believes the other parent should not or cannot provide informed consent, that parent must provide a valid Court Order or agreement to that effect. The school will follow those directions with respect to the consent.
2. If the school has not been provided with legal documentation by parents who are not residing together, it is the school's policy to request consent where applicable during the school year from the parent with whom the child normally resides.

- Unless we are provided with legal documentation that instructs us otherwise, the school does require consent from one parent in order to take your child across international borders, including into the United States, and for certain trips or activities deemed by the school to be higher risk and not part of the school's regular program. Please ensure that the school is informed of current contact information for both parents for these purposes.

PLEASE COMPLETE THE FOLLOWING SECTIONS, AND SIGN by September

18th.

PARENT'S INFORMED CONSENT

- I have read and understood the **Informed Consent: School Programs and Activities Guide**
- I understand the risks of my child's participation in the programs and activities outlined and the precautions taken to reduce those risks and that this form is legally informed by the contents of that document.

If you have questions or concerns related to the document above, please contact travis.visscher@stjohnsacademy.ca

Please select the appropriate statement below to accept the statements below.

- I Agree
- I Disagree

Parent Informed Consent Signature - _____ name (print) _____

STUDENT'S INFORMED CONSENT

- I have read and understand the **Informed Consent: School Programs and Activities Guide**.
- I understand the risks of my participation in the programs and activities outlined in that document and the precautions taken to reduce those risks.
- I understand that I must be personally responsible for my own conduct and follow the school's safety protocols and, that failure to comply with the safety protocols of any programs may result in immediate suspension from participation in the programme. Furthermore, that registration in programs may be cancelled for repeated failure to comply or serious safety infractions.
- I agree that my participation as approved by my parent (s)' signature (s) above is suitable for me.

Please **sign below** to accept the four statements above.

Student Informed Consent - (signature) _____ name (print) _____

ALLERGY INFORMATION

Please add Allergy information. This section is to collect allergy information for our kitchen staff to further minimize the risk of Anaphylaxis.

<u>Allergy:</u>	<u>Severity:</u>	<u>Treatment & notes:</u>

DIETARY INFORMATION

Please add Dietary information. This section is to collect dietary information for our kitchen staff to help with any dietary concerns.

NOTE: Other dietary requirements that are not allergies (E.g. vegetarian. Lactose intolerant, halal, vegan, kosher, gluten sensitive)

<u>Diet Type:</u>	<u>Notes:</u>

STATEMENT OF PERSONAL RESPONSIBILITY

St. John’s Academy Shawnigan Lake school is a caring community. Every student, together with his/her parent(s), is asked to read, reflect upon and sign the following statement each year before the start of school.

By selecting ‘I accept’ below, I agree that as a member of the St. John’s Academy community, I understand the need for mutual respect, honesty, kindness and decency, and realize these attributes make us all better human beings. I know that I must accept personal responsibility for my own attitudes, words and actions.

To comply with the law, ensure that our campus remains a safe, healthy learning environment, support my own education and wellbeing, and respect the professional commitment of the faculty, I pledge to keep my mind clear and unimpaired by the use of illegal substances or abuse of any chemical substances including but not limited to alcohol, smoking, vaping, etc..

Statement of Personal Responsibility –

- I accept
- I do not accept

WATER ACTIVITIES DECLARATION

The school requires an assessment of each student’s swimming ability in order to determine suitability for participation in certain water-based activities and programs at the school. Please complete the water activities section of this form by checking the appropriate boxes below. All students will be required to complete the Swim to Survive® standard swim test again this year to participate in school water-based activities. The Swim to Survive standard is defined as ability to:

- **ROLL into deep water**
- **TREAD water for one minute**
- **SWIM 50 metres**
- **At SJASL School we will also add from the Swim to Survive + program this being completed while clothed. This adds the skills needed to survive an unexpected fall into deep water.**

As a waterfront school, St. John’s Academy strongly encourages parents to ensure that their children arrive equipped with at least this critical self-rescue skill. Most drowning incidents occur close to safety and most victims had no intention of going into the water. Students who cannot meet the Swim to Survive® standard will be restricted from participation in water- based activities or programs for their own safety and the safety of others. When students are swim-tested by the school, the school reserves the right to restrict activities based upon that assessment.

Participation in Rowing (where personal flotation devices are not worn) or Outdoor Pursuits (where activities may take place on fast flowing water) will require a more rigorous demonstration of satisfactory swimming ability specific to the nature of those activities and confidence in the water, to the Head of PE or named designate. Students who swim independently off campus, or at unsupervised times, or out of designated swimming areas contravene school policies and do so entirely at their own risk and may lead to suspension or other disciplinary action.

SWIM

Please complete the following information regarding the swimming ability of your child.

Comfort level around the water: Not comfortable Comfortable Very comfortable

Swimming Ability

- Non-swimmer** – Cannot support themselves in deep water
- Novice** – Can support themselves in deep water and is capable of moving short distances (less than 5 meters)
- Intermediate** – Can support themselves in deep water for several minutes and can swim a length of the pool
- Advanced** – Can support themselves in the water and swim many lengths of the pool

Select the highest level of formal swim training your child has completed:

Lifesaving Society – Swim for life

- Preschool 1**
- Preschool 2**
- Preschool 3**
- Preschool 4**
- Preschool 5**

YMCA – Li'l Dippers, Learn to Swim and Star Program

<input type="checkbox"/> Bobbers	<input type="checkbox"/> Level 1 - Otter	<input type="checkbox"/> Star 1
<input type="checkbox"/> Floaters	<input type="checkbox"/> Level 2 – Seal	<input type="checkbox"/> Star 2
<input type="checkbox"/> Gliders	<input type="checkbox"/> Level 3 - Dolphin	<input type="checkbox"/> Star 3
<input type="checkbox"/> Divers	<input type="checkbox"/> Level 4 - Swimmers	<input type="checkbox"/> Star 4
<input type="checkbox"/> Dippers		<input type="checkbox"/> Star 5
		<input type="checkbox"/> Star 6 or 7

- Red Cross or other swim program name and level completed:**
- I am unsure of the last swim level my child has completed.**
- My child has never taken swim lessons before.**

Comments/other information about this activity that would be important for the Teacher-in- Charge to know:

Name of Parent/Guardian:

(Please print)

Signature of Parent/Guardian:

Date: (YYYY/MM/DD)

STUDENT CELL PHONE #

Please provide a cell phone number for your son or daughter below. If they do not have one, please enter "*Student has no phone*" below. In future, we may use student cell phone numbers for communication-related to emergency drills and for check-ins when they are off-campus. If you have any questions about this section, please email info@stjohnsacademy.ca

Student cell phone # _____