

Benefits of learning French

- Children who learn a second language show either comparable or enhanced first-language literacy.
- Children receiving second-language instruction often show higher achievement in a range of subject areas, including mathematics, science and language arts.
- Learning a second language enhances creative ability by promoting unique problem solving, flexibility and creative thinking.
- Second-language learners demonstrate enhanced empathy, awareness of diversity, tolerance of difference and a greater sense of social justice.
- It provides students with more choices for advanced education and career opportunities.

Source: Canadian Parents for French



Why École Laurier?

- French education, Jr. K - 8
- Free Junior Kindergarten Program
- Gr. 7 & 8 vocational programs offered: Industrial Arts, Home Economics, Automotive & Electrical Construction
- Band and music programs - no rental fees
- Technology enhanced classrooms
- Family atmosphere
- Small teacher-student ratio
- Effective home-school communication
- Supportive learning environment
- Restorative approach to discipline
- Participation in French cultural events
- Engagement with our community
- Divisional sports
- School trips
- Free breakfast program
- Active Comité de parents
- Laurier Playzone - fully licensed daycare within the school

If you have questions about French Immersion please contact the school administration at 204-447-2068. Visits to our school are welcome at any time. Please contact us to make arrangements. We look forward to having your child join our school community.

159 Hamilton St. East
Laurier, MB R0J 1A0
Phone: 204-447-2068 Fax: 204-447-3048
Email: ecolelaurier@trsd.ca
Website: ecolelaurier.ca

École Laurier

Give your child the
gift of a second
language.

French Immersion Jr. K - 8

Immersion française de la
préscolaire à la 8e année

Mon Français m'ouvre les
portes du monde.



French Immersion - a program of choice for all students

What is a French Immersion Program?

The goal of the French Immersion Program is to develop proud, confident, engaged, plurilingual global citizens.

The French Immersion Program enables students to interact spontaneously, autonomously, and confidently in French with pride and ease. They seek opportunities to engage in the Francophone community. Their identity as Canadian citizens, competent in both French and English, creates lifelong opportunities and fosters openness to other languages and cultures. This program is designed for students whose first language is not French.

French is the language of instruction for all subject areas except for English Language Arts and music/band, which are taught in English. French Immersion students learn the same curricular outcomes as students registered in the English program. In addition, they take French Language Arts.

“Learning a language is like giving a gold deposit to your children, but without risk, because while gold may decrease in value, knowledge will not. Gold can be stolen, but knowledge always grows.”

Dr. Roseann Runte



If I choose French Immersion, how will my child learn?

Learning French will be natural and spontaneous, much like learning a first language. In a French Immersion classroom, teachers speak French all the time using gestures, mimes, visual, auditory and concrete materials. The teacher only speaks English if the child's health or safety is at risk or if a child has a problem and is emotionally distraught. As in learning a first language, understanding French will come much earlier than being able to speak it. Very quickly, your child will understand words and phrases and will respond appropriately.

Is French Immersion appropriate for all children?

French Immersion is a broad-based program appropriate for all. A child will do as well in French Immersion as he/she would do in an English program. Parents need to support their children and have a positive attitude towards whichever program they choose for their child. Research continues to show that learning in a bilingual setting has more advantages than disadvantages. Students have all to gain and nothing to lose.

Can I transfer my child into French Immersion at the beginning of Grade 1?

Yes, entry in the French Immersion program is possible in Kindergarten and Grade 1. Students may transfer from a similar French Immersion program at other grades.

I don't speak French. Will this be a problem? How will I help with homework?

Help with concepts can be given regardless of language, and is always beneficial. It is not necessary for parents to speak French. All children should have a quiet place and a regular time for doing their homework. Teachers are always willing to work with families regarding homework. The Canadian Parents for French website (www.cpf.ca) also has valuable resources for parents.

What can parents do to help their children?

Encourage good study habits and provide French reference materials for use at home. Enjoy French TV, radio, music, games, software and videos with your children. Read to and with your children in English. Encourage them to read to you in French. Keep in touch with the teachers. Check out summer camps and exchanges. Try taking a French class yourself. You'll enjoy it!

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

Parent or Legal Guardian <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 _____

STUDENT REGISTRATION FORM

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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.

STUDENT REGISTRATION FORM

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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

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 ✓) <input checked="" type="checkbox"/> School <input type="checkbox"/> Licensed child care <input type="checkbox"/> Respite <input type="checkbox"/> Recreation program <input type="checkbox"/> Other: _____	Community Program Name: École Laurier	Location of Service: <input checked="" type="checkbox"/> Same as on left
	Contact person: Christine VanHumbeck	Contact person:
	Phone: 204-447-2068 Fax: 204-447-3048	Phone: Fax:
	Email: ecolelaurier@trsd.ca	Email:
	Mailing address: C.P. 100 Street address: Laurier, MB City/Town: R0J 1A0 Postal Code:	Mailing address: Street address: City/Town: Postal Code:

Section II - Child information - to be completed by parent

Last Name	First Name	Birthdate
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		Month (print) D D Y Y Y Y
Preferred Name (Alias)	Age	Grade
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> 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.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Life-threatening allergy and child is prescribed an injector (e.g. Epi-Pen®/ Taro Epinephrine®/ Allerject®) <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring an injector to the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Asthma (administration of medication by inhalation) <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring reliever medication (puffer) to the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your child know when to take their reliever medication (puffer) e.g. can recognize signs of asthma? <input type="checkbox"/> YES <input type="checkbox"/> NO Can your child take their reliever medication (puffer) on their own ? IF NO, describe what your child needs help with: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Seizure disorder What type of seizure(s) does the child have? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require administration of rescue medication? <input type="checkbox"/> Lorazepam <input type="checkbox"/> Midazolam <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require the use of a vagal nerve stimulator (wand)?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Diabetes What type of diabetes does the child have? <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require blood glucose monitoring at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require assistance with blood glucose monitoring? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child have low blood glucose emergencies that require a response?

Unified Referral and Intake System (URIS) Group B Application

<input type="checkbox"/> YES <input type="checkbox"/> NO	Ostomy Care <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child have an ostomy/stoma? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require the ostomy pouch to be emptied at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require the established appliance to be changed at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require assistance with ostomy care at the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Gastrostomy Care <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child have a gastrostomy tube? Type of tube: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require gastrostomy tube feeding at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require administration of medication via the gastrostomy tube at the program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Clean Intermittent Catheterization (CIC) <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require CIC? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require assistance with CIC at the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Pre-set Oxygen <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require pre-set oxygen at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring oxygen equipment to the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Suctioning (oral and/or nasal) <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require oral and/or nasal suctioning at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring suctioning equipment to the community program?
<input type="checkbox"/> YES <input type="checkbox"/> 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? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Bleeding Disorder (e.g., von Willebrand disease, hemophilia) What type of bleeding disorder has the child been diagnosed with? _____
<input type="checkbox"/> YES <input type="checkbox"/> 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? _____
<input type="checkbox"/> YES <input type="checkbox"/> 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: _____		

ASTHMA HEALTH CARE PLAN

Child name:		Birth date:	
Community program name:			
Parent/guardian name:			
Home Ph#:	Cell #:	Work Ph#:	
Parent/guardian name:			
Home Ph#:	Cell #:	Work Ph#:	
Alternate emergency contact name:			
Home Ph#:	Cell #:	Work Ph#:	
Allergist:		Phone #:	
Pediatrician/Family doctor:		Phone #:	
Known allergies:			
Does child wear MedicAlert™ identification for asthma? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<u>TRIGGERS</u> - List items that most commonly trigger your child's asthma.			
<u>RELIEVER MEDICATION</u> (or bronchodilators) provides fast temporary relief from asthma symptoms. It is recommended that Reliever medication is carried with the child so it is available if an asthma episode occurs.			
What Reliever medication has been prescribed for your child? (CHECK ONE)		<input type="checkbox"/> Salbutamol (e.g. Ventolin®, Airomir®) <input type="checkbox"/> Symbicort® <input type="checkbox"/> Other _____	
How many puffs of Reliever medication are prescribed for an asthma episode? (CHECK ONE)		<input type="checkbox"/> 1 puff <input type="checkbox"/> 1 or 2 puffs <input type="checkbox"/> 2 puffs <input type="checkbox"/> other _____	
Where does your child carry his/her Reliever medication? (CHECK ONE)		<input type="checkbox"/> fanny pack <input type="checkbox"/> purse <input type="checkbox"/> backpack <input type="checkbox"/> other _____	
Does your child know when to take their Reliever medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can your child take their Reliever medication on their own? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CIRCLE the type of medication device your child uses for <u>Reliever medication</u> .			
 Metered dose inhaler (MDI)	 MDI & spacer with mouthpiece	 MDI & spacer with mask	 Turbuhaler®
 Diskus®			

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

ASTHMA HEALTH CARE PLAN

Name:	Birth date:
IF YOU SEE THIS: <div style="text-align: center; margin: 10px 0;">  </div>	DO THIS:
<u>Symptoms of asthma</u> <ul style="list-style-type: none"> Coughing Wheezing Chest tightness Shortness of breath Increase in rate of breathing while at rest 	<ol style="list-style-type: none"> 1. Remove the child from triggers of asthma. 2. Have the child sit down. 3. Ensure the child takes Reliever medication (usually blue cap or bottom). 4. Encourage slow deep breathing. 5. Monitor the child for improvement of asthma symptoms. 6. If Reliever medication has been given and asthma symptoms do not improve in 5-10 minutes, contact parent/guardian. <ul style="list-style-type: none"> <i>Reliever medication can be repeated once at this time. If the child is not well enough to remain at the community program, the parent/guardian should come and pick them up.</i> 7. If any of the emergency situations occur (see list below), call 911/EMS.
<u>Emergency situations</u> <ul style="list-style-type: none"> Skin pulling in under the ribs Skin being sucked in at the ribs or throat Greyish/bluish color in lips and nail beds Inability to speak in full sentences Shoulders held high, tight neck muscles Cannot stop coughing Difficulty walking 	<ol style="list-style-type: none"> 1. Activate 911/EMS. <i>Delegate this task to another person. Do not leave the child alone.</i> 2. Continue to give Reliever medication as prescribed every five minutes. 3. Notify the child's parent/guardian. 4. Stay with the child until EMS personnel arrives.
<u>Signs that asthma is not controlled</u> <p>If staff becomes aware of any of the following situations, they should inform the child's parent/guardian.</p> <ul style="list-style-type: none"> Asthma symptoms prevent the child from performing normal activities. The child is frequently coughing, short of breath or wheezing. The child is using Reliever medication more than 3 times per week for asthma symptoms. 	

I have reviewed this health care plan and provide consent to this plan on behalf of my child.

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

I have reviewed this health care plan to ensure it provides the community program with required information.

Nurse signature: _____ **Date:** _____

Documentation

☐ **Instruction sheet for medication device attached**

ANAPHYLAXIS HEALTH CARE PLAN

Child name:	Birth date:
Community program name:	
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 allergies (i.e. allergies that epinephrine auto-injector is prescribed for):	
Other allergies (non life-threatening):	
Does child wear MedicAlert™ identification for life-threatening allergy(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>Epinephrine auto-injector information</u>	
Type <input type="checkbox"/> EpiPen® 0.15 mg (green) <input type="checkbox"/> EpiPen® 0.3 mg (yellow) <input type="checkbox"/> Allerject® 0.15 mg (blue) <input type="checkbox"/> Allerject® 0.3 mg (orange)	Location - It is recommended that the child carries the epinephrine auto-injector at all times. <input type="checkbox"/> Fanny pack <input type="checkbox"/> Back pack <input type="checkbox"/> Purse <input type="checkbox"/> Other – Describe _____
Child has a 2nd (back-up) auto-injector available at the community program. <input type="checkbox"/> YES Location _____ <input type="checkbox"/> NO	
Other information about my child's life threatening allergy that community program should know. 	

This Health Care Plan should accompany the child on excursions outside the facility.

ANAPHYLAXIS HEALTH CARE PLAN

Name:	Birth date:
IF YOU SEE THIS	DO THIS
<p><u>If ANY combination of the following signs is present and there is reason to suspect anaphylaxis:</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>Face</u></p> <ul style="list-style-type: none"> Red, watering eyes Runny nose Redness and swelling of face, lips & tongue Hives (red, raised & itchy rash) <p><u>Airway</u></p> <ul style="list-style-type: none"> Sensation of throat tightness Hoarseness or other change of voice Difficulty swallowing Difficulty breathing Coughing Wheezing Drooling </div> <div style="width: 45%;"> <p><u>Stomach</u></p> <ul style="list-style-type: none"> Severe vomiting Severe diarrhea Severe cramps <p><u>Total body</u></p> <ul style="list-style-type: none"> Hives (red, raised & itchy rash) Feeling a “sense of doom” Change in behavior Pale or bluish skin Dizziness Fainting Loss of consciousness </div> </div>	<ol style="list-style-type: none"> 1. Inject the epinephrine auto-injector in the outer middle thigh. <ol style="list-style-type: none"> a) Secure child’s leg. The child should be sitting or lying down in a position of comfort. b) Identify the injection area on the outer middle thigh. c) Hold the epinephrine auto-injector correctly. d) Remove the safety cap by pulling it straight off. e) Firmly press the tip into the outer middle thigh at a 90° angle until you hear or feel a click. Hold in place to ensure all the medication is injected. f) Discard the used epinephrine auto-injector following the community program’s policy for disposal of sharps or give to EMS personnel. 2. Activate 911/EMS. <i>Activating 911/EMS should be done simultaneously with injecting the epinephrine auto-injector by delegating the task to a responsible person.</i> 3. Notify parent/guardian. 4. A second dose of epinephrine may be administered within 5-15 minutes after the first dose is given IF symptoms have not improved. 5. Stay with child until EMS personnel arrive. <i>Prevent the child from sitting up or standing quickly as this may cause a dangerous drop in blood pressure.</i> <p><i>Antihistamines are <u>NOT</u> used in managing life-threatening allergies in community program settings.</i></p>
<p><u>Risk reduction strategies</u></p> <p>Avoidance of allergens is the only way to prevent an anaphylactic reaction. 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). 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.</p>	

I have reviewed this health care plan and provide consent to this plan on behalf of my child.

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

I have reviewed this health care plan to ensure it provides the community program with required information.

Nurse signature: _____ **Date:** _____

Documentation



École Laurier
CP 100
Laurier, MB R0J 1A0
204-447-2068

« A l'École Laurier, mon Français m'ouvre les portes du monde. »

Dear Parents,

Please be advised that the Department of Education and Training require that families provide school officials with one piece of valid identification as proof of age/eligibility at the time a student registers for school. Acceptable forms of identification include any of the following:

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

Thank you for providing these documents.

Declare your child's
Indigenous Identity

**Indigenous
Identity Declaration:**
*A Guide for Parents
and Guardians*



Indigenous Inclusion
Directorate

Manitoba 

Manitoba Education and Training is committed toward excellence in Indigenous education, a key component of public education.

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. The term Indigenous comprises Canada's First Peoples within the boundaries of present-day Canada and includes Métis peoples. Providing IID information is voluntary.

Why Declare?

IID helps direct programs, resources and services to Indigenous students

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.

IID information is accurate and secure

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).

Identifier Descriptions

After extensive engagement with Indigenous groups across Canada, Statistics Canada has proposed a standard approach to collecting Indigenous Identity information in Canada.

The following descriptions are applicable when completing the Indigenous Identity Declaration:

- **ABORIGINAL** – Section 35 (2) of Canada's Constitution Act 1982 defines "Aboriginal" as Indian [First Nation], Inuit and Métis peoples of Canada.
- **FIRST NATION** (North American Indian) – Indigenous people who identify as First Nation include registered/status/treaty and non-status/non-treaty Indians. (ex: the Dakota people of Manitoba who do not have treaties with the Crown may still identify as First Nations people.) First Nations people identify with the nation to which they belong. There are five First Nations cultural and language groups in Manitoba – Cree, Ojibway, Dakota, Dene and Oji-Cree.

- **MÉTIS** –people of mixed First Nation and European or Canadian ancestry identify as Métis people.
- **INUIT** –people of Arctic Canada (primarily Churchill in Northern Manitoba, Nunavut, Northwest Territories, Northern Labrador, Northern Quebec and Northern Manitoba). Identify as Inuit.

Language/Cultural Identifiers

The following descriptions for the distinct groups in Manitoba may help when completing the Indigenous Identity Declaration.

- **ANISHINAABE** (Ojibway/Saulteaux) – This refers to people of the Algonquian language family who identify with Odawa, Ojibwe/Ojibway/Saulteaux and Chippewa.
- **ININEW** (Cree) – This refers to people of the Algonquian language family who identify with Cree dialects (Swampy Cree/Ininimowin, Woods Cree/Nihithawiwin and Plains Cree).
- **DENE** (Sayisi) – This refers to people of the Athapaskan language family who identify with the distinct groups of Dene (T’Suline Dene and Sayisi Dene).
- **DAKOTA** – This refers to people of the Siouan language family who identify with Assiniboine, Dakota, Lakota and Nakoda.
- **OJI-CREE** – This refers to people whose language and culture come from mixed Ojibwe and Cree traditions, but are generally considered a distinct nation from either of their parent groups. They are considered one of the component groups of Anishinaabe, and reside primarily in a transitional zone between traditional Ojibwe lands to their south and traditional Cree lands to their north (in northeastern Manitoba, this refers to the Island Lake region).
- **MICHIF** – This refers to people of the Métis Nation who may speak the Michif language which is a mixed Cree or Ojibway and French.
- **INUKTITUT** – This refers to people of distinct Inuit language families (Inuvialuktun, Inuvinnaqtun, Inuittitut and Inuttut).

- **OTHER** (please indicate if not on the list above)
 - This refers to Indigenous people who do not identify with any of the above linguistic/cultural descriptions in Manitoba (e.g. an Indigenous person from another province who does not identify with the above descriptions distinct to Manitoba may declare as Other, for example Mohawk).

Frequently Asked Questions

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

For families who have multiple ancestral/cultural backgrounds, choose what is most relevant for your family. For more details, please see the IID descriptions provided or visit edu.gov.mb.ca/aed/abidentity.html.

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 that best reflects your identity.

My Indigenous child is adopted but 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.

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

IID lists the majority of the languages spoken in Manitoba. If your language is not listed, check the box labeled "other". You may then indicate the language spoken in the space provided or, if unknown, select "uncertain".

There are so many languages to choose from and my language is spelled differently than those listed. Are they likely the same?

Yes, they are likely the same. There are various ways of spelling the major language groups. For example, Ojibwe can also be spelled Ojibway or even Ojibwa. The same can be said of Inuktituq. It can also be spelled Inuktitut. Both are considered the language spoken by the Inuit.

I declared my child's Indigenous identity a couple of years ago. Do I need to declare my child every year?

No. The IID declaration form is provided to parents or guardians every year the child is enrolled in the Manitoba provincial school system. However, if you have already declared your child in a previous year, you do not need to declare your child again.

If your child is new to the provincial school system, or if you need to make changes to the declaration, you can obtain a declaration form any time from the school office.

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

No. If you have already declared your child in a previous year, you do not need to declare your child again. Your child's information will remain in the database throughout the child's education in the Kindergarten to Grade 12 provincial school system.

Contact Information

For more information about the Indigenous Identity Declaration, please contact your child's school office or the Indigenous Inclusion Directorate at:

Indigenous Inclusion Directorate

510 Selkirk Ave

Winnipeg, MB R2W 2M7

Phone: 204-945-1416

Toll Free MB: 1-800-282-8069

Ext. 1416

Email: richard.perrault@gov.mb.ca

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 identify 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 loss of funds.





RESPONSIBILITY OF FAMILIES

- Inform the community program of any medical or special health care needs of your child.
- Complete the URIS Group B Application form provided by the community program.
- Talk with the URIS Nurse to develop your child's individual health care plan for the community program.
- Sign your child's completed health care plan for use at the community program.
- Inform the staff at the community program as well as the URIS nurse of ANY changes to your child's health information at any time.

FOR MORE
INFORMATION OR TO
APPLY FOR URIS
SUPPORT, CONTACT
YOUR COMMUNITY
PROGRAM

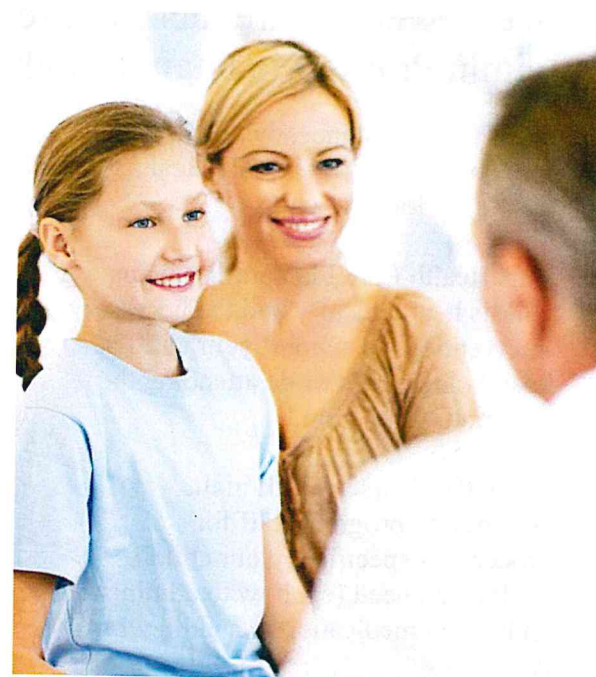


PRAIRIE
MOUNTAIN
HEALTH

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PRAIRIE
MOUNTAIN
HEALTH



UNIFIED REFERRAL AND INTAKE SYSTEM (URIS)

A GUIDE FOR PARENTS

www.prairiemountainhealth.ca

Unified Referral and Intake System (URIS)

The URIS program supports children who require assistance with health care needs while attending community programs including schools, licensed child care facilities, respite services, and recreation programs within Prairie Mountain Health.

With your assistance, the URIS Nurse will complete an Individual Health Care Plan for your child

This Health Care Plan outlines your child's health history and the necessary interventions to support your child's health care needs while attending the community program.

The URIS Nurse will train the community program staff for procedures specific to your child's health care need (eg. how to administer an inhaled medication to a child with Asthma).

URIS training supports schools, licensed child care facilities, recreation programs and respite services personnel to respond to your child's specific health care needs and emergencies.

Prairie Mountain Health URIS Program partners with Manitoba health care professionals to ensure your child is receiving the best support available.



The Unified Referral and Intake System (URIS) is a partnership of Prairie Mountain Health and the Government of Manitoba Departments of Health, Family Services and Education



Health Care Conditions (Group B)

Health care procedures may be safely delegated to non-healthcare personnel when the child's health status is stable and response to the procedure is predictable. Non-healthcare personnel must receive training and ongoing monitoring by a URIS Nurse. The URIS program may provide support for the following conditions:

- **Life-threatening Allergy (anaphylaxis)**
- **Asthma (when medication is present at the community program)**
- **Seizure Disorder**
- **Diabetes**
- **Cardiac Condition**
- **Bleeding Disorder**
- **Steroid Dependence**
- **Osteogenesis Imperfecta (brittle bone disease)**
- **Gastrostomy Care and Feeding**
- **Ostomy Care**
- **Clean Intermittent Catheterization (IMC)**
- **Pre-set Oxygen**
- **Suctioning (oral and/or nasal)**
- **Administration of Medications**