



Student Registration Form

Sk'il' Mountain Community School 2025 - 2026



IMPORTANT INFORMATION FOR PARENTS/GUARDIANS: Please provide the following information, in full, and return this form to the school office. Accuracy of the information you provide will ensure that our files are up to date and correct. All information provided on this form is collected under the authority of the *School Act, Section 13 and 79*. The information provided will be used for educational programs and administration purposes, and when required, may be provided to health services, social services or support services as outlined in *Section 79(2) of the School Act*. The information collected on this form will be kept secure and confidential in accordance with the *Freedom of Information and Protection of Privacy Act* and the *School Act*. If you have any questions about the information recorded on this form, please contact your school Principal.

NEW STUDENTS ONLY. PLEASE ATTACH A COPY OF THE STUDENT'S BIRTH CERTIFICATE, BC SERVICES CARD AND IMMUNIZATION RECORDS

STUDENT INFORMATION

Legal Last Name:	Male / Female
Legal First Name:	Gender Identity (if different than above):
Legal Middle Name:	Birthdate: Age:
Usual Last Name:	Proof of Age (e.g. Birth Certificate):
Usual First Name:	Home Phone:

PHYSICAL ADDRESS

Street # & Name:
Apt #: Lot #:
Municipality:
Province: Postal Code:

MAILING ADDRESS

PO Box #:
Municipality:
Province: Postal Code:

PREVIOUS SCHOOL / STRONG START

Name:
Address:
Municipality:
Province: Postal Code:
Phone:
Grade:

CITIZENSHIP

Country of Birth:
Citizenship:
Date of Entry to Canada:
Visa Expiry Date:
First Language:
Language Spoken at Home:

MEDICAL INFORMATION

Doctors Name:	Phone:	Personal Health Number:
a) Allergies to:		Life Threatening? Y / N
b) Health Conditions:		Life Threatening? Y / N
c) Medication Required:		Taken while at school? Y / N
If you answered a, b, or c above you are required to fill out the <i>Operational Procedure - Medical Alert</i> planning form, and if applicable, the <i>Operational Procedure - Administration of Medication</i> form		

ANCESTRY INFORMATION

First Nations Ancestry: Y / N	Status: <input type="checkbox"/>	Non Status: <input type="checkbox"/>	Metis: <input type="checkbox"/>	Inuit: <input type="checkbox"/>
Band of Origin:				
Living on Reserve: Y / N	Band of Residence:	Status Card #:		
Permission for release of information to Band of Residence? Y / N				

BUS TRANSPORTATION

Is bus transportation required: Y / N	Bus Route # or Location:
Stop Description:	

PARENT / GUARDIAN	
Relationship to Student:	Relationship to Student:
Last Name:	Last Name:
First Name:	First Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Living with Student: Y / N	Living with Student: Y / N
If no above, please indicate your address:	
Are you an Emergency Contact: Y / N	Are you an Emergency Contact: Y / N
Place of Employment:	Place of Employment:
Work Phone:	Work Phone:
Email Address:	Email Address:

LEGAL CUSTODY (Please indicate if there are any legal custody issues for this student) Y / N	
Custody: (e.g.; Sole, Joint)	Custody: (e.g.; Sole, Joint)
Court Access to Child: Y / N	Court Access to Child: Y / N
PLEASE NOTE: In the case of custody issues, please ensure that your school Principal is made aware of custody and access information relevant to your child and that legal documentation is provided (if applicable). These issues may be discussed with the Principal at any time, and will be kept confidential within the school.	

LOCAL EMERGENCY CONTACTS (other than parents already listed)	
Last Name:	Last Name:
First Name:	First Name:
Relationship:	Relationship:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

SCHOOL AGED / STRONG START SIBLINGS			
1) Last Name:	Male / Female	2) Last Name:	Male / Female
First Name:		First Name:	
Birthdate:	Living with Student: Y / N	Birthdate:	Living with Student: Y / N
Relationship:		Relationship:	
3) Last Name:	Male / Female	4) Last Name:	Male / Female
First Name:		First Name:	
Birthdate:	Living with Student: Y / N	Birthdate:	Living with Student: Y / N
Relationship:		Relationship:	

RELEASE OF INFORMATION & PARENTAL PERMISSIONS	
Permission to go home for lunch: Y / N	Permission to walk home: Y / N
I prefer newsletters sent via email: Y / N	Email to: _____

I, (print name) _____, certify that the information on this form is correct.

Parent/Guardian Signature

Date



Sk'il' Mountain Community School

2025 - 2026



Medical Alert Form

BACKGROUND

There are students in school who may require emergency care interventions by school staff. These students are commonly referred to as students with a medical alert condition. These conditions are those that are physician diagnosed, potentially life threatening and include:

- a. diabetes.
- b. epilepsy.
- c. anaphylaxis: a history of a severe allergic response which requires planned care and support inside, as well as outside, the school environment e.g. field trips.
- d. severe asthma: history of episodes requiring immediate medical treatment or a history of requiring immediate medication administration to avert an emergency.
- e. blood clotting disorders such as hemophilia that require immediate medical care in the event of injury.
- f. serious heart conditions; and,
- g. other conditions which may require emergency care as determined in consultation with parent, student, family physician, school and Medical health Officer of designate.

It is the priority of the School to secure a reasonable level of safety and well-being for students. The School expects schools to make reasonable accommodations for students who have a medical alert condition.

PROCEDURES

Using the comprehensive school health model, the responsibility for the safety, health and well-being of students is a joint responsibility of the school staff, Public Health Nurses and the parents/guardians. Each team member has different roles:

1. The Principal has paramount responsibility for ensuring the safety, health and well-being of students during school hours. Students with life threatening medical conditions will be reasonably accommodated.
2. The Public Health Nurse will provide consultation to the school staff and parent/guardian, on any of the medical alert conditions and their management, including the development of care plans and training of school personnel.
3. The parent/guardian provides the school with timely information regarding the student's condition, care, and any medication required. The parent/guardian works with the school health team to develop an appropriate care plan and train designated school personnel.

OBLIGATIONS OF EACH TEAM MEMBER

1. The Principal will:
 - a. Collect demographic and health information about students with medical alert conditions at time of registration.
 - b. Give parents a Medical Alert Planning form and Request for Administration of Medication at School, if necessary, with instructions for completion and returning the form(s) to school. The parent/guardian will also be provided with a copy of these guidelines to assist them in understanding their own and school staff responsibilities.

- c. Consult with the Public Health Nurse, if necessary, for clarification of which conditions may need medical alert procedures.
- d. Consult with the Public Health Nurse on the training of appropriate school and district personnel once the medical alert plan has been returned by the parent/guardian. This training may be conducted by:
 - i. Parent with assistance of Public Health Nurse.
 - ii. Parent/student with assistance of Public Health Nurse; or,
 - iii. Public Health Nurse.
- e. Twice a year, inform all staff of students with medical alert conditions and where the plan and medications for these students are stored.
- f. Ensure that a safe and appropriate storage area for medication is provided. It is recognized that the medication may at times have to be immediately available (e.g., on field trips).
- g. Ensure plans are reviewed particularly when they have been implemented and updated annually or on parent/guardian notification of changes in the child's condition.
- h. Ensure information is distributed to all appropriate school district personnel as required, including bus drivers.
- i. Ensure that all procedures relating to an individual student is forwarded by the Principal to the parent/guardian with a copy to be kept in the student's file.
- j. The following information should be communicated to parents/guardians at the beginning of each school year in a memo, letter or in the first regular newsletter:
 - i. Please remember, it is your responsibility to let the school know if your child has a serious health condition or requires medication in the school. Contact the school office if you need more information or to pick up the required forms.
 - ii. If your child already has a form on file at the school, it is your responsibility to review and update the plan. If forms need to be completed or updated, contact the school office as soon as possible.
 - iii. Please also read the bulletin, Students with Medical Alert Conditions, attached.

2. The Public Health Nurse will:

- a. Meet with the Principal prior to, or at the beginning of, the school year to discuss/review the medical alert procedures in the school, and the role of the Public Health Nurse.
- b. Refer new families/students with medical alert conditions to the school before the beginning of the school year when the child is previously known to public health.
- c. On request, advise the Principal of which students have medical alert conditions based on parent/guardian information given at the time of registration. This may involve additional clarification with the parent/guardian or student's physician.
- d. Work jointly with school staff and parent/guardian to finalize care plan if necessary and develop a training plan for appropriate staff.
- e. Provide general information on medical alert conditions to school staff, parents/guardians and students as required, including safety options (e.g., medical alert bracelets).

3. The Parent/Guardian will:

- a. Provide the school with accurate and timely information about their child's medical alert conditions, both at the time of registration and at any time there is a change in the student's condition of care.
- b. Complete the Medical Alert Planning form and the Request for Administration of Medication at School form if the latter is required. Consultation with the child's physician may be needed for the planning form and is required for the medication form. Return completed forms to the school as soon as possible.

- c. Work with the school staff and the Public Health Nurse to ensure designated school staff are trained to assist the student should an emergency occur.
- d. Check the care plan annually at the beginning of the school year.
- e. Complete a new Request for Administration of Medication at School form annually, and prior to school opening if medication is or may be needed by the student during school hours.
- f. Ensure medication is available at the school, in the original labelled container and is not out-dated/expired.

Parent/Guardian Guide

STUDENT WITH MEDICAL ALERT CONDITIONS

There are students in school who may require emergency care by school staff. These conditions are physician diagnosed, and potentially life threatening. They require planned care and support inside, as well as outside, the school environment (e.g., field trips). It is the parent/guardian's responsibility to inform the school of their child's Medical Alert condition. This is a partnership between team members: students, parent/guardian, school, physician, and public health nurse to ensure the safety of your child while they attend school.

LIFE THREATENING CONDITIONS INCLUDE

- Diabetes
- Epilepsy/Seizure disorder
- Anaphylaxis and/or history of severe allergic reaction
- Severe Asthma
- Blood clotting disorder such as Hemophilia
- Other conditions which may require emergency care

TO SUPPORT THE SCHOOL IN PROVIDING FOR THE SAFETY OF YOUR CHILD

4. Give your school the correct information about your child's medical condition when you register by filling out the Medical Alert Planning form.
5. If medication is needed at school that requires help from a school employee, fill out the Request for Medication Administration at School form. Your doctor will need to fill out Part B of this form.
6. Talk to your public health nurse about what training can be provided for the school staff members.
7. Review the Medical Alert Planning form each September and at any time there is a change in your child's condition. Have your physician complete the Request for Medication Administration at School form each year before school starts, and at any time there is a change in your child's medication.
8. Give medication to your school in the original container and replace it when it is outdated. Provide equipment to give medication (e.g., measuring spoon). Remove the medication supply from the school at the end of the year otherwise it will be destroyed.
9. If your child should wear a medical alert bracelet or necklace ask at your local drug store or call Medic Alert at 1 800 668 1507.

MEDICAL ALERT PLANNING FORM

INFORMATION AND PLAN WHILE IN THE CARE OF THE SCHOOL

Student Name: _____ Birth Date: (YY/MMM/DD) _____

Parent/Guardian: _____ Home#: _____ Bus #: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Potential life-threatening medical condition diagnosed as: _____

1. New Condition: Yes No Date condition identified: _____

2. Describe the potential problem:

PLAN WHILE IN THE CARE OF THE SCHOOL

The information for the school plan must be updated annually and when the child's condition changes. The plan is updated by the student/parent, in consultation with the family physician, and reviewed as needed with the appropriate school staff in consultation with the Public Health Nurse.

Symptoms to watch for are: _____

Precautions in the classroom are: _____

Emergency Plan school staff need to follow (step by step):

1. _____
2. _____
3. _____
4. _____

Medication needed: Yes No Name of Medication: _____

NOTE: Medical Alert training is required annually to all school personnel.

INFORMATION REVIEWED by:

Parent/guardian: _____

Signed: _____ Date: _____

Parent/guardian: _____

Signed: _____ Date: _____



Technology: Use of Services and Resources 2025 - 2026

BACKGROUND

The school provides access to technology services in all classrooms and offices within the school. All users are required to observe proper etiquette and refrain from illegal or inappropriate activities. Users must protect the computer network and its data from inappropriate activity and staff must ensure proper supervised access is available to eligible users.

- ❖ Technology services and resources: refers to school computers, peripherals, services, and Internet access.
- ❖ Internet: refers to the school's local area and wide area networks, electronic mail system, the global Internet, and other current and future services to be provided by the school.
- ❖ User Account or Account: refers to the assignment of a unique identification name ("ID") and password to a user to enable that person to access the Sk'il' Mountain Community School (SMCS) computer network, the Internet, and to send and receive electronic mail. In reference to the school's computer network, the generation of an account also enables access to the resources found on that system. The term "account" in this context does not refer to monetary commitments.

General Information

- a. Computer networks are for educational and school-work related purposes.
- b. The use of the technology is a privilege and inappropriate use may result in cancellation or suspension of privileges as determined by school and/or staff, in accordance with normal procedures.
- c. Users of school technology services and/or resources must conduct themselves in a responsible, respectful and ethical manner, as they would in any environment where they represent their school or employer.
- d. All electronic systems, including email records are SMCS property, subject to *Freedom of Information and Protection of Privacy Act* legislation and may be inspected or monitored at any time if misuse is suspected.
- e. School technology services and/or resources shall only be used by authorized persons.
- f. Users are responsible for all activity in their accounts.
- g. Users shall ensure they have logged off before leaving a computer.
- h. The school reserves the right to restrict the scope of access granted to individual users or classes of users. Any user identified as a security risk may be restricted in his/her access to technology services and/or resources.
- i. The school reserves the right to set quotas for usage/storage/downloads on school resources or network.
- j. It is the responsibility of all users who become aware of situations that may vandalize or jeopardize the security of school technology services and/or resources to alert the appropriate person or authority.
- k. This agreement applies even when school technology access is gained from in or out of school/work settings and/or school/work time.
- l. Unneeded files and email messages should be deleted regularly from the system to

- conserve file space.
- m. Passwords are not to be shared with any other person and users may not permit others to use their accounts
- n. Users may not distribute or use another individual's account or password

Prohibited Use

Users may not use school technology services and/or resources for any of the following;

- a. transmit any materials in violation of Canadian laws
- b. access, download, store, transmit or post inappropriate messages or material (eg; defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening or racially offensive)
- c. duplicate, download, store or transmit copyrighted material in violation of copyright laws
- d. violate, or attempt to violate the security of the school networks
- e. business purposes unrelated to school operations
- f. product and/or service advertisement, religious or political lobbying
- g. participate in pyramid schemes
- h. distribute unwanted or unsolicited email messages
- i. send chain letters
- j. play unauthorized network or online games
- k. participate in private or public chat forums unless for those authorized by the school
- l. zero tolerance of cyber bullying

Consequences for Prohibited Use

Inappropriate use or prohibited use may lead to suspension or termination of user privileges, and possible other consequences, including disciplinary or legal action.

Student Use

The purpose of student access to the school technology services and/or resources is to further the learning objectives of the educational program, including;

- a. Providing access to a wide range of material with educational value to the student
- b. Providing training in the use of computer systems
- c. Facilitating communication with individuals in the SMCS and the world in furtherance of the student's education

PROCEDURES

The principal will:

- a. Clearly communicate to students, parents/guardians and staff of the benefits and potential risks associated with the use of school technology services and/or resources.
- b. Ensure that teachers review the *Guidelines for Access to Technology Services and/or Resources* (attached) for themselves as well as with their students.
- c. Ensure that all staff review the *Guidelines for Access to Technology Services and/or Resources* (attached)
- d. Ensure that all users have read the *Guidelines for Access to Technology Services and/or Resources* (attached) and have signed the *School Technology Services and/or Resources Acceptable Use Agreement* annually before any network or Internet access is granted. If a user is younger than 19, the signature of a parent or guardian must also

- appear on the agreement.
- e. Ensure that appropriate supervision is in place when the technology services and resources are accessible in schools.

School Staff will:

- a. Sign a *Technology Services and/or Resources Acceptable Use Agreement* at the time of hiring. Please note; school staff may be required to update this agreement at the request of the Principal.
- b. Review the *Guidelines for Access to Technology Services and/or Resources* (attached) for themselves as well as with their students (if applicable).

The student's parents/guardians will:

- a. Review the *Guidelines for Access to Technology Services and/or Resources* (attached)
- b. Consent by signature for their child's *Access to Technology Services and/or Resources Acceptable Use Agreement* annually. This signed consent must be returned to the school before any network or internet access is granted to a user younger than 19 years of age

The student will:

- a. Participate in a discussion on the *Guidelines for Access to Technology Services and/or Resources* of the school as they apply to technology
- b. Conduct all activities according to these procedures and guidelines set out for the use of computer and electronic resources within the school.
- c. Conduct all activities as outlined by the school Codes of Conduct

REFERENCE

Guidelines for Access to school Technology Services and/or Resources
Technology Services and/or Resources Acceptable Use Agreement
Freedom of Information and Protection of Privacy Act

GUIDELINES FOR ACCESS TO TECHNOLOGY SERVICES and/or RESOURCES

Computers in schools provide access to a wide range of resources including educational software programs, library catalogues, the internet and, in some cases, email.

Schools are committed to ensuring that their network systems are used appropriately to address educational goals and that all staff and students are aware of their responsibilities for acceptable use of computer networks. Students are given direct instruction on the safe use of the internet and network communication and are supervised while using technology in the classrooms and labs.

DO

- Use computer networks for educational and school-work related purposes
- Follow copyright laws
- Respect the privacy of others
- Follow established guidelines of computer use and etiquette

- Report violations to teacher, Principal, or supervisor
- Immediately leave an inappropriate internet site and tell the Teacher or the Principal
- Cite sources and attribute material to the proper owner/author as required

DON'T

- Use networks for non-educational purposes
- Damage computers, computer systems, computer networks, peripherals devices or software either mechanically or by installing or applying viruses
- Waste resources such as paper, time or bandwidth
- Access, damage or destroy the files of another user
- Use another person's password
- Harass, stalk, insult or attack others
- Send or post obscene, abusive or offensive messages, pictures or materials
- Use language that may be offensive to others
- Use the network to access or to distribute/store illegal, illicit or offensive material
- Use unauthorized copies of information or software (copyright laws)
- Use someone else's work
- Employ the network for commercial purposes
- Use networks for unlawful purposes or in violation of Canadian laws
- Attempt to access information or system levels for which you are not authorized

Possible Consequences of Unacceptable Use

- Loss of network privileges
- Disciplinary action
- Financial liability for damaged equipment
- Legal consequences

Personal Devices

- Personal devices (cell phones, tablets, laptops) are not permitted at school
- If a student is found with a personal device, it will be kept in the Principal's office until their parent/caregiver picks it up

**TECHNOLOGY SERVICES and/or RESOURCES
ACCEPTABLE USE AGREEMENT**

USER DECLARATION

I have read, understand and will abide by the *Guidelines for Access to Technology Services and/or Resources* in School. I further understand that any violation of these guidelines is unethical and may constitute a criminal offence. Should I violate this agreement, my access privileges may be revoked and further disciplinary action may be taken.

Student Staff Trustee

Please check one of the above to indicate your position within Sk'il' Mountain Community School

User Name	School/Site
User Signature	Date

PARENT/GUARDIAN DECLARATION (Required only if the user is under 19 years of age)

As a parent or guardian of the above student, I have read the *Guidelines for Access to Technology Services and/or Resources* and I understand that access to the School network is designed for educational purposes only. I recognize that although School has taken precautions to control student access to controversial material, restriction to all such material cannot be guaranteed, and I will not hold School responsible for materials acquired on the network by my son or daughter.

I hereby give permission for School to issue an account to my child, and I certify that the information contained on this form is correct.

Student in K-7 Educational Time Free Time

For a Student in K-7 ONLY please check both boxes above if you wish to approve computer use during Educational Time and Free Time

Student in Gr 8-12

Parent/Guardian Name	School/Site
Parent/Guardian Signature	Date

For School Only



Parent/Guardian Consent Form



Sk'il' Mountain Community School 2025 - 2026

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS: Please review, authorize and return this form to your child's teacher. All information provided on this form is collected under the authority of the *School Act, Section 13 and 79 and/or Ministerial Order M152/89*. The information provided will be used for educational programs and administration purposes, and when required, may be provided to health services, social services, support services, or the Ministry of Education's data services as outlined in *Section 79(2) of the School Act*. The authorizations collected on this form will be kept secure and confidential in accordance with the *Freedom of Information and Protection of Privacy Act* and the *School Act*. This authorization will be updated on an annual basis for a 12-month term commencing October 1 – September 30. If you have any questions or concerns regarding this form, please contact your school Principal.

STUDENT INFORMATION	SCHOOL INFORMATION
Last Name:	Grade:
First Name:	Teacher:

FREEDOM of INFORMATION and PROTECTION of PRIVACY ACT - FOIPPA (Bylaw 4-1)

The Freedom of Information and Protection of Privacy Act (FOIPPA), proclaimed in October 1993, was extended to local public bodies such as schools in the Fall of 1994.

- The purpose of the Act is to promote the general principles that provincial government information should be available to the public, and that personal information respecting individuals being held by government (including educational bodies) should not be improperly disclosed.
- With this in mind, please read the following statement with respect to the information the school collects about yourself and your child.
- We require your permission to use information about your child from time to time in celebrating their successes in school. For example:
 - displaying photograph(s) and/or information regarding your child;
 - on a bulletin board, newsletter, brochure, school year-book
 - in the local newspaper
 - posting birthday announcements in the school
 - posting on the school website and/or social media sites
 - using video conferencing and/or creating, posting, displaying digital media projects

all require that we have your permission to do so. Therefore, please read the following statement, sign the permission slip below and return to the school:

Sk'il' Mountain Community School

- a) I _____ (print name) **GIVE MY CONSENT** for my child's school, Sk'il' Mountain Community School to publish photographs and/or personal information, as noted above, about my child for celebration of their successes and passages in school.
- b) I _____ (print name) **DO NOT CONSENT** for my child's school, Sk'il' Mountain Community School, to publish photographs and/or personal information, as noted above, about my child for celebration of their successes and passages in school.

Signature of Parent/Guardian

Date

Sk'il' Mountain

COMMUNITY SCHOOL

Box 2124, Shalalth, BC V0N 3C0
Ph: 250-259-8223/Fax: 250-259-8238



PARENTAL CONSENT & WAIVER FORM FOR LOCAL FIELD TRIPS 2025-2026

Dear Parents/Caregivers,

We are planning some wonderful activities outside of the regular school setting to enrich our students' learning experiences. In order to do this, we would like your permission to take students where we see fit to enhance their learning over the coming months instead of sending multiple permission forms home. Examples are: to the lakeside to see the gwenish and eagles, out picking fruit, walks around to understand the land's resources, etc.

Please complete and return to the school as soon as possible.

Permission is granted for my son/daughter to participate in all Local field trips:

Child's name: _____

I/We, hereby acknowledge that certain RISKS OF INJURY are inherent to participate in learning activities outside the school. These types of injuries may be minor or serious and may result from one's actions, or the actions or inaction of others, or a combination of both.

I/We understand that the Rules and Regulations established for the field trip are designed for the safety and protection of the participants and hereby undertake to inform my child to abide by these rules and regulations.

I/We understand that:

1. A minimum level of fitness and health (physical, mental and emotional), is required;
2. Each person has a different capacity for participation; and,
3. Any exceptions to full participation are identified in advance of the event.

I/We declare having read and understood the above Parental Consent Agreement in its entirety and hereby consent to allow my/our child to participate in all field trips within the Valley from now until the end of June 2024, acknowledging all of the foregoing.

Parent/Guardian's name _____

Parent/Guardian Signature _____

Date _____



Parent/Guardian Consent Form

Sk'il' Mountain Community School
2025 - 2026



BC SCHOOL FRUIT AND VEGETABLE NUTRITIONAL PROGRAM

(Administered by the BC Agriculture in the Classroom Foundation and supported by the Ministry of Health)

Our school is involved in a province-wide healthy living initiative. One of the goals is to encourage healthy eating by providing fresh BC fruits and vegetables to our students during class time. Students will receive these healthy treats each month during the school year at **no charge**. To ensure every student's health and safety, please complete and return this consent form.

NO I do not wish my child to participate in the BC School Fruit and Vegetable Program

YES I consent to my child's participation in the BC School Fruit and Vegetable Program

MEDICAL ALERT: My child has food allergies you need to be aware of and therefore they may not be able to participate in every offering. (If you have checked this option, please complete a **Medical Alert Planning Form** attached to *Operational Procedure*)

Signature of Parent/Guardian

Date

