



Important Information – Please Translate
 这是一份重要信息 — 请找人为您翻译
 這是一份重要資訊 — 請找人為您翻譯

这是一份重要信息 — 请找人为您翻译 Thông tin quan trọng - Xin phiên dịch
 Mahalagang Impormasyon - Paki salin sa sariling wika Información importante - Por favor traducir

Community School Team Medical/ Emergency Consent Form

Please complete this form and submit it with your completed registration forms.

The collection and retention of information requested on this form is authorized and governed by the *British Columbia School Act* and the *Freedom of Information and Protection of Privacy Act*.

EMERGENCY MEDICAL INFORMATION

The following information will be helpful to the CST program staff in making your child's participation comfortable, safe and pleasant.

(Please print carefully and legibly)

Student Name: _____ Age: _____

Grade: _____ Division: _____ School: _____

Address: _____ Phone Number: _____

Student School Accident Insurance: Yes No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify: _____

Reaction(s) to above? _____

Carries Epi pen? Yes No Inhaler? Yes No Medical Alert Bracelet?

Date of last Tetanus shot: _____

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific: _____

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in: _____

Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such): _____

Other Health/Medical/Dietary Concerns/restrictions: _____

Emergency Contacts (other than Parent/Guardian):

1) _____

Phone: (H) _____ (W) _____ (C) _____

2) _____

Phone: (H) _____ (W) _____ (C) _____

Name of Physician _____ Phone # _____

ACKNOWLEDGEMENT OF CONSENT

Parent/Guardian who is filling out and signing this form:

_____ (Parent/Guardian Name printed)

Should it become necessary for my child to have medical care, I hereby give the Community Schools Team staff permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

Name (please print) _____ Signature _____



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Community School Team Consent for participation and acknowledgement of risk

Parent/Guardian Consent for CST Program Participation and Acknowledgement of Risk

This is an important document. Please review its content carefully prior to providing permission for your child to participate in programs with the Community School Team.

Consent and Acknowledgement of Risk

The qualified staff and volunteers have had their references checked, and have basic training in group management, program planning, first aid, and other relevant skills.

While program volunteers and staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of these activities, and may occur without fault on the part of the student, school board, its employees or community partners, or the facility where the activity is taking place. By allowing your child to participate in these activities, you are agreeing that the activities described are suitable for your child, and that there is a risk of injury associated with the activities.

- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administration, instructors, and supervisors over all phases of the programs/activities.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that the supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

During the program activities, photos and video may be taken of the participants and volunteers. These pictures may be used for print and digital media for the purposes of general program promotion and/or reporting to funders. Should you not wish your child to be photographed or videotaped please initial here _____.

I _____ (Name of parent/guardian) give permission for (Name of student) _____ to participate in the activities described. I understand that my child may be exposed to a risk of injury due to accident while participating in these activities. Date (DD/MM/YYYY): ____/____/____

Name (please print): _____

Parent/Guardian Signature: _____

West 2 Community Schools Team OUT-OF-SCHOOL TIME PROGRAMS

L'École Henry Hudson Elementary



Choir for Grades 1-7

Winter 2015: January to March

more information, please call 604.713.5610.

www.vsb.bc.ca/communityschoolteams



Junior Choir (grades 1-3)

Senior Choir (grades 4-7)

Learn New Songs!
Gain vocal confidence!
And share your voice!



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About West 2 CST

The West 2 Community Schools Team (W2CST) of the Vancouver Board of Education (VBE) offers programs and services to support vulnerable students in four areas: nutrition, academics, social-emotional functioning, and community connectedness.

Qualified and trained West 2 CST staff and students from neighbouring Secondary Schools lead these afterschool programs.

Winter 2015 - Hudson Choir Programs

Senior Choir

Grades 4-7

Location: Gym

Date: Wed. Jan. 28 - Mar. 4

Time: 3 to 4 pm
6 rehearsals plus performance

Cost: \$ 42

Instructors
Ms. Catherine Campolin
Dr. Elinor Chambers

Junior Choir

Grades 1-3

Location: Activity Room

Date: Wed. Jan. 28 - Mar. 4

Time: 12:25 pm to 12:55 pm
6 rehearsals plus performance

Cost: \$ 28

Instructors
Ms. Catherine Campolin
Dr. Elinor Chambers

Additional Program information

Senior Choir

Grades 4-7

Wed. Jan. 28 - Mar. 4

Time 3 to 4 pm

Junior Choir

Grades 1-3

Thurs. Jan. 28 - Mar. 4

Time 12:25 pm to 12:55 pm

Program Description:

Students will learn healthy vocal production, musicianship and performance etiquette. At every rehearsal there is a professional pianist to encourage tuning and experience live music making. Early in the rehearsal process, students receive a folder of music to be brought each week to choir. The repertoire has been carefully chosen with the children's vocal health and abilities in mind.

Singing and choir is a performing art that is meant to be shared with others. The choir director strives to have the students present a selection of songs to their school and/or parents and friends at the end of the session.

Instructors:

Ms. Catherine Campolin is a classically trained soprano with over 20 years of voice performance. She is a choral director for the Vancouver Bach Children's Choir, she also directs choirs at Lord Tennyson, Queen Elizabeth Annex and Henry Hudson. Over the years her school choirs have performed at VanDusen Gardens, The Vancouver Space Centre, FlyOver Canada, The Vancouver Maritime Museum and several retirement homes.

Dr. Elinor Chambers has 3 Masters Degrees and a Doctorate in piano accompanying. She has spent most of her life making music at the piano. She has performed all over Europe, the United States as well as in her native country, Canada.

West 2 CST Registration Form

Program Selection: Senior Choir (Grades 4-7); Wed - \$ 42
 Junior Choir (Grades 1-3); Wed - \$ 28

Payment Total: \$ _____ Please make cheques payable to:
"Vancouver School Board"

FINANCIAL HARDSHIP POLICY: The Board of Education Trustees is committed to ensuring that no school-age student will be denied an opportunity to participate in a course, class or program because of an inability to pay fees. Parents and guardians unable to pay some or all of a school fee are invited to speak to their child's teacher, school counsellor, and/or the school Principal.

PARTICIPANT INFORMATION

Student Name:


Age: _____ Grade: _____ Division: _____

Address: _____ Postal Code: _____

Parent/Guardian Name: _____ Home # _____

Relationship to participant: _____ Cell # _____

Email:

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Consent for child to leave Community Schools Team Out of School Time program alone

Parents/Guardians are responsible for the care of the children once the CST program ends. Please ensure prompt pickup of your child.

My child will be picked up by: _____ (Contact name(s))

Contact telephone #(s) _____

OR if your child has permission to leave the CST program **ALONE**, please complete the following:

I, _____ (Parent/Guardian name) give my permission for my child _____ (child's name) to leave the supervision of the CST program alone at the program's end time.

Signed _____ (Parent/Guardian signature) Date: _____

Please keep this portion for dates and times of the program.