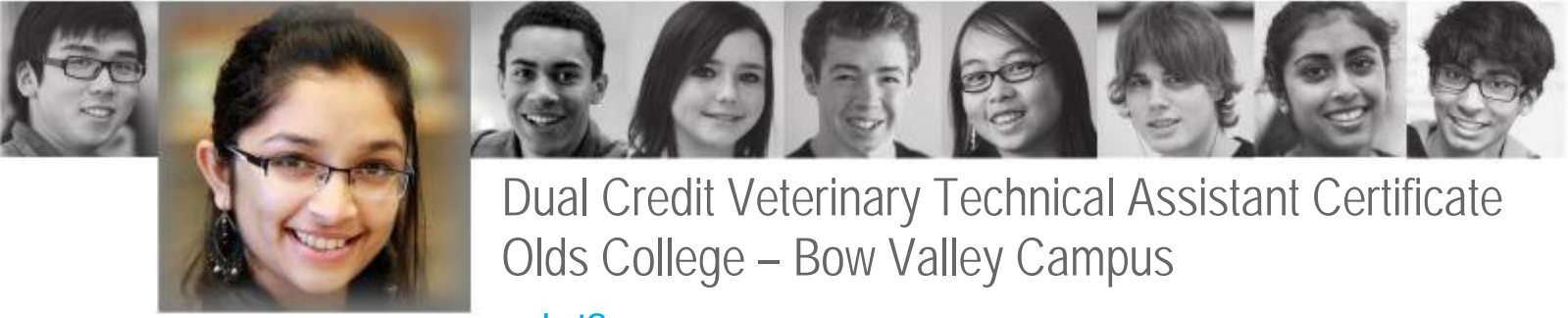


high school success



Dual Credit Veterinary Technical Assistant Certificate Olds College – Bow Valley Campus

what?

- Veterinary Technical Assistant (VTA) is an entry level program that introduces students to the veterinary industry and animal care.
- The VTA is a valued member of a veterinary practice team and works alongside veterinary professionals, animal health technicians and shelter staff in the small animal industry.
- Animals need care and lots of love. A VTA does both and most importantly enjoys working with dogs and cats.
- **On-campus** delivery which combines labs, classroom learning, and clinical settings
- Earn 25 credits towards completion of an Alberta High School Diploma
- Earn a Veterinary Technical Assistant Certificate

who?

- Open to CBE high school students entering Grade 11 in September 2018
- Students must have “Scheduled period 4 blocked” for students to work online in the learning center at their designated high school and to travel to Bow Valley College
 - space is limited, successful applicants must attend a mandatory parent/student evening to be considered for the program
- Participants must be 15 years of age upon beginning the program

when?

- The program consists of four semesters beginning a student's Grade 11 year
- Classes are 2 days a week at Bow Valley College Campus from 3:30pm - 6:30pm
- Student applications must be received by February 23, 2018 at 4:00 PM
- Course begins September, 2018

where?

- Olds College instructors will deliver the program at Old College Calgary Campus, which located at Bow Valley College
- On-campus at Bow Valley College (345 6 Ave SE, Calgary, AB T2G 4V1)

why?

- Fully employable as a Veterinary Technical Assistant upon successful completion of the program
- Gain industry certification and post-secondary credits while still in high school

Sonya Gillis
e | slgillis@cbe.ab.ca
t | 403-817-7516

Mandatory On-campus Dates:

Mandatory Parent Evening: Tuesday March 6, 2018

Bow Valley Campus
(7th Floor Rm S7044)
7:00-8:30pm

Semester 1

Sept 2018 – Dec 2018
3:30pm – 6:30pm
Tuesday

Semester 2

Jan 2019 - June 2019
3:30pm – 6:30pm
Tuesday & Thursday

Semester 3

Sept 2019 - Dec. 2019
3:30pm – 6:30pm
Tuesday & Thursday

Semester 4

Jan 2020 - June 2020
3:30pm – 6:30pm
Tuesday & Thursday

Students must ensure they are able to commit to being on-campus at Bow Valley College for the program duration, 4 semesters.

key information & prerequisites

GRADE 10

Key Information

- | | |
|--|---|
| <ul style="list-style-type: none"> • Students are accepted in this Dual credit program. • Olds College instructors will deliver the program at Old College Calgary Campus, which located at Bow Valley College. • Students will be supervised by an Off-Campus teacher. • To receive an Olds College (VTA) certificate, an overall GPA of 2.0 (62%) must be achieved. • Classes are 2 day a week at Bow Valley College Campus from 3:30pm - 6:30pm • “scheduled period 4 blocked “ for students to work online in the learning center at their designated high school and to travel to Bow Valley College • Cost of program after high school is \$ 3700.00 • Must Attend Off Campus field trips to Olds College | <ul style="list-style-type: none"> • Attend Information Session: <u>March 6, 2018</u> • Complete HCS3000 • Must complete Rabies Vaccination Series on pre-determined dates. Follow up blood work is also required one month after the final vaccination. • Students must complete one of Biology 20, Chemistry 20 or Science 20 in semester 1 of Grade 11 and English Language Arts 30-1 or 30-2 by the end of Grade 12. • An understanding that this program is a two-year commitment • Attendance is a high priority in this program • Submit completed application February 23, 2018 |
|--|---|



GRADE 11

Semester 1

AHT1050: Introduction to the Veterinary Profession
(5 Credits)

Semester 2

VTA6020: Principles of Veterinary Clinical Procedures
VTA6040: Patient Preparation and Husbandry
(10 Credits)

Please note:

Grade 11- Semester 1, classes are 1 day a week (Tuesdays), class time from 3:30 pm to 6:30 pm.

Grade 11- Semester 2, classes are 2 days a week (Tuesdays/Thursdays), class time from 3:30 pm to 6:30 pm.



GRADE 12

Semester 1

VTA6010: Small Animal Restraint and Handling
* With Scheduled Off-Campus Field Trips
(5 Credits)

Semester 2

VTA6030: Veterinary Equipment & Instrumentation
* With Scheduled Off-Campus Field Trips
(5 Credits)

Grade 12- Semester 1 and 2, classes are 2 days a week (Tuesdays/Thursdays), class time from 3:30 pm to 6:30 pm. Delivered at Olds College (Calgary Campus) located on the 7th Floor, South Tower of Bow Valley College, for a 3 hour block each day.





Application | Dual Credit Veterinary Technical Assistant Certificate Program | September 2018 to June 2020

Instructions |

Please complete and email a scanned copy or fax the completed form to Sonya Gillis
e | slgillis@cbe.ab.ca
f | 403-777-6159

First Name _____ Last Name _____

School _____ Current Grade _____

Alberta Ed Student # _____ Student ID# _____

Email address _____ Phone _____

Student cell phone _____

Deadline |

All applications must be received no later than 4:00pm on Friday, February 23, 2018

Please check the following as they apply.

Have you completed or do you plan to complete HCS300 prior to the start of the program in September?

Guidance Counsellor/teacher initials _____

Yes.

No.

Do you plan to complete Bio 20/Chem20/Sci 20 by the end of Semester 1 in Grade 11?

Guidance Counsellor/teacher initials _____

Yes.

No.

Do you plan to complete English Language Arts 30-1 or 30-2 by the end of Grade 12?

Guidance Counsellor/teacher initials _____

Yes.

No.

Have you verified with a teacher or Guidance Counsellor that you are able to commit to being on-campus at Bow Valley College for **4 semesters**. Semester 1 - Tuesdays 3:30 to 6:30pm and Semester 2,3 & 4 -Tuesday and Thursday 3:30pm to 6:30pm?

Guidance Counsellor/teacher initials _____

Yes.

No.

Please verify with a teacher or Guidance Counsellor that you are able to arrange for transportation to and from the Olds College, Bow Valley campus.

Guidance Counsellor/teacher initials _____

Yes.

No.

(Over) ->

Deadline |
All applications
must be received no
later than 4:00pm on
Friday, February 23,
2018

Statement of Support (to be completed by a teacher/Off-campus Coordinator, Career Practitioner, or Administrator) How does the program align with the applicant's interests, future aspirations or overall learning plan?

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Teacher/Administrator Name (Please print) _____

Teacher/Administrator Signature _____ **Date** _____

Applications deadline is 4:00pm on Friday February 23 , 2018.

Successful candidates will be contacted and all required dual credit paperwork will be completed at that time.

Please email or fax 403-777-6159 the completed form to Sonya Gillis sgillis@cbe.ab.ca

Registration checklist:

- Application Form – completed and signed by parent/guardian, student and teacher/administrator
- Parent Letter –signed by parent/guardian
- Olds College Application Form – completed and signed by parent/guardian, student and teacher/administrator
- Acknowledgement of Risk and Medical Information Form – completed and signed by parent/guardian
- Successful applicants must attend a mandatory parent/student evening to be considered for the program. March 6th, 2018 – 7:00 to 8:30pm. You will be notified if application is successful.



December 12, 2017

Calgary Board of Education
1221 – 8 Street SW
Calgary, AB, T2R 0L4

Dear Parents/Guardians,

Your child is applying to be part of the Dual Credit Veterinary Technical Assistant Certificate program at Olds College, Bow Valley Campus. This is an outstanding opportunity for high school students to study a post-secondary program and be fully employable as a Veterinary Technical Assistant upon successful completion of the program. The post-secondary program is rigorous and requires commitment and a strong component of self-directed study to achieve their certificate. Upon successful completion of the program students will receive both a Veterinary Technical Assistant Certificate - a post-secondary credential, and 25 high school credits.

The Dual Credit Veterinary Technical Assistant program is delivered on-campus and combines labs, classroom learning, and clinical instruction in animal care settings. The program runs over 4 semesters (2 years) from 3:30pm to 6:30pm Tuesday and Thursday on-campus at Olds College, Bow Valley Campus (345 6 Ave SE, Calgary, AB T2G 4V1). Please note that transportation to and from the Bow Valley campus is the responsibility of the student on the dates outlined in the information sheet.

To participate in the practicum students are required to have their Rabies vaccination series and a parent is required to accompany their child to the full series of these vaccinations. Further details will be shared during the first semester of the program.

Please sign and return a copy of this letter with the application package to acknowledge you have read and understood the commitment required to successfully complete this program. We look forward to a wonderful program; please do not hesitate to contact us if you have any questions.

Kind regards,

Lisa

Lisa Betterton
Learning Specialist
lvbetterton@cbe.ab.ca
403-616-0097

**Parent Signature
or Independent student Signature**

DUAL CREDIT APPLICATION PACKAGE

INSTRUCTIONS

PLEASE MAKE SURE TO:

- **Print all information clearly.**
- **Complete all sections on pages 1 and 2 of the application and include all documents to avoid any delays in processing.**
- **Keep a copy of this application for your records.**

PAGE 1

Applicant Information Agreement – 3 Parts

PAGE 2

Section I – Personal Data

Your email and mailing address will be used for correspondence relating to admission and all subsequent correspondence from the college.

Section II – Course Selection

Seats are filled on a first qualified, first served basis.

All documents submitted become the property of Olds College and will be used for college admission purposes, and therefore are not released or copied.

Dual credit applications must include a completed application form, a current Course Mark Inquiry, and a written Statement of Intent.

Section III – FOIP Statement

Read the FOIP section completely before signing.

WHAT IS DUAL CREDIT?

A high school student who is involved in dual credit is taking either a high school or a post-secondary course that results in both high school credits and post-secondary credits being earned. Students are enrolled in both the high school and the post-secondary institution at the same time.

WHY DUAL CREDIT?

Research indicates a number of benefits for students in dual credit programs, including increases in student attendance, student engagement and achievement, and career and life goal setting.

Olds College dual credit courses and programs are available in a variety of delivery methods and on a variety of schedules. Details about courses and programs are available for dual credit are provided through your high school.

WHO IS ELIGIBLE FOR DUAL CREDIT?

Generally, students in grades 11 and 12 are eligible for dual credit courses and programs. In some cases, grade 10 students also may be eligible. The school's Guidance Counsellor will help determine if there is a dual credit course or program that fits the student's interests and schedule.

SCHOOL DISTRICT/ COLLEGE RESPONSIBILITIES

- Inform students of the requirements specific to the course or program.
- Provide students with background information on requirements for Olds College.
- Work with students to build learner pathways, mapping out students' final years of high school.
- Assist students to meet all prerequisites of the program.
- Register admitted students as college students.
- Encourage students to be proactive in informing Olds College of specific learning needs.
- The college instructor will provide students with feedback on their progress throughout the program. If any difficulties are encountered or if problems arise, the school district will be informed and will communicate with the students and parents.
- At the end of the course/program, the college will provide percentage grades to the high schools for high school credit.
- The school district will provide tuition funding for the course.

FURTHER INFORMATION AND QUESTIONS CAN BE DIRECTED TO:

Director, Jackie Taylor
Community Learning Campus 4500 – 50 Street. Olds. Alberta. Canada T4H 1R6

PHONE 403.507.7731 Toll Free 1.800.661.6537

EMAIL jtaylor@cesd73.ca OR jtaylor@oldscollege.ca



DUAL CREDIT APPLICATION

SCHOOL DISTRICT CONTACT:
Please send completed application package to:

Director, Jackie Taylor
 Community Learning Campus
 4500 – 50th Street
 Olds, Alberta, Canada T4H 1R6

Phone: 403.507.7731
 Toll Free: 1-800-661-6537
 Email: jtaylor@cesd73.ca
 jtaylor@oldscollege.ca

APPLICANT INFORMATION
Name
High School
School District
School District Contact
School District Contact Email
Please indicate semester requested: <input type="checkbox"/> Semester 1 – September <input type="checkbox"/> Semester 2 – January/February

DUAL CREDIT AGREEMENT

PART 1 – STUDENT

By signing this agreement, I acknowledge my understanding that I am enrolled in a college-level course and that my work will be graded according to the same standards applied to college students. I understand that the final grade earned in this course will be entered into my permanent record at Olds College. As an Olds College dual credit student I understand and agree to the following:

- Attend classes as scheduled and be punctual. Your class schedule will be available from your instructor. You must contact your instructor if you will be absent or late.
- Meet program expectations.
- Intent to withdraw from the college at any time will require the completion of the Olds College Withdrawal Form and submitting it to the Director of Learning at the Community Learning Campus.
- A “W” grade will be assigned to the course in the current registration period providing the deadline to withdraw has not passed. Withdrawals processed past the deadline to withdraw from courses will result in a failing grade. Withdrawal deadlines will be provided in your course materials.

In signing this application, I agree to abide by the rules and regulations governing study with Olds College and the school district.

I declare that the information contained in this application is complete and correct. I understand that information about my registration and course progress will be shared between the school district and the college. I understand that this application does not guarantee admission to Olds College programs and is subject to the availability of seats. I understand that this is a school district partnership program and agree that the school district and college reserve the right to modify the program without notice or prejudice.

Print Name/Student: _____
 Signature/Student: _____
 Date: _____

PART 2 – PARENT/GUARDIAN PERMISSION

I authorize my child’s participation in Olds College courses(s). I give permission for Olds College to share information about course progress and registration with the school district, so that the school may report as per high school reporting requirements. Transportation to Olds College for all on-site components of the college course/program, including parking arrangements, is the responsibility of the student/parent.

I declare that the information contained in this application is complete and correct. I understand that this application does not guarantee admission to Olds College programs and is subject to the availability of seats. I understand that this is a school district partnership program and agree that the school district and college reserve the right to modify the program without notice or prejudice.

Print Name/Parent/Guardian: _____
 Signature/Parent/Guardian: _____
 Email Address: _____
 Date: _____

PART 3 – PRINCIPAL/TEACHER RECOMMENDATION

I have discussed the dual credit course with this student and I recommend him/her as a candidate for admission.

Print Name/Principal/Teacher: _____
 Signature/Principal/Teacher: _____
 Email Address: _____
 Date: _____

SECTION I – PERSONAL DATA

Last Name		First Name		Middle Name	
Mailing Address			City / Province		Postal Code
Email Address			Home Phone		Mobile Phone
Birthdate (Month / Day / Year)			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Alberta Student Number (ASN)
Emergency Contact					Emergency Contact Phone
Course Mark Inquiry Attached <input type="checkbox"/>		Statement of Intent Attached <input type="checkbox"/> <i>Please write a brief description (300-500 words) of why you wish to enroll in the Olds College dual credit course(s). Include this written statement with your application package.</i>			
<p>Aboriginal Ancestry – This information is being collected on behalf of Advanced Education and Technology, pursuant to Section 33(c) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. For further information or if you have questions regarding the collection activity, please contact the office of the Director, Post-secondary Planning and Accountability, Adult Learning Division, Alberta Advanced Education and Technology, 10155-102 Street, Edmonton AB, T5J 4L5, (780)422-1209. If you wish to declare that you are an Aboriginal person, please specify:</p> <p style="text-align: center;"> <input type="checkbox"/> Status Indian /First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Non Status Indian/First Nations <input type="checkbox"/> Inuit </p>					<p>Immigration Status</p> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant Country of Citizenship _____ First Native Language _____

SECTION II – COURSE SELECTION

Please list the dual credit course or courses for which you are applying

SECTION III – FOIP

Freedom of Information and Protection of Privacy

The information collected on these forms is collected for the purpose of the dual credit program under the authority of the School Act. The information will be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta. If you have any questions about the collection and use of this information, please contact the Dual Credit Coordinator at 403-507-7731.

Print Name/Student: _____

Signature/Student: _____

Date: _____

Print Name/Parent/Guardian: _____

Signature/Parent/Guardian: _____

Date: _____



Off-campus Education Acknowledgement of Risk



**Calgary Board
of Education**

Consent of Parent, Guardian or Independent Student and "Acknowledgement of Risk"

PLEASE READ CAREFULLY

I, _____, the parent or legal guardian of _____ (name of student) ("my child"), agree to the participation of my child **OR** I, _____ (name of student), an "Independent Student" under the *School Act* (Alberta), agree to my participation in the Veterinary Technical Assistant Certificate program (the "**Program**") organized by The Calgary Board of Education ("**CBE**") with Olds College (the "**Program Provider**").

In consideration of the CBE accepting my child as a participant in the Program or accepting me (as an Independent Student) as participant in the Program, I agree and acknowledge as follows:

1. The CBE reserves the right to cancel the Program in whole or part, including prior to the scheduled date of commencement, based upon the security, health and safety conditions in the location(s) of or in the vicinity of the location(s) of the Program.
2. A) I agree, for myself and on behalf of my child, to release the CBE, its Trustees, Superintendents, employees, volunteers, contractors and consultants and the Program Provider and its respective directors, officers, employees and agents (collectively, the "**Releasees**") from any claims, losses, damages, liabilities and costs ("**Losses**") that I or my child, as the case may be, may incur arising from or in connection with the Program, except to the extent any such losses, damages, liabilities and costs arise directly from the negligence or wilful acts or omissions of any of the Releasees. I acknowledge that none of the Releasees shall be responsible for any consequential, incidental, special or punitive losses, damages or costs incurred by me or my child arising in respect of the Program.

B) Without limiting the generality of Section 2(A) above, I, for myself and on behalf of my child, or I, an Independent Student, release the Releasees from any delays, acts or omissions of any of the Releasees in respect of the Program arising from events beyond his, her, its or their reasonable control, which includes but is not limited to **ACTS OF GOD, WAR, STRIKES OR GOVERNMENT RESTRICTIONS, TERRORIST ACTIVITIES, STRIKES OR WORK STOPPAGES, OR THE ACTS OR OMISSIONS OF ANY OTHER ORGANIZATION OR INDIVIDUAL, OVER WHOM THE RELEASEES HAVE NO DIRECT CONTROL.**

C) I agree, for myself and on behalf of my child (or I, an Independent Student, agree) to pay or reimburse the Releasees for any claims, losses, damages and costs arising from any acts or omissions of my child (or of me, as an Independent Student) in connection with the Program resulting or arising from failure to comply with any directions or instructions given by any of the applicable Releasees.
3. I, on behalf of myself and my child (or I, as an Independent Student) release the Releasees and each of them from any losses, liabilities, damage and costs that I and/or my child may incur arising from and during the course of transportation to and from the location(s) of the Program, including in the course of embarking or disembarking from the mode of transportation. I confirm and acknowledge that any injury, damage or loss incurred during the course of transportation to and from the location(s) of the Program will not be compensated by the Releasees.
4. I acknowledge that the CBE shall use reasonable commercial efforts to ensure that in respect of the Program:
 - a) all personnel of the Program Provider and of the CBE supervising the activities involved in the Program are trained and skilled to provide such supervision;
 - b) the location(s) of and facilities used during the Program meet safety and health standards in compliance with applicable laws; and
 - c) the Program participants will be asked to participate in activities that are age and skills appropriate.
5. I freely and voluntarily acknowledge and assume on my behalf and on behalf of the Student (or, as an Independent Student, I assume) all of the risks and hazards, known and unknown, inherent in the nature of the Program and I understand and acknowledge that a Student may suffer personal and potentially serious injury, loss or illness due to unforeseeable or unexpected events.
6. I am satisfied that I have been provided with information about the Program, including the nature and extent of certain risks and hazards associated with the Program and that such information concerning risks and hazards is NOT exhaustive. I am not relying solely upon such information provided by the CBE and reserve the right to obtain additional information upon such basis as I determine.
7. I freely and voluntarily acknowledge and assume on my behalf and on behalf of my child (or I, as an Independent Student,

acknowledge and assume) all of the risks and hazards, known and unknown, inherent in the nature of the Program and I understand and acknowledge that any participant in the Program may suffer personal and potentially injury, loss or illness due to an unforeseeable or unexpected event as a result of any such hazard, known and unknown.

8. My child has been informed by me that he/she shall comply (or I, as an Independent Student, confirm that I shall comply) with the CBE's policies and regulations and any applicable CBE or school Code of Conduct, and with any rules of the Program Provider in respect of the Program made known to me and/or my child, as well as with the directions and instructions of the CBE's employees, consultants, volunteers or Program Provider personnel concerning the Program. Participation in the CBE and/or Program Provider preparatory sessions and meetings (if any) prior to the activities is mandatory. I acknowledge that failure to do so may result in the exclusion of my child (or of me as an Independent Student) from the Program by the CBE.
9. If my child (or I, as an Independent Student) becomes ill or incapacitated, I acknowledge and agree that the CBE, its employees, consultants and volunteers and also in the case of medical emergency, the Program Provider personnel, may take any actions they deem necessary, including securing professional medical treatment. I also acknowledge that the CBE and/or Program Provider personnel shall make reasonable efforts to contact the parent or guardian of a Student (who is not an Independent Student) in any medical emergency situation.
10. **I have completed the medical information form (attached).** I warrant that the medical information I have provided is complete and up to date. I consent to CBE sharing the medical information with the Program Provider and its applicable personnel. I have disclosed any known medical information concerning my child (or concerning me as an Independent Student) that may affect participation in the Program. I also acknowledge and agree that CBE or the Program Provider may refuse to accept my child for or may remove my child (or me as an Independent Student) from participation in the Program as a result of any medical condition as CBE or the Program Provider shall determine, at its sole discretion.
11. I understand that I am solely responsible for any illegal activities of my child (or, as an Independent Student, my illegal activities) during the Program (such as theft, vandalism or using or trafficking in any illegal substances or non-prescription drugs).
12. I confirm that this form shall be binding upon me as an Independent Student or upon me and the other parent or legal guardian of my child and upon my child and if the other parent or guardian of my child shall commence any action or claim against any of the CBE Group in respect of the matters herein notwithstanding the provisions hereof, I indemnify the CBE Group from any losses, damages, liabilities and costs incurred by the CBE Group or any of them in that regard.
13. I am at least 18 years of age and confirm that I have had the opportunity to seek independent legal advice prior to signing this form.
14. I confirm that this form and my acknowledgements and agreements are governed by the laws of Alberta.

Signed at Calgary, Alberta this _____, 201_____

Signature Parent/Legal Guardian/Independent Student

Print Name

Address and Telephone Number

IMPORTANT - Medical Information

Please be aware that any information contained on this Medical Information form will be passed on to the employer/service provider. We suggest you include information that is relevant to the safety and well-being of the student while working or participating in educational programs. If there is no pertinent medical information to be shared, please indicate not applicable, and sign and return to the Off-campus Coordinator.

Health Information: (A photocopy of this completed form may be provided by CBE to the CBE to address health and medical needs including emergencies, and CBE may also share this information with the Program Provider others as deemed necessary.) Can be typed or handwritten

- MUST BE COMPLETED BY A PARENT, GUARDIAN OR INDEPENDENT STUDENT

Activity: <u>Veterinary Technical Assistant</u>	Date(s) <u>September 2018 – June 2020</u>
Student Name: _____	Alberta Health Care # (optional unless travelling outside of Alberta) #:
Date of Birth (Yr/M/D): _____	

Drug Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity:
Food Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity:
Insect Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity:
Other Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity:

Is the student under any form of treatment for an illness, condition or injury? (including Asthma)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", please elaborate. Include activities to be restricted or modified.
--	---	--

Please fill out the medication names and details for administering them: (if more space is required please attach additional information)

NAME OF MEDICATION	REASON (OPTIONAL)	DOSAGE	HOW OFTEN?	TIME OF DAY

Medication storage Requirements:

As a result of the above, are there any known side effects to above medication(s)? If "yes", please describe:

Does the student have any psychological or emotional problems? If "yes", please describe:

Are there any recent injuries to be concerned about? If "yes", please describe:

Medical Treatment Restrictions (if any) e.g. blood transfusions:

Dietary Restrictions (if any): _____

Additional Instructions/Information: _____

Emergency Contact: 1) _____ Phone: _____(H) _____(W) _____(C)
Emergency Contact: 2) _____ Phone: _____(H) _____(W) _____(C)

In compliance with The Calgary Board of Education ("CBE") Administration Regulation 6002, as amended from time to time ("AR 6002") (available for view on the CBE website), parents/legal guardians/Independent Students are responsible for providing medical supports and medication prescribed for the student by a physician or medical professional to ensure the student has the supports and medication required while at school or during off-site activities. The CBE, its teachers and staff will not administer the medication or supports but shall during school activities (subject to AR 6002), store the medication and supports and supervise the child in self-medicating. The parent/legal guardian/Independent Student are responsible for notifying the CBE of the nature of the medication and supports, the timing of self-medication and any procedures that apply to same.

I understand that given the nature of the Program in respect of which this form is being provided, in which the student will not be accompanied or supervised by CBE teachers/staff during off-site activities involved in the Program, CBE and its teachers/staff will not store the student's medication or supports off-site or supervise the self-medication by the student during any such activities. By signing this form, I confirm that I have waived any requirement of teacher/staff supervision of self-medication by the student and of storing medication or supports during off-site activities, and confirm that I do not wish the CBE, its teachers/staff to provide the same. I further acknowledge that the Program Provider and its staff are not representatives or agents of the CBE and are not authorized by the CBE to store the student's medication or supports or to supervise the self-medication by the student on behalf of the CBE.

Please note that:

1. the provisions contained in this form are subject to AR 6002 and applicable laws; and
2. the provisions contained in this form further are subject to the applicable school's Emergency Response Protocol and any particular Student Health Plan completed by the CBE with the parent/legal guardian/Independent Student.

Subject to the foregoing, I agree that the medications (prescription/ non-prescription) listed on the first page of this form are the student's responsibility and will not be shared or given to others and the student is responsible for how the medication is stored and when it is taken. I, the parent, legal guardian or Independent Student, accept responsibility in all cases for any medication that is lost, stolen or damaged and confirm that the CBE has been informed about the nature of the medication(s), known side effects and consequences of missed doses or extra doses and any other pertinent medical information by me.

To the best of my knowledge, the medical information contained in this form is accurate and up to date and I shall inform CBE immediately of any changes to such information. I understand the risks involved in the taking of such medications by the student during or prior to the Program activities in which the student shall be a participant. I further hereby agree that If my child (or I, as an Independent Student) becomes ill or incapacitated, I acknowledge and agree that the CBE, its employees, consultants and volunteers, and also in the case of medical emergency, the Program Provider personnel, may take any action they deem necessary for the safety, health and well-being of my child (or me as an Independent Student), including securing professional medical treatment and I release CBE, its employees, consultants and volunteers and the Program Provider and its personnel from any Losses arising as a result thereof. I acknowledge that the CBE has recommended that I obtain medical insurance to cover such expenses. I also acknowledge that the CBE and/or Program Provider personnel shall make reasonable efforts to contact me in any medical emergency situation.

I further acknowledge that the CBE does not make a medical assessment of the suitability of the student for participation in the Program based on the information provided in this form, and that if the student has or develops any medical conditions that may affect the student's participation in the Program, I will advise the CBE immediately.

Parent/Guardian/Independent Student

Print Name

Date