

QUEEN MARGARET'S SCHOOL

QMS

2011-12 JUNIOR SCHOOL FORMS
GR. 7 & 8 BOYS HOMESTAY PROGRAM

Please complete applicable forms and return before:
JULY 1ST, 2011

Mail, fax, email or drop off forms to:

660 Brownsey Avenue
Duncan, British Columbia, Canada V9L 1C2
T (250) 746-4185 | F (250) 746-4187 | reception@qms.bc.ca
www.qms.bc.ca



Please indicate whether your child may be released into the custody of the individuals named as your emergency contacts. It is school policy that no student may be released into the custody of any person unless authorized by the student's parent or legal guardian. **We ask that the person picking up your child be prepared to show ID at the time of pickup.**

If any of these emergency contact numbers should change, please inform the Administration Office immediately.

1. Emergency Contact Name: _____ Relationship to student: _____

Address: _____

Phone numbers: Home: _____ Cell: _____ Work: _____

My child may also be released into the custody of this person: Yes No

2. Emergency Contact Name: _____ Relationship to student: _____

Address: _____

Phone numbers: Home: _____ Cell: _____ Work: _____

My child may also be released into the custody of this person: Yes No

3. Emergency Contact Name: _____ Relationship to student: _____

Address: _____

Phone numbers: Home: _____ Cell: _____ Work: _____

My child may also be released into the custody of this person: Yes No

4. Emergency Contact Name (**Not on Vancouver Island**): _____

Relationship to student: _____ Address: _____

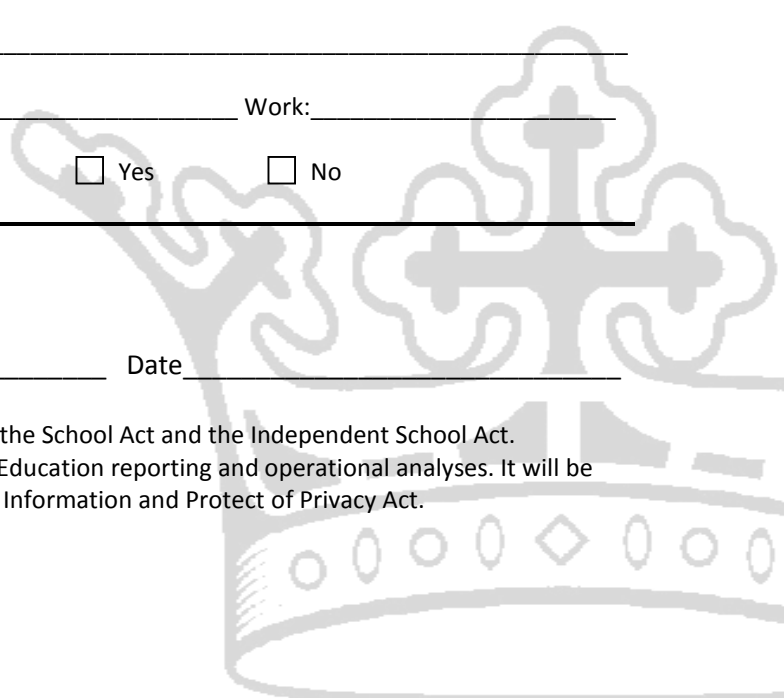
Phone numbers: Home: _____ Cell: _____ Work: _____

My child may also be released into the custody of this person: Yes No

I certify that the information on this form is correct.

Parent/Guardian signature _____ Date _____

The information on this form is collected under the authority of the School Act and the Independent School Act. Information is used by Queen Margaret's School for Ministry of Education reporting and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protect of Privacy Act.



MEDICAL FORM – NEW BOARDING STUDENTS

(CONFIDENTIAL INFORMATION KEPT AT THE HEALTH CENTRE)

SECTION A: TO BE COMPLETED BY PARENT/GUARDIAN

Student: _____
Last Name First name(s)

Date of Birth (dd/mm/yy): _____ Grade: _____

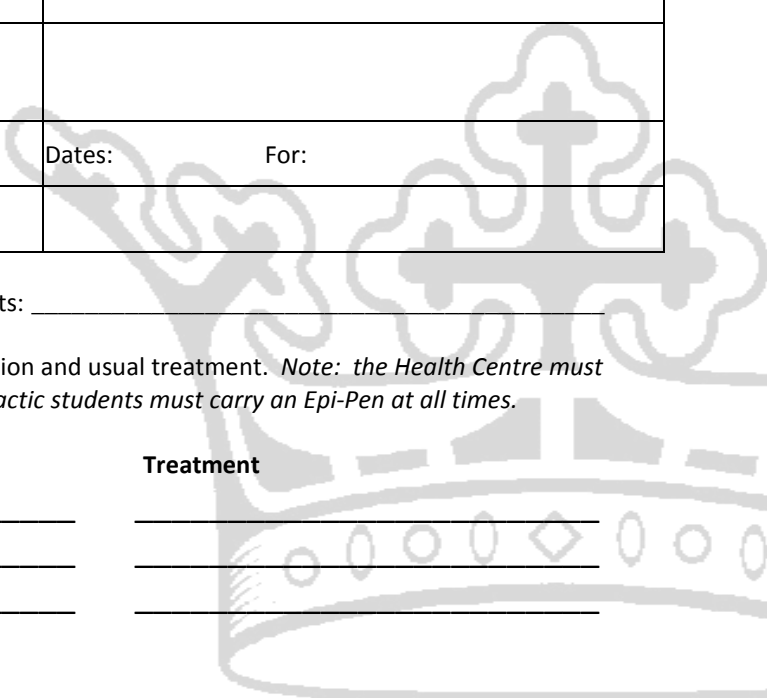
If more space is needed, please attach additional documents.

PAST OR PRESENT ILLNESSES/CONDITIONS	YES	NO	COMMENTS & TREATMENT
Ear infections, sinus problems, hearing aids, nose bleeds, etc.			
Arthritis, scoliosis, back pain, knee or ankle problems. Limitations re: sports.			
Diabetes, thyroid problems, etc.			
Abdominal concerns			
Menstrual concerns			
Heart murmur, Rheumatic fever, etc.			
Epilepsy, fainting, headaches, migraines, etc.			
Asthma, bronchitis, frequent colds, etc.			
Eczema, rashes, hives, etc.			
Eating disorders, ADD, depression, behavioural problems, etc.			
Counselling: Follow-up required			
Hospitalizations			Dates: _____ For: _____
Any other health concerns the school should be aware of?			

Mantoux: Negative Positive If positive, chest x-ray results: _____

List all allergies (medications, food, environmental), describing reaction and usual treatment. *Note: the Health Centre must know of any anaphylactic allergies prior to starting school. Anaphylactic students must carry an Epi-Pen at all times.*

Allergy	Reaction	Treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____



Does this student wear a Medic Alert Bracelet?

No Yes

Does this student require an Epi-Pen for allergies?

No Yes

List all current medications and reason for taking them (e.g. puffers, Ritalin, allergy medication, etc.), regular and as needed. If your child has asthma, please send an extra puffer for the Nurse to keep in the Health Centre as necessary.

Medication	Reason	Length of treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION B: TO BE COMPLETED BY PARENT/GUARDIAN OR FAMILY PHYSICIAN

Please check any of the following diseases this student has had:

Chicken Pox Hepatitis A B C Measles Mononucleosis Mumps

Rubella Tuberculosis Other: _____

Queen Margaret’s School requires that all students provide proof of immunization against DIPHTHERIA, TETANUS, POLIO, MUMPS AND RUBELLA or a statement of conscience/religious belief or medical exemption. All new students must complete the immunization form and include a photocopy of their immunization records. All immunizations should be updated prior to arrival at QMS.

DpT (Diphtheria, Pertussis, Tetanus):

Age 2 months (dd/mm/yy): _____ Age 4 months: (dd/mm/yy): _____ Age 6 months (dd/mm/yy): _____

Age 18 months (dd/mm/yy): _____ Age 4-6 yrs (dd/mm/yy): _____ Age 14-16 yrs (dd/mm/yy): _____

Polio:

Age 2 months (dd/mm/yy): _____ Age 4 months: (dd/mm/yy): _____ Age 6 months (dd/mm/yy): _____

Age 18 months (dd/mm/yy): _____ Age 4-6 yrs (dd/mm/yy): _____

MMR (Measles, Mumps & Rubella):

(Note the first dose of MMR must be given after the first birthday)

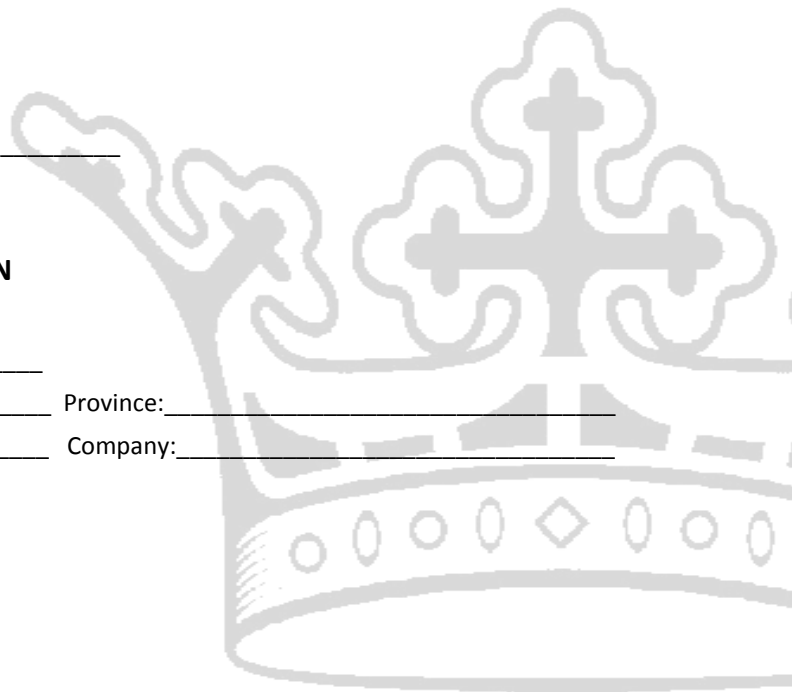
1. (dd/mm/yy) _____ 2. (dd/mm/yy) _____

SECTION C: TO BE COMPLETED BY PARENT/GUARDIAN

BC Care Card Medical Number: _____

Other Province Medical Number: _____ Province: _____

Other Health Insurance Number: _____ Company: _____



CONSENT FOR THE ADMINISTRATION OF MEDICATION

I hereby give consent for the School Nurse to give my child over-the-counter medication (e.g. Tylenol, Ibuprofen, Gravol, etc.) for any symptoms he/she may have for the duration of his/her attendance at QMS.

Parent/Guardian signature: _____ Date: _____

CONSENT FOR EMERGENCY HOSPITALIZATION AND RELATED MEDICAL SERVICES

I hereby authorize the School Nurse or designate to arrange on my behalf any necessary medical intervention that requires hospitalization for my child(ren) in the event of an injury or illness during the duration of his/her attendance at QMS.

Parent/Guardian signature: _____ Date: _____

NOTES

- **QMS is a smoke-free school. The possession, use or distribution of tobacco, alcohol, or drugs is strictly prohibited. Anti-smoking programs and counseling are available to students. Please speak with the School Nurse in confidence.**
- **All medications must be stored in the Health Centre and will be administered by the Nurse or designated staff. Please send all medications in the original container, with the correct label in English.**
- **If your child wears glasses or contact lenses, it is advisable to send an extra pair or current prescription.**
- **If you have any concerns or questions, or if any follow-up is required for your child, please contact the QMS Nurse in the Health Centre at (250)-746-4185, ext. 109 or via email at healthcentre@qms.bc.ca.**



MEDICAL INSURANCE (INTERNATIONAL BOARDERS)

Student: _____
Last Name First name(s) Grade

Hospital and Medical Insurance

QMS has a *Student Accident and Medical Insurance Plan* which covers visits to the doctor and basic hospitalization costs until the student is eligible for coverage under the BC Medical Insurance Plan. The premium for the months of **September, October and November** is \$126 per student. (This cost is subject to change by our insurance company.)

Insurance coverage is normally effective September 1, but if the school has not received this application form until after that date, the effective date of coverage will be the date we receive the application. It is essential to return the application promptly in order to take full advantage of the plan.

All students must be registered, no later than three months after arrival at QMS, with the Medical Services Plan (MSP) of BC as required by the Province of BC. Please note that this insurance coverage is **mandatory for all non-Canadian Residents**.

The School Nurse will register your child with MSP prior to expiry of the temporary insurance, so coverage is continuous between the two plans. Costs for MSP are currently \$54 per month, which will be charged to your account. Students returning to QMS in future years will continue to be covered by MSP on their return to school.

Options:

- A) I have existing medical insurance that provides coverage for the first three months. I understand that any medical expenses incurred during this period will be charged to my account. I will be responsible to pay the school and collect from my insurance company.

Name of Insurance Company

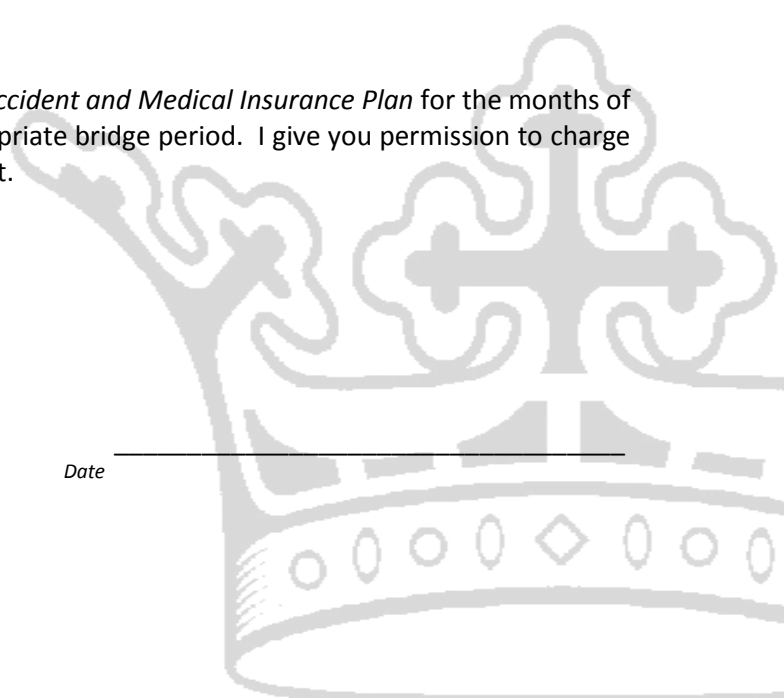
Insurance policy number

- B) Please register my child in the *QMS Student Accident and Medical Insurance Plan* for the months of September, October and November, or appropriate bridge period. I give you permission to charge the premium of \$126.00 to our School account.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date



GENERAL WAIVER

(Remains in effect as long as student is attending QMS or until cancelled/changed in writing)

GENERAL CONSENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

PREAMBLE

Throughout their attendance at Queen Margaret's School, students will participate in outdoor and physical education, sports and sporting events and field trips (including those with educational purposes, such as to art galleries or museums, and those without such educational purposes), ("School Activities"). The School Activities carry certain risks, dangers, hazards and liabilities to all participants. These include, but are not limited to, personal injury, death, property damage, expense and other loss, delay or inconvenience, and field trip or event cancellation or curtailment. All persons taking part in School Activities are required to accept these and other risks as a condition of their participation in those School Activities. Queen Margaret's School Society ("QMS") will not accept any liability for injury, loss, damage or expense sustained as a result of any person's participation in School Activities. The Statement of Risks set forth below is intended to enable participants to better understand and accept the various risks involved in School Activities. Both parents or guardians of all students will be required to sign this General Consent, Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement, which will release QMS, and its representatives, from any future claims which might arise as a result of the student's participation in School Activities. Students are under no obligation to participate in School Activities, and may choose not to participate at any time after signing this form.

STATEMENT OF RISKS

First, School Activities involve the risks inherent in travel. There are significant risks, dangers, and hazards to which all travelers are exposed.

QMS often uses the services of independent travel agents, airlines, tour and bus companies. QMS cannot accept responsibility for the conduct of these independent agencies. School Activities may not be completed or individual courses or activities may be curtailed or canceled, due to weather, illness, political disturbances, terrorism, motor vehicle accidents, transportation problems, budgetary considerations, failure to perform on the part of travel agents, airlines, tour or bus companies, problems related to customs, immigration or visa requirements, or other circumstances either within or beyond the control of QMS.

Second, the School Activities themselves, particularly those involving outdoor and physical education and/or participation in sports and sporting events, involve inherent risks, such as (without limitation) physical injury incurred by contact with participants on opposing teams or without contact by the participant's own efforts to participate, or by reason of objects or hazards which occur naturally such as river or ocean action or mountainous terrain, extremes of hot or cold temperatures, or the actions of animals.

QMS and its directors, officers, professors, teachers, instructors, employees, agents, support personnel and other representatives cannot and do not assume liability in respect of any of these risks, dangers, hazards and liabilities. QMS does not accept responsibility and assumes no liability with respect to any academic, vocational, medical, financial or tax advice received by a participant concerning School Activities.

GENERAL CONSENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

I (*print parent name*), _____, and I (*print parent name*) _____, parent(s) of (*print student name*) _____, are aware that School Activities taking place while my child attends Queen Margaret's School will involve many risks, dangers, hazards and liabilities, including but not limited to those referred to in the Preamble and Statement of Risks set forth above. I freely accept and assume, throughout my child's attendance at Queen Margaret's School, all such risks, dangers,

hazards and liabilities and the possibility of personal injury, death, property damage, loss, expense or inconvenience resulting from the School Activities.

In consideration of QMS allowing my child to participate in School Activities, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS, whether in contract or in negligence, that I and my child have or may in the future have against QMS and its directors, officers, professors, teachers, instructors, employees, agents, support personnel and other representatives (all of whom are hereinafter collectively referred to as "the Releasees") arising out of or resulting from my child's participation in School Activities;
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that my child may suffer or that my child's next of kin may suffer as a result of her/his participation in School Activities, due to any cause whatsoever, INCLUDING BREACH OF CONTRACT OR NEGLIGENCE ON THE PART OF THE RELEASEES;
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any loss, damage, injury or expense to any third party resulting from my child's participation in School Activities;
4. THAT THIS AGREEMENT shall be effective and binding upon myself, my child's heirs, next of kin, executors, administrators and assigns, in the event of her/his death.
5. TO COMPENSATE the Releasees for any expenses incurred on my child's behalf to provide health care and medical treatment in case of illness or injury.
6. THAT the Releasees have made NO AGREEMENTS, REPRESENTATIONS OR WARRANTIES collateral to this Agreement or any representations or warranties other than those made herein with respect to the risks, dangers, hazards and liabilities, including but not limited to those referred to in the Preamble and Statement of Risks set forth above which may be associated with School Activities.
7. THAT THIS AGREEMENT shall be governed by the laws of the Province of British Columbia including all federal laws of Canada applicable therein.

I have read and understood this agreement prior to signing it, I have received or had the opportunity to receive independent legal advice prior to signing it, and I am aware that by signing this agreement I am waiving certain legal rights which I or my child, heirs, next of kin, executors, administrators and assigns may have against the Releasees.

We certify we are the parents of (*print student name*) _____ and hereby give permission and consent for our child to participate in School Activities at Queen Margaret's School on the terms and conditions set out above.

(All custodial parents must sign)

Name of First Parent/Guardian (please print)

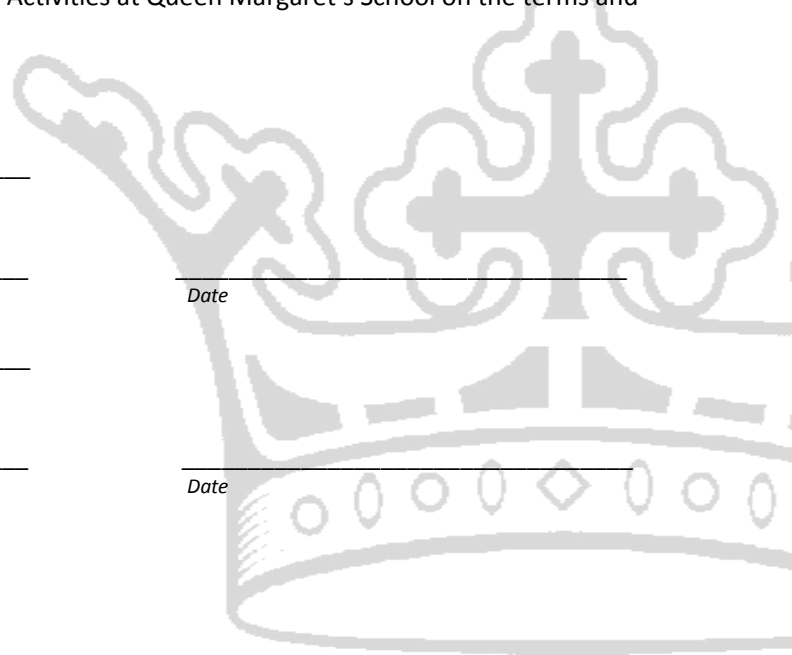
Signature of First Parent/Guardian

Date

Name of Second Parent/Guardian (please print)

Signature of Second Parent/Guardian

Date



CONSENT FOR USE OF PERSONAL INFORMATION

(Remains in effect as long as student is attending QMS or until changed/cancelled in writing)

I consent to having Queen Margaret's School collect personal information that may include student identification information; birth certificate; legal guardianship; court orders if applicable; parents work numbers and e-mail addresses; behavioural, academic and health information; most recent report card; emergency contact name and number; doctor's name and number; health insurance number and any similar information needed for registration.

I further consent to the use and/or disclosure of information collected by or on behalf of Queen Margaret's School for the following purposes:

- for the evaluation, admission and registration of new students
- for the re-registration of returning students
- for Ministry of Education Reporting Purposes
- in support of application(s) to other schools and universities
- for evaluating eligibility for scholarships, bursaries or financial aid
- for determining eligibility for provincial grants
- for the confidential use of the school's health care professionals for the purpose of providing health services
- for accounting, payroll, and billing purposes
- for school advancement, development and fundraising purposes
- for QMS Parents' Association and QMS Society purposes

-
- materials, press releases, internal/external communications and publications which *could* include social media such as Facebook, Twitter, www.qms.bc.ca, etc. **(For promotional purposes)**

Yes No

- materials, press releases, internal/external communications and publications which *could* include social media such as Facebook, Twitter, www.qms.bc.ca, etc. **(For educational purposes)**

Yes No

- photographs & video images of student

Yes No

- samples of student work

Yes No

- If you agree to some use of your child's image but not to all, please clearly specify where and when QMS may be permitted to use images of your child: _____

- I agree to permit dedicated faculty members to monitor the uploading of files and any other examples which reflect my child's learning at Queen Margaret's School into a QMS sanctioned/created Web 2.0 tool (Social Network, Blog, Mini Blog, online collaboration or storage tool). Yes No

This information is required in order to register your child at this school, to provide services to parents, students, and staff, and to assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. If you do not want your personal information used for any of the above purposes, or for more information, please contact the Privacy Officer for Queen Margaret's School, Julie Scurr, who may be reached at (250) 746-4185, or by e-mail at jascurr@qms.bc.ca.

I am the Parent/Guardian of the following student(s):

Student Name (please print)

Student Name (please print)

Student Name (please print)

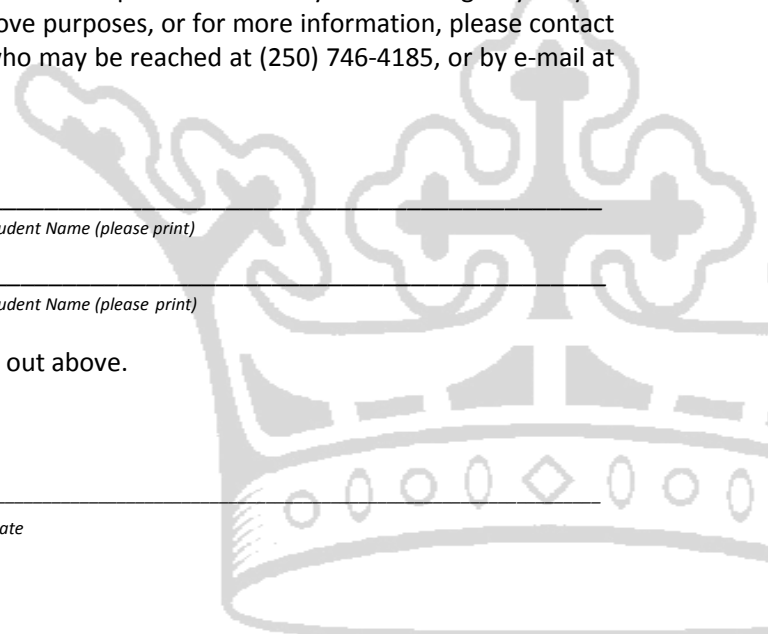
Student Name (please print)

I have read the above carefully and agree to the conditions set out above.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date



SCHOOL EXPENSES – CREDIT CARD AUTHORIZATION

(Remains in effect as long as student is attending QMS or until changed/cancelled in writing)

Please fill out this form if you authorize the charging of school-related expenses to your credit card.

Student Name *(please print)*:

Last Name

First Name(s)

Last Name

First Name(s)

Last Name

First Name(s)

Last Name

First Name(s)

I hereby authorize Queen Margaret’s School to charge my Visa, MasterCard or American Express Credit Card for **School-related expenses**.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date

CREDIT CARD INFORMATION

Type of Credit card: Visa MasterCard American Express

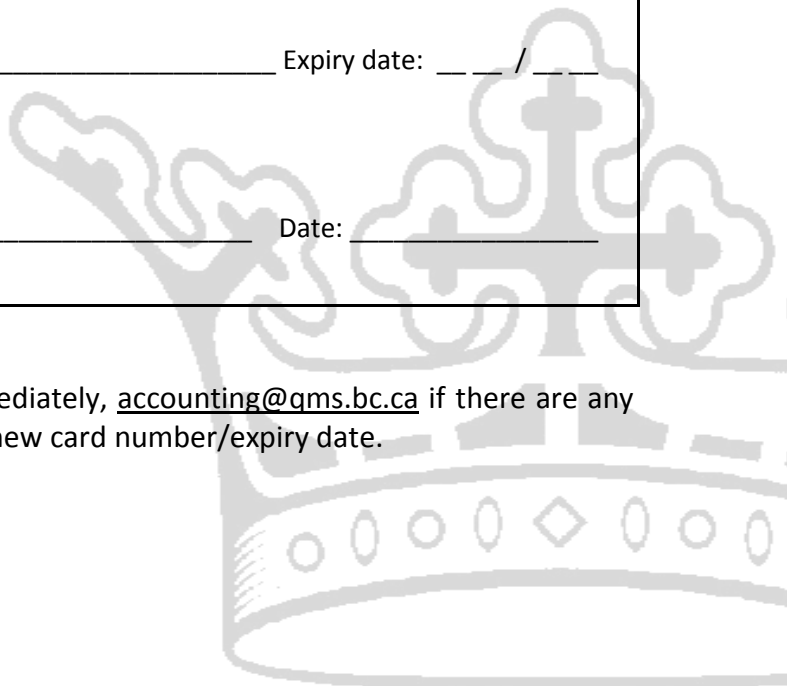
Cardholder Name *(please print)*: _____

Credit Card #: _____ Expiry date: ____ / ____

Security # *(on back of card)* _____

Signature of Cardholder: _____ Date: _____

* Please notify the Accounting Department immediately, accounting@gms.bc.ca if there are any changes with your credit card or if you receive a new card number/expiry date.



EXPENDITURE PERMISSION

Student Name: _____
Last Name (please print) First Name Grade

PHONE CARD PROGRAM

Long distance phone cards are available at Reception to boarding students in amounts of \$5, \$10 or \$20.

My child is permitted to purchase phone cards up to the amount of \$_____ **per month** and charge it to my School Account.

POCKET MONEY

Recommended **weekly** pocket money for boarders is as follows:

Grades 6 & 7	\$12
Grade 8	\$15
Grades 9 & 10	\$20
Grades 11 & 12	\$25

Check one of the following:

- Please give my child the recommended amount listed above.
- Please do not give my child any pocket money as she has her own bank account.
- Please give my child \$_____ per week.

The maximum request for extra funds is \$100 per week. If you think your child will need more funds than this, we require that you set up a bank account with a debit card. Most debit cards from other countries work in Canada (please be sure that they are *Interac, Plus, Visa or Cirrus* compatible). We can also arrange for a Canadian bank account at the Canadian Imperial Bank of Commerce if that would be your preference. With either arrangement, you would be responsible for directly depositing money to that account for your child's use.

Please contact the accounting department if you wish your child to have a different weekly amount. Boarders who require extra money must get permission from their parents. We ask that all requests for additional weekly pocket money be made by a parent/guardian and submitted in writing in order to avoid misunderstandings. **We ask that you submit requests for extra pocket money by Tuesday at 2:00pm. For any increases in pocket money, please send a fax or email to:**

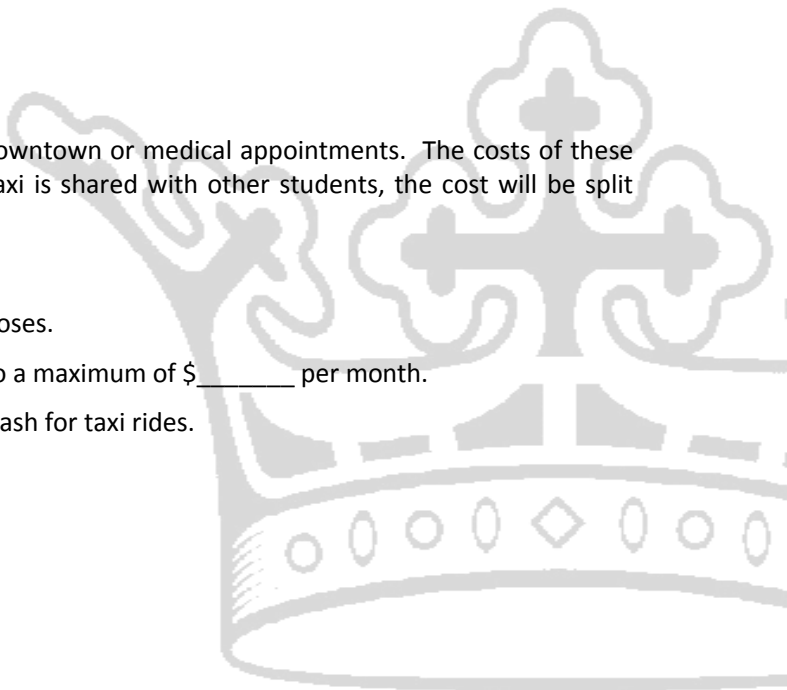
Fax: 001-250-746-4187
E-mail: accounting@qms.bc.ca

TAXI

Students frequently use Taxis to go to the shopping mall, downtown or medical appointments. The costs of these taxi rides will be charged to your School Account. If the taxi is shared with other students, the cost will be split amongst the students.

Check one of the following:

- I allow my child to use taxis as frequently as she chooses.
- I give my child permission to use taxis occasionally to a maximum of \$_____ per month.
- I would rather my child walk to destinations or pay cash for taxi rides.



EXPENDITURE PERMISSION

SCHOOL SHOP

The School Shop sells school supplies, toiletry, and uniform items. Specific items may be ordered if available.

I give my child permission to charge the following at the School Shop:

Check one of the following:

- Please do not let my child charge anything at the shop without my permission.
- Please allow my child to charge up to \$50.00 per month.
- Please allow my child to charge \$_____ per month.
- Please allow my child to charge without any limits.

MONTHLY STATEMENTS

Monthly statements will be sent out detailing expenditures. If you would like to your child to receive a copy of your monthly statement, we will email it with your permission. We recommend this only for Grades 10-12 international boarders.

- Yes, please also email my child a copy of our monthly billing statement.
- No, I would rather my child not receive our monthly statement.

I hereby give my permission for the above items as noted.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date

In order to help cover the above expenses, Queen Margaret's School requires all parents/guardians of boarders to place a credit card on file or provide the school with a \$4,500 cash deposit, which will be credited to your account. If an account falls into arrears, we reserve the right to restrict all charges to the account.



QUEEN MARGARET'S SCHOOL SOCIETY MEMBERSHIP

One parent from each current QMS family is entitled to a free membership in the QMS Society. Additional members must pay the membership fee as indicated below.

Membership fees may **not** be charged to your QMS account. If you are a new applicant to the QMS Society, you must register and pay **45 days** before the Annual General Meeting to be eligible to vote at the meeting. The AGM is usually held the first Saturday in November.

Application **Renewal**

Names of children attending QMS (if applicable): _____

Full Name: _____
(designated family voting member)

Address: _____ Postal Code: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Email address: _____

Status: Current Parent Former Parent Current Staff Former Staff Alumnae - Years: _____

Or: Other _____ (must be nominated by 2 members of the Society – contact Admin office for assistance)

I have read, understood and support the aims and purposes of the society set out in the Constitution.

Applicant's signature

Date

Additional Voting Members:

Full Name: _____ Status: _____ Signature: _____

Full Name: _____ Status: _____ Signature: _____

Check appropriate Fee Payable:

- No charge for first member** in a current QMS family
- \$10 per person per year** - - for second & additional memberships in a current family
- \$10 per person per year** - - for all other registrations
- \$100 Lifetime Membership** per person

Total Payable: _____

Method of Payment:

- Cash enclosed Cheque enclosed (payable to QMS) Visa Mastercard American Express

C/C Number: _____ Expiry Date: ____/____/____ Security code (on back): _____

Cardholder: _____ Cardholder's signature: _____

