



Ste. Rose School
280 Gendreau Street, Ste. Rose du Lac, MB. R0L 1S0
Ph. 204-447-2088 Fax 204-447-2457

March 2023

Dear Parents/Guardians of Kindergarten Students,

Welcome to school and a new school year!

The staff of the Ste. Rose School would like to welcome your family to our facility. What an exciting time in your child's growth and development! It is our hope that together, as a school learning team, we are able to foster in your child a love of learning that will sustain him/her throughout his/her life.

As per all new adventures paperwork must be done. Provincial ruling mandates that we **MUST have on file a valid birth certificate or alternate proof of Identity** for all new students registering in public schools. Also, our school and Division have a number of forms that must be completed and returned to our office for your son/daughter's school registration. The registration form contains the information we must have on record. **Please make sure to complete all the questions on the form. It is important to include contact information** such as phone #s, email addresses, cell phone #'s, billet information, etc. This is our only source of information should an emergency situation arise and we need to keep our files current. **Should we have to implement the billet policy due to an unexpected school closure, the information we have on file is our direct link with you. We have had to implement this policy so this information is of vital importance.**

Attached you will find a student package which includes the following forms:

- ☐ Registration form – information & signatures required
- ☐ Medical form to be completed by a physician
- ☐ Health Questionnaire (URIS Form) – information & signatures required if applicable
- ☐ Consent form – InTown Trip/Tour – information & signatures required
- ☐ Information from our speech department
- ☐ Student Accident Insurance – Reliable life available via internet at www.studentaccidentinsurance.ca/schools

Also, a reminder to parents of students requiring bus transportation that any changes in regards to bus students must be requested to the driver by a written note and the school should be notified so that we know where your child should be.

A letter will be sent to you sometime in April in regards to the orientation meeting. We are looking forward to working with your child and welcome your family to our school. If you have any questions, please do not hesitate to call the school.

Looking forward to an exciting year!
Ste. Rose School Staff



Ste. Rose School

280 Gendreau St. Ste. Rose Du lac, Manitoba R0L 1S0

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.”

Ste. Rose School

Kindergarten School Supply List

2023-2024

- Paint Shirt
- Runners (non- marking soles for gym floor)
- Sleep Mat (Small bath towels)
- School Bag
- Lunch Kit
- Kleenex Box
- 1 set head phones (for computer use) – no earbuds please
- \$45.00 – to cover costs of all other supplies (if paying by cheque make payable to Ste. Rose School no later than Friday, September 15, 2023)



Please be sure to send all the supplies (with student's name labeled on the items) on the first day.

Thank you for your co-operation.

Ste. Rose School
Sayla Ogg



Turtle River School Division

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Stephen Oversby
– Maintenance Supervisor

Pat Blake- Resource Consultant
Trudy Campbell

– Speech and Language Pathologist
Dana Gurke - Division Social Worker
Garret Froese - Educational Psychologist

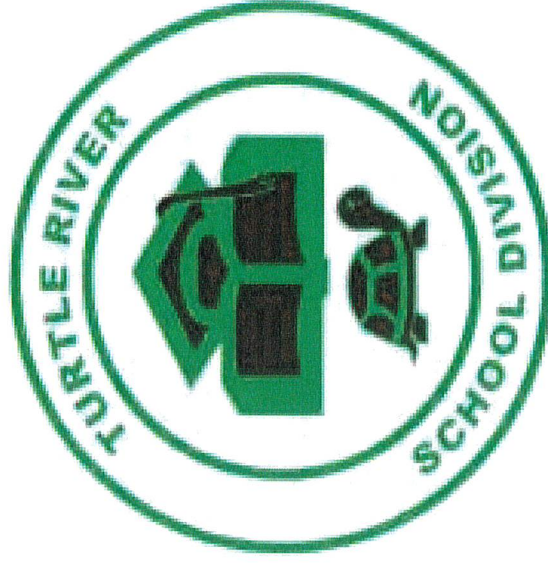
Turtle River School Division Role and Mission Statement

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.



Kindergarten Program

"Learning Today for Tomorrow"

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 ☐ **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: _____

IDENTIFICATION OF CHILDREN THAT ARE ELIGIBLE FOR URIS GROUP B HEALTH CARE SUPPORT**Unified Referral and Intake System (URIS)**

The Unified Referral and Intake System (URIS) is a provincial program that assists community programs in providing a safe and supportive environment for children with special health care needs. It is managed by an interdepartmental committee that includes representatives from the Departments of Health, Healthy Living and Seniors, Family Services and Education and Advanced Learning, with input from others with appropriate expertise.

Classification of Health Care Needs

URIS provides a standard means of classifying the complexity of health care needs/interventions and establishes the level of qualification required by staff that supports the child.

- **Group A** - health care procedures that are complex and must be performed by a registered nurse.
- **Group B** - health care needs that can be delegated to non-health-care personnel that are trained and monitored by a registered nurse.

Identifying a child with URIS Group B health care needs

It is the community program's responsibility to identify children that have a URIS Group B health care need(s).

Individual Health Care Plans (IHCP)

An Individual Health Care Plan (IHCP) is completed when the child is eligible for one or more of the following URIS Group B health care needs.

Please indicate (✓) all health care needs that apply to your child:

- ☐ Anaphylaxis
- ☐ Asthma
- ☐ Bleeding disorder
- ☐ Cardiac condition
- ☐ Clean intermittent catheterization
- ☐ Diabetes
- ☐ Endocrine Conditions
- ☐ Gastrostomy care
- ☐ Osteogenesis imperfecta
- ☐ Ostomy care
- ☐ Pre-set oxygen
- ☐ Seizure disorder
- ☐ Suctioning (oral/nasal)

If you have checked any of the above health care needs, the school will provide you with information on services available from the Unified Referral and Intake System (URIS).

Helpful Tip

If a doctor has not prescribed medication for asthma (i.e. reliever medication) or anaphylaxis (i.e. adrenaline auto-injector), the child is NOT eligible for URIS Group B service. The child must also bring this medication to community program to be eligible for URIS Group B support.

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

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 _____

Immunizations - *up to date?* _____







Significant medical findings that the teacher should be aware of:

(Special conditions, handicaps, etc.)

Medication:

Date: _____ Signature: _____ M.D.

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			
TRIGGERS - 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	
CHECK the type of medication device your child uses for <u>Reliever medication</u> .			
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Metered dose inhaler (MDI)	MDI & spacer with mouthpiece	MDI & spacer with mask	Turbuhaler®
 <input type="checkbox"/>		 <input type="checkbox"/>	
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:	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>		
If staff becomes aware of any of the following situations, they should inform the child's parent/guardian. <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 2 nd (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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding-right: 20px;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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 </td> </tr> </table>		<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 	<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
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<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. Inject the epinephrine auto-injector in the outer middle thigh.</p> <ul 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. </div> <div style="width: 50%;"> <p>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></p> <p>3. Notify parent/guardian.</p> <p>4. A second dose of epinephrine may be administered within 5-15 minutes after the first dose is given IF symptoms have not improved.</p> <p>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> <p><i>Antihistamines are <u>NOT</u> used in managing life-threatening allergies in community program settings.</i></p> </div> </div>			
<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

Unified Referral and Intake System (URIS) Group B Application

In accordance with Section 15 of *The Personal Health Information Act* (PHIA), the purpose of this form is to identify the child's health care intervention(s) and 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. If you have questions about the information requested on this form, you may contact the community program.

Section I – Community program information (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	Name of community program: <u>Ste. Rose School</u> Contact person: <u>S. Shankaruk</u> Phone: <u>204-447-2088</u> Fax: <u>204-447-2547</u> Email: <u>sshankaruk@trsd.ca</u> Address (location where service is to be delivered): <u>Box 129</u> Street: <u>280 Gendreau St.</u> City/Town: <u>Ste. Rose du Lac, MB</u> POSTAL CODE: <u>R0L 1S0</u>
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Section II - Child information

Last Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	First Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Birthdate <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		month (print) D D Y Y Y Y
Also Known As <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

Please check (✓) all health care conditions for which the child requires an intervention during attendance at the community program.

<input type="checkbox"/>	Life-threatening allergy (and child is prescribed an EpiPen)	
Does the child bring an EpiPen to the community program?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	Asthma (administration of medication by inhalation)	
Does the child bring asthma medication (puffer) to the community program?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Can the child take the asthma medication (puffer) on his/her own?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	Seizure disorder	
What type of seizure(s) does the child have? _____		
Does the child require administration of rescue medication (e.g., sublingual lorazepam)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	Diabetes	
What type of diabetes does the child have?		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
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 sugar emergencies that require a response?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	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"/>	Bleeding Disorder (e.g., von Willebrand disease, hemophilia)	
What type of bleeding disorder has the child been diagnosed with? _____		

<input type="checkbox"/> Steroid Dependence (e.g., congenital adrenal hyperplasia, hypopituitarism, Addison's disease)	
What type of steroid dependence has the child been diagnosed with? _____	
<input type="checkbox"/> Osteogenesis Imperfecta (brittle bone disease)	
<input type="checkbox"/> Gastrostomy Feeding Care	
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 community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Ostomy Care	
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
<input type="checkbox"/> Clean Intermittent Catheterization (IMC)	
Does the child require assistance with IMC at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Pre-set Oxygen	
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
<input type="checkbox"/> Suctioning (oral and/or nasal)	
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

Section III - Authorization for the Release of Medical Information

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 physician(s), 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)

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.

Parent/Legal guardian signature

Date

Mailing Address

Postal Code

Phone number



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



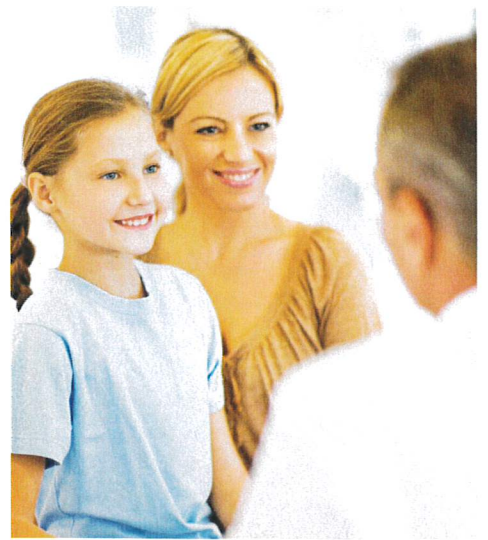
RESPONSIBILITY OF FAMILIES

- 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.



**PRAIRIE
MOUNTAIN
HEALTH**

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Document #: PMH149



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.

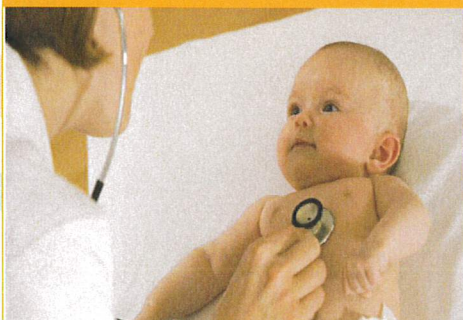
The URIS Nurse will train the community program staff for procedures specific to your child's health care need (eg. how to administer an inhaled medication to a child with Asthma).

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**



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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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.

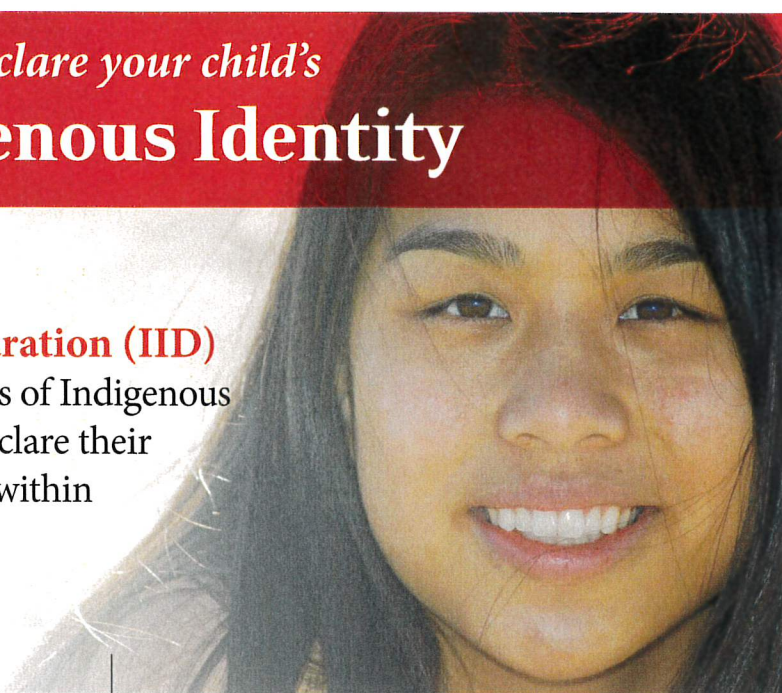
August:

- 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.

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



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.

