

QUEEN MARGARET'S SCHOOL

QMS

## 2011-12 KINDERGARTEN FORMS

Please complete applicable forms and return before:

**JULY 1<sup>ST</sup>, 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](mailto:reception@qms.bc.ca)

[www.qms.bc.ca](http://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.**

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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

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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

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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

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

Relationship to student: \_\_\_\_\_ Address: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

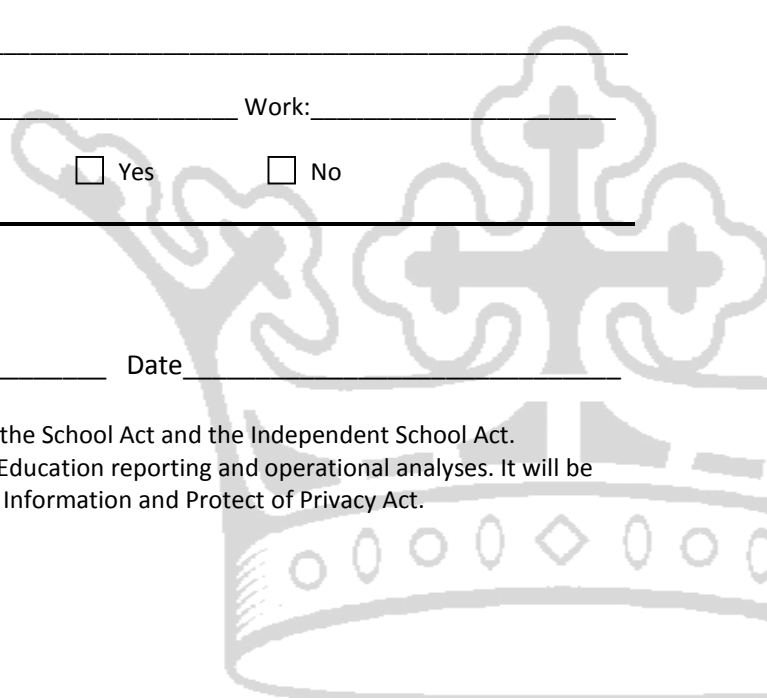
My child may also be released into the custody of this person:  Yes  No

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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 DAY STUDENT

(CONFIDENTIAL INFORMATION KEPT AT THE QMS HEALTH CENTRE)

## FOR COMPLETION BY PARENT/GUARDIAN

Student: \_\_\_\_\_  
*Last Name*
*First name(s)*

Date of Birth (dd/mm/yy): \_\_\_\_\_  Male  Female Grade: \_\_\_\_\_

*Please disclose complete details of any health issue on a separate sheet, if necessary.*

PAST OR PRESENT ILLNESSES/CONDITIONS:	YES	NO	COMMENTS & TREATMENT
Ear Infections, Hearing Aids, Sinus problems, Nose bleeds, etc.			
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			
Frequent headaches, migraines			
Asthma, Bronchitis, Frequent colds			
Eczema, rash, hives, etc.			
Eating disorders, ADD, ADHD, etc.			
Allergies: environmental, food, medications			
Mental health: Eating disorder, ADD, Depression, Behavioral problems, etc.			
Counselling: follow-up required			
Hospitalizations			Date: _____ For: _____
Any other health concerns the school should be aware of?			

## MEDICATIONS

Does your child take any medications on a regular basis?

Yes  No

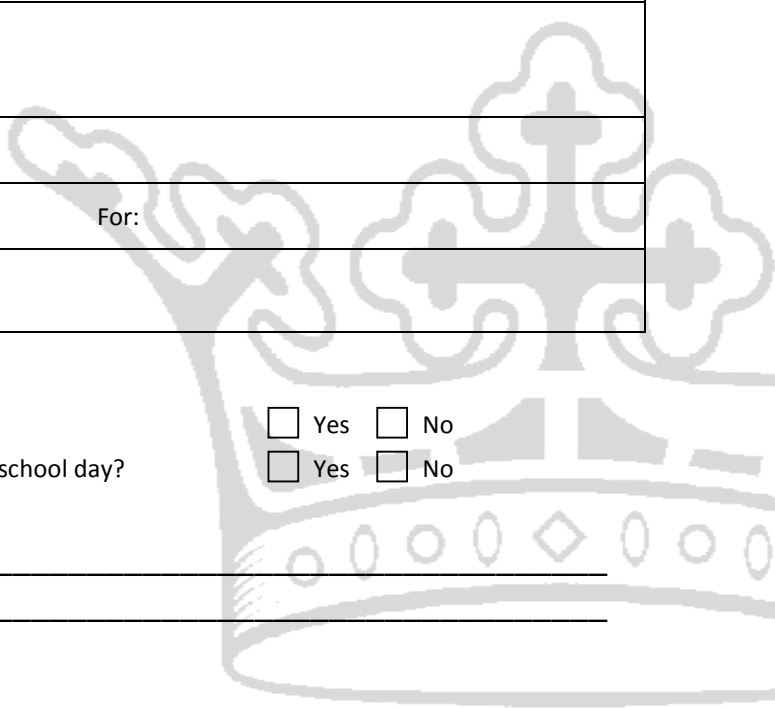
Will administration of medication be required during the school day?

Yes  No

If yes, please name medication, dose and frequency:

\_\_\_\_\_

\_\_\_\_\_



Does this student wear a Medic Alert Bracelet?

Yes  No

Does this student require an Epi-Pen for allergies?

Yes  No

**INFECTIOUS DISEASE HISTORY:** Please check any of the following diseases the student has had:

Measles     Rubella     Mononucleosis    Hepatitis  A    B    C  
 Mumps     Chicken Pox     Tuberculosis    Other: \_\_\_\_\_

**IMMUNIZATION HISTORY:** A copy of your child's immunizations is required to be attached with this form.

Recommended Public Health Immunizations:			
2 months	DPTP/Hib	4 - 6 years	DPTP
4 months	DPTP/Hib	Grade 6	Hep B (QMS will offer 2 doses over school year)
6 months	DPTP/Hib	Grade 9	Tetanus/Diphtheria (QMS will offer 1 dose over school year)
12 months	MMR & DPTP/Hib	Every 10 years	Tetanus/Diphtheria
18 months	MMR & DPTP/Hib		

If you wish your child to be protected against the vaccine preventable diseases listed above, they must complete the immunization series before arrival at school. Immunizations routinely offered at QMS are for grade 6, grade 9 and grade 12 students. Consent forms and information for above will be mailed to parents as necessary. Immunizations for Kindergarten will be done at the local health unit.

BC Care Card Medical Number: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_  
Please print

Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_  
Please print

Phone #: \_\_\_\_\_

**CONSENT FOR THE ADMINISTRATION OF MEDICATION**

I hereby give consent for the School Nurse to give my child (*print child's name*) \_\_\_\_\_ over-the-counter medication such as Tylenol, Ibuprofen, 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 consent to have my child (*print child's name*) \_\_\_\_\_ treated at the local hospital.

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 School Nurse or designated staff. Please send all medications in their original containers and correctly labeled.
- If your child requires the use of an EpiPen or puffer, he or she must bring them every day to school and on field trips. While the school is not a peanut-free school, every precaution is taken to be "peanut aware."
- If you have any concerns or questions, or if any follow-up is required for your child, please contact the QMS Health Centre at (250)-746-4185, ext. 109 or via email at [healthcentre@qms.bc.ca](mailto:healthcentre@qms.bc.ca).

## Parents of Students starting Kindergarten in September 2011:

### Immunizations:

If your child is starting kindergarten in September 2011 and has not yet received the kindergarten booster for Diphtheria, Tetanus, Pertussis and Polio vaccine please contact a health unit of your choice.

To make an immunization appointment for your child or to discuss vaccines, please call:

- 250-709-3050 for Duncan, Shawnigan Lake or Chemainus clinics
- 250-749-6878 for Lake Cowichan
- 250-245-6549 for Ladysmith
- 250-746-6184 for TseWulTun Health Centre
- 250-245-8551 for Chemainus First Nation
- 250-743-3900 for Malahat
- 250-246-2127 for Halalt
- 250-246-9885 for Kuper Island

### Vision and Hearing Screening:

This year your child's class will take part in a hearing and vision screening program at your child's school. This is part of a province-wide screening program and will be done by staff from Margaret Moss Health Unit, Duncan. The screening does not replace regular eye exams with your eye doctor (optometrist/ophthalmologist).

If there are any concerns and your child needs to see an eye doctor or audiologist (hearing specialist) for further follow up, a letter will be sent home.

If you have any questions about this program please contact us at  
**250-709-3050.**



# 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)*

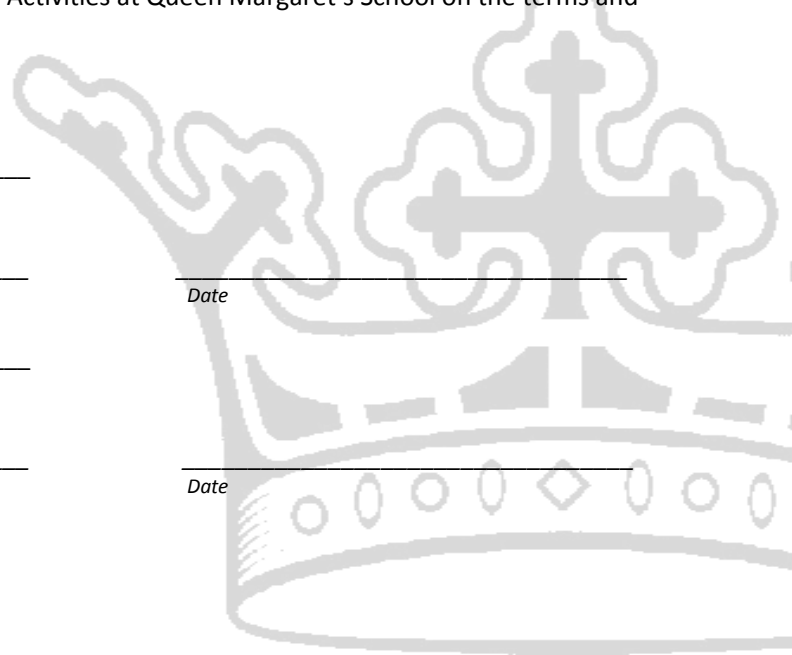
\_\_\_\_\_  
*Signature of First Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Second Parent/Guardian (please print)*

\_\_\_\_\_  
*Signature of Second Parent/Guardian*

\_\_\_\_\_  
*Date*



# PROVINCIAL GOVERNMENT GRANT – BC RESIDENTS ONLY

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

PLEASE COMPLETE A NEW FORM FOR ADDITIONAL CHILDREN OR IF THERE IS A CHANGE OF STATUS.

Queen Margaret's School receives a grant from the British Columbia Ministry of Education for each eligible student residing in the Province of BC. To be eligible for the grant and qualify for Fees for BC Residents, parents/legal guardians must be Canadian Citizens or Landed Immigrants or Lawfully Admitted to Canada **and** reside in BC for more than six months a year. To qualify for BC funding, Kindergarten students must be 5 years old by December 31<sup>st</sup>.

For the school to receive this funding, the BC Ministry of Education requires and audits the following information.

Student Name: \_\_\_\_\_ Entering Grade: \_\_\_\_ Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ Entering Grade: \_\_\_\_ Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ Entering Grade: \_\_\_\_ Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ Entering Grade: \_\_\_\_ Date of Birth: \_\_\_\_\_

To be completed and signed by a parent or legal (court-appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

### 1. I am lawfully in Canada as a (please check one):

- Canadian Citizen (if not born in Canada, please attach a photocopy of Citizenship document)
- Landed Immigrant (please attach a photocopy of Landed Immigrant document)
- Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
  - Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
  - Admission as a refugee claimant
  - A person claiming refugee status who has a letter of no objection
  - Other – document description: *(must be cleared with immigration Canada)* \_\_\_\_\_

### 2. Residency in British Columbia:

- I am a resident of British Columbia for \_\_\_\_\_ months of the year.  
BC Residence Address: \_\_\_\_\_
- I am not a resident of British Columbia

### 3. First Nations Families ONLY:

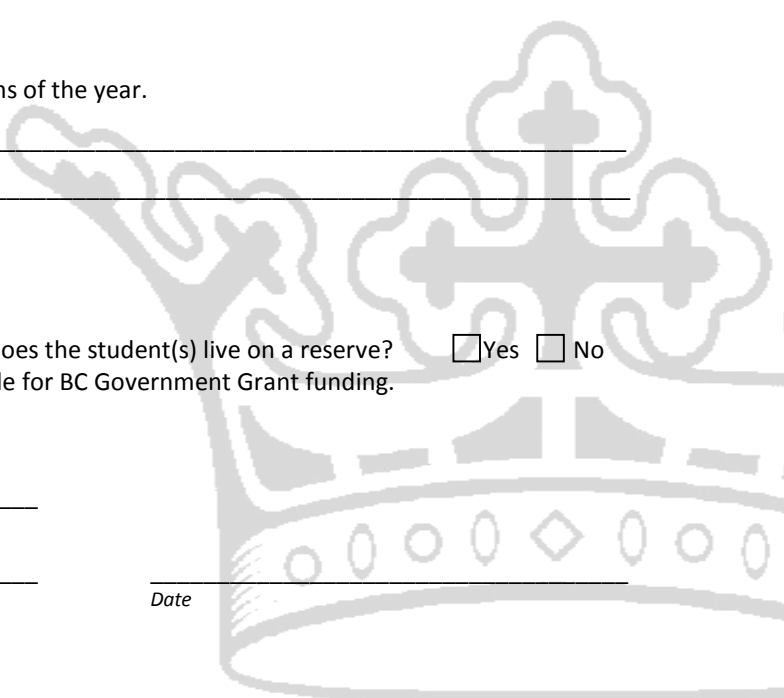
Is the student(s) a Status Indian?  Yes  No If yes, does the student(s) live on a reserve?  Yes  No  
NOTE: First Nations students living on a reserve are not eligible for BC Government Grant funding.

### 4. Confirming Signature:

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of 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](http://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](http://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](mailto: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)*

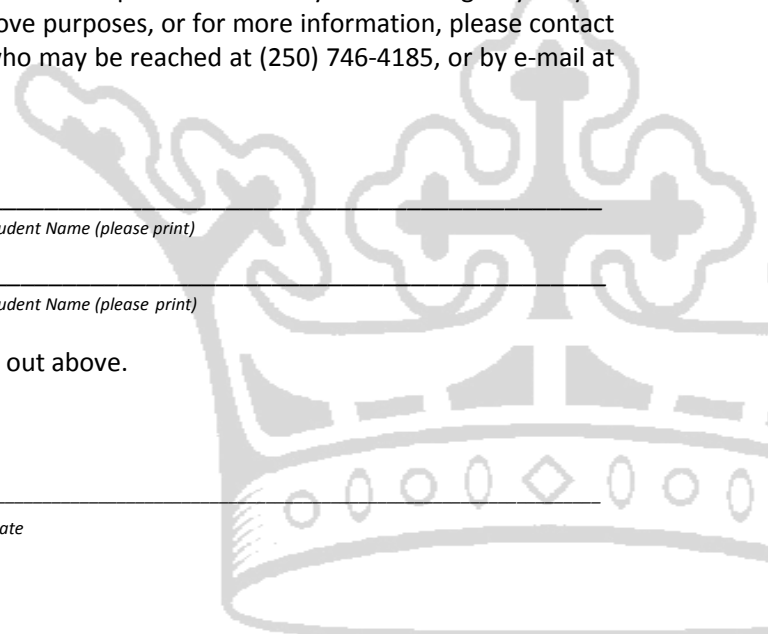
\_\_\_\_\_  
*Student Name (please print)*

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)*:

_____	_____
<i>Last Name</i>	<i>First Name(s)</i>
_____	_____
<i>Last Name</i>	<i>First Name(s)</i>
_____	_____
<i>Last Name</i>	<i>First Name(s)</i>
_____	_____
<i>Last Name</i>	<i>First Name(s)</i>

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)*

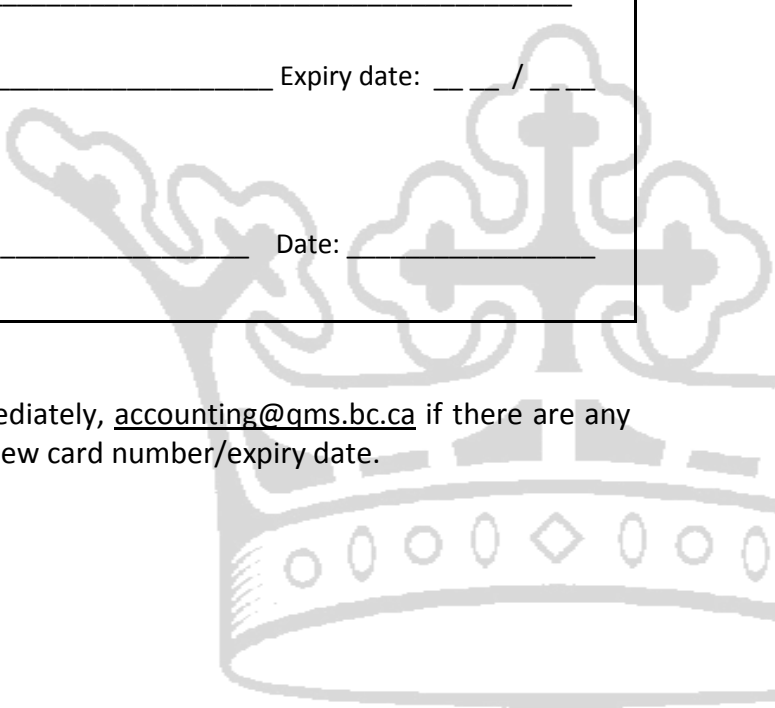
\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

## CREDIT CARD INFORMATION

Type of Credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Cardholder Name <i>(please print)</i> : _____
Credit Card #: _____ Expiry date: ____/____/____
Security # <i>(on back of card)</i> _____
Signature of Cardholder: _____ Date: _____

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







# 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: \_\_\_\_\_

