



THE GILES SCHOOL
L'ECOLE GILES



**STUDENT FORMS &
CONSENTS**
2025-2026

MEDICAL FORM

Student Name: _____

Date of Birth: _____ Health Card Number: _____
dd/mm/yyyy

Address: _____ City: _____

Postal Code: _____ Home Phone: _____

Family Doctor Name: _____ Phone: _____

PARENT 1/GUARDIAN 1 INFORMATION

Name: _____ Primary Phone: _____

Email address: _____ Secondary Phone: _____

PARENT 2/GUARDIAN 2 INFORMATION

Name: _____ Primary Phone: _____

Email address: _____ Secondary Phone: _____

EMERGENCY CONTACT INFORMATION

Contact 1 Name: _____ Phone: _____

Relationship to Student: _____ Email: _____

Contact 2 Name: _____ Phone: _____

Relationship to student: _____ Email: _____



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Does your child have any physical challenges or chronic conditions we should be aware of?

☐ Yes ☐ No If yes, please list _____

Does your child have a history of any communicable diseases?

☐ Yes ☐ No If yes, please list _____

Are there any special requirements in respect of diet, rest or physical activity for your child of which we should be aware?

☐ Yes ☐ No If yes, please list _____

Is your child subject to an allergic reaction to drugs, food, insect bites, etc.? **If YES, please complete the Anaphylaxis Emergency Plan Form on the following page and provide Two Epi-Pens labelled with your child's name.**

☐ Yes ☐ No If yes, please list _____

Is your child Anaphylactic? ☐ Yes ☐ No

Does your child require Epi-Pen? ☐ Yes ☐ No

If your child is prescribed medicine by a physician, the Parent must contact the School to complete a Permission to Administer Medication Form, which gives the School permission to administer medication. Without this completed form, the School cannot administer medication to your child.

IN CASE OF SERIOUS INJURY AT SCHOOL

We, the undersigned, authorize the School Principal or designate to initiate the emergency intervention required at the time. This may or may not include transportation by ambulance to a hospital. Parents/Guardians will be contacted in a timely manner subsequent to the incident. This form shall remain in full effect during the 2024-2025 School year or until such time as the person signing the form indicates, in writing, any changes of instruction.



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Signature of Parent 1 /Guardian 1

Signature of Parent 2 /Guardian 2

ANAPHYLAXIS EMERGENCY PLAN

Name: _____



This person has a potentially life threatening allergy (anaphylactic) to:

Check the appropriate boxes...

☐ Food:

☐ Insect Stings

☐ Other:

Epinephrine Auto injector: Expiry Date:

Dosage

☐ EpiPen Jr. 0.15 mg

☐ Allerject. 0.30 mg

☐ EpiPen 0.30 mg

☐ Allerject. 0.15 mg

Location of Auto Injector

☐ **Previous anaphylactic reaction.** Person is at greater risk.

☐ **Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto injector before asthma medication.

Insert Photo Here

A person having an anaphylactic reaction might have ANY of these signs or symptoms:

- Skin system: hives, swelling (face, lips, tongue) itching, warmth, redness
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny-itching nose and watery eyes, sneezing, trouble breathing)
- **Gastrointestinal System (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** paler than normal skin colour / blue colour, weak pulse, passing out, dizziness or lightheadedness, shock
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

Early recognition of symptoms and immediate treatment could save a person's life!

Act quickly! The first signs of a reaction can be mild, but symptoms can get worse very quickly.

- 1 **Give epinephrine auto injector:** (EpiPen / Allerject) at the first sign of a known or suspected anaphylactic reaction.
- 2 **Call 9-1-1** Tell them that someone is having a life-threatening allergic reaction
- 3 **Give a second dose of epinephrine** as early as 5 minutes after the first dose if there is no improvement in symptoms.
- 4 **Go to the nearest hospital immediately (by ambulance),** even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in hospital for an appropriate period of observation as decided by the emergency department physician (generally 4-6 hours)
- 5 **Call emergency contact person (person / guardian)**
- 6 **Take the used injectors with you to the hospital (for disposal)**

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent or guardian authorized any adult to administer epinephrine to the above named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

Patient/Parent/Guardian Signature

Date

Physician Signature ☐ on file

Date



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PERMISSION TO ADMINISTER MEDICATIONS FORM

Date: _____

I hereby give permission to the staff at The Giles School to administer:

Name of Medications

to my child: _____ Grade: _____

☐ According to the doctor's orders and instructions as noted on the prescription bottle or vial (for prescription drugs).

☐ According to the following instructions for (non-prescription drugs):

Signature of Parent 1 /Guardian 1

Signature of Parent 2 /Guardian 2

MEDICATION RECORD

Name of Child: _____ Physician: _____

Name of Medication: _____

Date Commenced: _____ Date Stopped: _____

Date	Time	Dosage	Comments	Staff Signature



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RELEASE TO THIRD-PARTY AUTHORIZATION FORM

The safety and security of children is a primary objective that is our collective duty. It is the sole responsibility of the Parents/Guardians to provide The Giles School with the most current release information in writing. Any student under the age of 16 must be signed out by a Parent/Guardian listed on this form. Students over the age of 16 can pick up/sign out their siblings with the consent of their Parents/Guardians.

My child(re) listed below:

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

To be released by the Giles School to the following authorized person(s) ONLY:

Name	Telephone	Relationship to Student
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent 1 /Guardian 1

Signature of Parent 2 /Guardian 2



MEDIA RELEASE FORM

Student Name: _____

Class: _____

The Giles School would like to use photos/videos of our students in newsletters, advertising, and other forms of internal and external communications, including on The Giles School's website. Student work is identified by the first name only. Names of students in photos are not posted. A school can truly share its strengths when it can feature students and student work on its website, in newsletters and on social media. We truly appreciate the opportunity to feature our students in our various marketing venues. Please check the type of media release authorization that you will permit:

- We give permission to The Giles School to publish schoolwork, pictures, and short videos on the school Website ☐ Yes ☐ No
- We permit the Giles School to post photos or work samples on Giles's Instagram and Facebook accounts ☐ Yes ☐ No

Note: By agreeing to this authorization, you release The Giles School, its representatives, directors, officers, agents, employees, and volunteers from any and all liability and legal or equitable claims of any kind related to media publications.

Class List Consent:

Each year, class lists are distributed to each family in each grade. The class list contains the student's name along with the cell/home phone number of the parent's names and emails. Please check if you give the school permission to share this contact information among the classroom families.

- We give permission for this information to be included on the class list
☐ Yes ☐ No



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Signature of Parent 1 /Guardian 1

Signature of Parent 2 /Guardian 2

OFF-SITE/ON-SITE DAY FIELD TRIPS & WORKSHOPS FORM

Student Name: _____

Class: _____

We have many learning opportunities planned for our students this school year. These learning opportunities will enhance our school's commitment to nurturing creative and innovative minds and are relevant to the curriculum.

By signing this permission form, parents do not have to submit separate documents for each trip/workshop throughout the year. This will allow your child(ren) to participate in all school outings scheduled for the 2024-2025 school year. Email reminders will be sent one week before upcoming trips/costs/activities planned and other important information. The day prior to the trip scheduled, another reminder will be sent out. All activities charges will be deducted from the Activity Fee Account.

Giles School outing uniform is mandatory for all students. The School's jacket, baseball, hat and toque can be purchased through the school office. This attire makes each child easily visible in a crowd.

Important information about Volunteering:

In order to volunteer for school trips, workshops, school events and other planned activities, it is mandatory that parents must have a valid vulnerable sector police check. The vulnerable sector police check must be completed and kept valid. An original copy is to be given to the main office. You must also sign the Volunteer Agreement Form. For more information about the police background check, please contact the office.

We understand that by giving our approval for the event, we release and discharge the School, the Principal, the Staff, and those involved in all activities from any claims, demands, actions or causes of actions of any sort for injuries sustained during the event by my child, except in the cases of gross, wanton, or criminal negligence.

We authorize our child to participate in all field trips and activities, both off-site and on-site, during the 2024-2025 school year.

Signature of Parent 1 /Guardian 1

Signature of Parent 2 /Guardian 2



VOLUNTEER AGREEMENT FORM

Volunteer Name: _____

Class: _____

Skills you would like to help with at the school: _____

Thank you for offering your services as a Volunteer at The Giles School. Your help is greatly appreciated and we hope you will gain much from your experience with us. Please read and sign this Volunteer Agreement Form and submit it to the school office. If both parents are volunteering, a separate form filled out for each parent planning to volunteer will be required.

- ☐ I have read the Giles School Volunteer Policy in the Family Handbook.
- ☐ I agree to support the school's aims and core values.
- ☐ I agree to treat the information I learn from being a volunteer at The Giles School as confidential.
- ☐ I agree to share my contact information with the Parents' Association for the purpose of assisting with future events organization during the school year.
- ☐ I understand that I am required to undergo a Police Reference Check (Vulnerable Sector Screening) to advise the school of my suitability as a volunteer. (Please submit a current PRC certificate to the school, and a copy will be made for the school records.)

Parent/Guardian of (Student Name): _____

Signature: _____



Date: _____

ACKNOWLEDGEMENT AND ACCEPTANCE OF THE GILES SCHOOL HANDBOOK

At the Giles School, students, staff and families are committed to learning about culture through language and industry. Parents/guardians, teachers and students can work hard each day to respect and support ourselves and others as we model and demonstrate three promises.

We promise to be inclusive and equitable.

We promise to be international and diverse.

We promise to be innovative.

It is a privilege to be part of the Giles School. This contract will be an important document during your time at Giles. We invite all community members to sign this commitment as a pledge of a common understanding of our school values.

We ask all parents who have children in PK to Grade 8 to sign and return this Acknowledgement and Acceptance Form as part of the registration process. You will be kept informed of updates and revisions to policies and procedures this school year. This form is a record that acknowledges that

- ☐ The Giles Family Handbook has been read.
- ☐ The Family Handbook outlines important information about the Giles School.
- ☐ We, the Parents, accept the policies and procedures contained and referenced in the Giles Family Handbook.
- ☐ Questions about the content of the handbook will be directed to the School Principal.

We, Parents of _____, have read the Family Handbook and acknowledge and accept the contents as presented in this document



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