



**École Secondaire  
South Kamloops Secondary School  
821 Munro Street  
Kamloops, BC V2C 3E9**

**Phone (250) 374-1405**

**Fax (250) 377-2250**

## **REGISTRATION PACKAGE – 2025-2026**

Dear Parent/Guardian of new South Kamloops Secondary Student,

**IN ORDER TO FACILITATE A SMOOTH ENTRY INTO SOUTH KAMLOOPS SECONDARY, PLEASE REVIEW THE INFORMATION CAREFULLY AND FULLY COMPLETE ALL FORMS ATTACHED.**

- **Course Selection Sheet**
- **Authorization for Release of Information**
- **SD #73 Student Enrolment Form (Double-sided)**
- **Access to Student Google Applications for Education Accounts**
- **Technology: Student Acceptable Use and Consent Form**
- **Medical Alert Planning Form (Double-sided if applicable)**
- **Indigenous Program and Services Consent**   
(to be completed only if student has Indigenous Ancestry)

**To ensure that your child’s registration is not delayed, please also include a legible copy of the following student/parent documentation with this registration package:**

- Required for Student “Proof of Age” (one only)  
**Birth Certificate or Canadian Passport**
- Required for Student “Proof of BC Residency & Health Number”  
**BC Care Card of student (photocopy both FRONT & BACK)**
- Required for Parent/Guardian “Proof of Address”
- **Driver’s License Parent/Legal Guardian**
- **Lease/Rental/Purchase Agreement**
- **Gas/Hydro Bill**



**ÉCOLE SECONDAIRE  
SOUTH KAMLOOPS SECONDARY SCHOOL**

821 Munro Street  
Kamloops, BC  
V2C 3E9

PHONE (250)-374-1405 FAX (250)377-2250

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

(Please complete if arriving from out of district 73 – Thompson/Nicola)

I, \_\_\_\_\_, Parent/Legal Guardian of,

\_\_\_\_\_  
**STUDENT NAME**

\_\_\_\_\_  
**BIRTHDATE (dd/mm/yy)**

I hereby give \_\_\_\_\_, authorization to release information.  
(Insert name of current school you are leaving to attend SKSS)

to **South Kamloops Secondary School** to obtain all information and assessments, including personality inventories and cognitive test battery results.

This information will be kept confidential.

I consent for the transfer of information to School District personnel. Probation officers, Doctors and pertinent people assigned to my child may communicate any necessary information to South Kamloops Secondary School.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature (Parent/Guardian)



# Student Enrolment Form

Enrolling School Name \_\_\_\_\_

## Student Information

Gender: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Usual Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Legal Middle Name(s): \_\_\_\_\_  None

Date of Birth: \_\_\_\_\_  
Day / Month / Year

Proof of Age Provided, for File:  \_\_\_\_\_  
(Document Name)

Home Phone: \_\_\_\_\_

## Property Address

Street: \_\_\_\_\_

Apt.#: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City/Municipality: \_\_\_\_\_

Proof of Address Provided:  \_\_\_\_\_  
(Document Name)

## Mailing Address

Same as Property Address:  Yes  No

If Not, Mailing Address: \_\_\_\_\_

## Admission Information

Enrolment Date: \_\_\_\_\_ Grade: \_\_\_\_\_

## Previous School/Program

First Time Entry     French Immersion     Montessori

District Program     Strong Start

Transfer     Fine Arts

## Previous School/District

Previous City/Province: \_\_\_\_\_

Previous District: \_\_\_\_\_

Previous School: \_\_\_\_\_

Previous School Phone Number: \_\_\_\_\_

## Citizenship

Country of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Refugee

Entry Date into Canada: \_\_\_\_\_

Visa Status: \_\_\_\_\_ Expiry: \_\_\_\_\_

Copy to be Placed in File:

Work Permit    Expiry: \_\_\_\_\_

Study Permit    Expiry: \_\_\_\_\_

## Indigenous Ancestry

Is your child of Indigenous Ancestry?  Yes  No

If yes, then select:

Status Off Reserve     Métis     Inuit

Status On Reserve     Non-Status     Other: \_\_\_\_\_

Band of Residence: \_\_\_\_\_

ISC Registry #: \_\_\_\_\_

## Parent/Guardian Contact #1

Relationship to Child: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Living with Student?     Different address from Student:

Address (if different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone #: \_\_\_\_\_  Available at Work

E-mail Address: \_\_\_\_\_

## Parent/Guardian Contact #2

Relationship to Child: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Living with Student?     Different address from Student:

Address (if different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone #: \_\_\_\_\_  Available at Work

E-mail Address: \_\_\_\_\_

*If parents/guardians do not wish to receive email notifications from the school, please notify the school in writing.*

## Custody Information

Is there a Court Order in effect?  Yes  No

If yes:  Parental     Ministry

If Ministry:  Continuing Custody Order     Temporary Custody Order     Voluntary Custody Order

**If there are any custody arrangements for this student, legal documentation must be filed with the school.**

## Family Alert

Description of Family Alert(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Siblings (Include siblings who are attending a different school)

Last Name:	1. _____	2. _____	3. _____	4. _____
First Name:	_____	_____	_____	_____
Relationship:	_____	_____	_____	_____
Birth Date:	_____	_____	_____	_____
School:	_____	_____	_____	_____

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## Emergency Contacts (Other than Parent/Guardian)

**Note:** Parents should contact all emergency contacts listed below to ensure that they know they are being listed as an emergency contact.

### Emergency Contact #1

Relationship to Child: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Place: \_\_\_\_\_

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

Permission to pick up student:  Yes  No

### Emergency Contact #2

Relationship to Child: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Place: \_\_\_\_\_

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

Permission to pick up student:  Yes  No

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## Medical Information

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_ BC Services Card #: \_\_\_\_\_

Allergies: \_\_\_\_\_ Life Threatening

Other Health Factors: \_\_\_\_\_ Life Threatening

Is this child currently on medication:  Yes  No If yes, describe: \_\_\_\_\_

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## Alternate Contacts

**Note:** Alternate Contacts are individuals/organizations who will be picking the student up from school or dropping the student off at school. This may include daycare, babysitters or other care providers.

Pick Up  Drop Off

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Pick Up  Drop Off

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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## Other Information

Primary Language Spoken at Home:  English

Other: \_\_\_\_\_

Past Assistance:  Learning Assistance

Vision Accommodations

Hearing Accommodation

Educational Assessment

Learning Adaptations/Modification

Speech/Language

District Counsellor

Inclusive Educational Plan

Physical Accommodation

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational programs and administrative 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 protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact the School Administrator.**

\_\_\_\_\_  
Initial I give my consent for the release of my name, phone number and address for school communication purposes, such as Parent Advisory Council, Safe Arrival Program and Classroom Phoning Committee, etc. (as applicable).

\_\_\_\_\_  
Initial I give my consent for the publication of my child's name, photograph and comments, for school purposes, in the school yearbook or newsletter or the school website, and on occasion, in the school district calendar, annual report or in the news media.

\_\_\_\_\_  
Initial I give my consent for my child to participate in neighbourhood, curriculum-based off school ground activities.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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## For Office Use Only

### Proof of Age (1 required)

Birth Certificate

Passport

District Internet Agreement completed

Enrolment Interview completed

Copy of Custody Court Order (if applicable)

### Proof of Address (1 required)

Driver's License/Auto Registration

Lease/Rental/Purchase Agreement

Gas/Hydro Bill

### Proof of BC Residency (1 required)

BC Services Card

\_\_\_\_\_  
Principal/Designate

\_\_\_\_\_  
Date



## SCHOOL DISTRICT NO. 73 (Kamloops-Thompson)

1383 - 9th Avenue, Kamloops, BC V2C 3X7 | Tel: 250-374-0679 | Fax: 250-372-1183 | [www.sd73.bc.ca](http://www.sd73.bc.ca)

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### Access to Student Google Applications for Education Accounts

Dear Parents/Guardians,

It is an exciting time for teaching and learning in our School District as we pursue our goal of helping all students to develop the skills to become learners, thinkers, innovators, collaborators and contributors. As we pursue our educational goals, we recognize the importance of creating 21st Century learning environments that provide tools for students that are relevant to their daily lives. To that end, we are committed to providing all students access to digital technologies that will empower their learning and better prepare students to thrive in an increasingly digital world.

As a result, Kamloops/Thompson School District 73 has been working with Google Apps for Education (GAFE) to create a digital collaboration system. GAFE is designed specifically for universities and K-12 school districts and provides access to their files, in a collaborative way, anytime and anywhere, in a secure, private and ad-free environment, with more control and protection than an individual Google/Gmail Account. GAFE is currently used by hundreds of school districts and post-secondary institutions, with tens of millions of student accounts around the world.

As a BC school district, we are subject to the *BC Freedom of Information and Protection of Privacy Act*. In order for students to use GAFE, we will need to provide Google with their names, schools and grade levels, as well as documents or information created within, or uploaded onto, the SD73 GAFE platform (see consent form for more details). In accordance with the Act, attached to this letter you will find a consent form that will permit us to disclose such information in order to give students access to this system. This letter of consent is to ask permission for your child to be granted an SD73 Google Apps for Education account for educational purposes. You may withdraw your consent in writing at any time. If you choose not to provide your consent, your child will not be penalized in any way and alternate activities will be provided as appropriate.

Once consent is obtained, your student's classroom teacher will provide further instructions on how to access the GAFE system. If you have further questions, please visit our SD73 GAFE information site at: <http://sd73.bc.ca/gafe>, or do not hesitate to contact me at the school.

Sincerely,

School Principal



## **Access to Internet-Based Resources (Web Access and Cloud Storage)**

To access a School District Google Apps for Education (GAFE) account this form must be completed and returned to the school.

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Google Apps for Education (GAFE) is an Internet-based resource that utilizes web access and cloud storage. The Kamloops/Thompson School District can provide students with a district-managed Google Apps for Education account. This allows students to use a powerful collection of online collaboration and productivity tools, as well as unlimited online file storage space to be used for educational purposes.

Detailed information on the SD73 GAFE platform, including a list of educational uses, privacy, and acceptable and unacceptable use can be accessed at <http://www.sd73.bc.ca/gafe>. Each student will have their own secure login and password to access their account and receive instruction on how to appropriately use the GAFE platform in ways that protect their personal information.

To use a SD73 GAFE account, personal information will be collected by the School District under the authority of the *Freedom of Information and Protection of Privacy Act* (FIPPA). The School District is required to obtain the consent of students and their custodial parents before providing this personal information, as required by the British Columbia *School Act* and *FIPPA 27 (d) (i) (ii)*. In accordance with these *Acts*, students and custodial parents may provide consent or decline to consent (in which case the student will not be able to use GAFE), and may provide a further written response.

Using the SD73 GAFE platform involves the storing and accessing of two types of personal information:

1. Student's name, grade level, and school name - used in order to create the GAFE account;
2. Any documents or information created within or uploaded onto the SD73 GAFE platform by students. This includes, but is not limited to, projects, presentations, documents, videos, calendar entries and browser settings created by your child and/or other SD73 students (e.g., students contributing information on a shared document as they work together on a group project). Any documents or information created within or uploaded onto the SD73 GAFE platform by students may contain personal information reasonable for educational purposes (e.g. a student's name included in a writing assignment).





**SCHOOL DISTRICT No. 73 (KAMLOOPS - THOMPSON)**

**TECHNOLOGY: STUDENT ACCEPTABLE USE  
STUDENT USE & CONSENT FORM – SECONDARY SCHOOLS**

**1. STUDENT USE OF DISTRICT TECHNOLOGY RESOURCES**

I understand and will abide by the “*Expectations for Students using District Technology Resources*”. I will use resources responsibly, respect the rights of others and will not use these systems for unethical or illegal activities. I further understand that any violation of the regulations is unethical and may constitute a criminal offence. Should I commit any violations, my access privileges may be revoked, school disciplinary action may be taken, and possible legal action may be taken. I understand that this document will remain in my school file until graduation or transfer.

**Student’s Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
dd/mm/yy

**Student’s Signature:** \_\_\_\_\_

**Student ID#** \_\_\_\_\_

**School:** \_\_\_\_\_

**2. PARENT PERMISSION FORM FOR ACCESSING ELECTRONIC COMMUNICATIONS SYSTEMS**

I have read the attached “*Expectations for Students using District Technology Resources*”. I understand that my son/daughter may access District technology resource systems which allow him/her to access resources, communicate with others and to publish his/her work. I also understand that filtering or blocking software which may be applied to the district technology systems is not foolproof and cannot guarantee 100% effectiveness. I grant permission for my son/daughter to access the District technology resources and to publish his/her work until the completion of Grade 12.

- I grant permission
- I do not grant permission

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian e-mail address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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

***PARENTS HAVE THE RIGHT TO REVOKE THE ABOVE PERMISSIONS AT ANY TIME  
BY CONTACTING THE SCHOOL AND COMPLETING AN UPDATED FORM***

## **TECHNOLOGY: STUDENT ACCEPTABLE USE**

### **EXPECTATIONS FOR STUDENTS USING DISTRICT TECHNOLOGY RESOURCES**

The following are expectations for students accessing the Internet and e-mail through the District's/Schools' networks. Students agree to the following terms and conditions.

**Inappropriate material:** I will inform my teacher or principal if I come across any site, material information or situations that makes me feel uneasy or uncomfortable, or that I believe may contain inappropriate material. I will not respond to a message sent to me that makes me feel uneasy or uncomfortable. I will not post, send or download inappropriate material.

**Respect for other people's personal information:** I will not post personal information about other people, including family members, fellow students, teachers, District employees or friends. Personal information may include information such as full names, school locations, interests, extracurricular activities, occupations, home or business addresses or phone numbers.

**Posting student's own information on the Internet:** I will not post my personal information anywhere, including my homepage if I have one, through the District or School Internet server. I may however, post school projects and work on the Internet as approved by my teacher. Just as I have been warned in the past about not meeting or talking to strangers, the same is true for using the Internet – I will not meet with anyone I talk to on the Internet without my parent or guardian present.

**Electronic Mail:** Electronic mail is an electronic messaging system which delivers messages through the Internet. Electronic mail allows any Internet user to communicate with another user or group of users through the District or School server. I understand that using e-mail will be at the discretion of the school. The students will ONLY communicate with District provided e-mail addresses.

**School rules apply:** As a student, I understand that all of the rules of expected conduct, appropriate language, fair and respectful comments, and responsible behaviour of a School District No. 73 student and the consequences for breaking those rules apply to my use of any District technology resource, including posting and using services on the Internet. I understand the consequences for breaking those rules may result in the limitation or withdrawal of the privilege of having access to the District or School technology systems and of having Internet access. More specifically, without limiting the above, I agree that:

- I will not do anything illegal.
- I will not breach my responsibilities as a student under the *Student Acceptable Use – Student Use of District Technology Resources Consent* when using the District's technology systems or the Internet.
- I will not break any regulations regarding student conduct established by the District or my School.
- I will use appropriate language on the Internet, and any statements of opinion that I make will be respectful, fair and not malicious.
- I will not engage in any financial transactions or cause any damage or losses to any person in using a District electronic communications system including posting and using services on the Internet.

I understand that I am personally responsible for my actions, errors and omissions in using a District electronic communications system and accessing the Internet. I further understand the consequences for failing to comply with the terms and conditions of these regulations may well exceed school disciplinary actions, and may include criminal investigations, civil suits or both.

**Responsible Use of the Resources:** I agree to use my time on-line effectively, in posting and using services such as browsing and downloading files. I agree to keep my password secret.

**Plagiarism:** I agree that I will not copy information and claim it as my own.

**Copyright:** In the event that I wish to copy any copyrighted work, if I do not already have legal permission to copy that work, I will ask the original author for written permission to use the graphics or any copyrighted works, including works or art, compositions, text, symbols, sayings, cartoons, excerpts, and quotations. I agree that I will give written credit for sources of information for my work.



## SCHOOL DISTRICT NO. 73

### Notice to Parents and Students: Outside Media in Schools Secondary Schools

For School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
(Please print) Last name First name

School: \_\_\_\_\_

Media (including radio, television, newspapers, and other print and online media) are sometimes permitted or invited to come to the school or to school activities and allowed to take photos, video or conduct interviews with students, for the purpose of promoting public understanding of school programs, building public support for public education, and encouraging student achievement.

**If you do not want your child to be involved in such activities, you need to:**

- Tell your child to avoid these situations;
- Inform your child's teacher of your wishes.

Please note that school and district staff cannot control news media access, photos/videos taken by the media or others in public locations (such as field trips or off school grounds) or school events open to the public (such as sports events, student performances, School Board meetings, etc.).

- I acknowledge the receipt of this Notice and have no objections.
- I acknowledge the receipt of this Notice and **do not** want my child's image/name being published by outside media. I have told my child's teacher of my wishes. I request that the school district and its staff take all reasonable steps to avoid having my child's image or name collected or published by outside media when they are present in school or at school activities at the invitation of the school or school district. **I consent** to disclosure by the school district or its staff of the personal information that is necessary to give effect to this request. **I may** choose to override this Notice by giving my consent in a specific circumstance. This request applies during the current school year unless I expressly revoke it.

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
(Please print) Last name First name

Parent/Guardian\* Signature: \_\_\_\_\_

Parent/Guardian Contact Information (for contacts related to this notice)

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Student: I am aware of my parent's wishes as expressed above. I understand that I am primarily responsible for the protection of my own privacy at school and at school activities and will take appropriate steps to do so.

Student Signature: \_\_\_\_\_

If you have questions about this notice or about the collection of student personal information, you may contact the school principal or the Superintendent's Office.

*\*This form should be signed by the parent who has the right to exercise the student's privacy protection rights, parents who have court orders describing their parental rights.*



**SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)**  
**Personal Information Consent**  
**SECONDARY SCHOOLS**

**For School Year:** \_\_\_\_\_

*For parents\* and high school students: Please complete, sign, and return to your school.*

**Student's Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
*(please print)*

**School:** \_\_\_\_\_

Collection, use, and sharing of student personal information

Schools and Districts are authorized to collect, use, and share student personal information that is directly related to and necessary for their educational functions. For other school or education-related purposes, parental or student consent is required.

The Board of Education of School District No. 73 (Kamloops/Thompson) is seeking your consent to collect, keep, use and share photographs, videos, images, and/or names of students in a variety of publications and on the school or District's website(s) for education related purposes, such as recognizing and encouraging student achievement, building the school community, and informing others about school and District programs and activities.

For example, student names, and/or images may be used or shared in

- school and District communications, such as newsletters, brochures, and reports in limited or public circulation;
- school and District websites, social media sites (e.g. Facebook), and online video (e.g. YouTube), with limited or public access;
- videos, CDs, and DVDs designed for educational use only.

**Please check A OR B (not both)**

**A. \_\_\_\_\_ I GIVE MY CONSENT** for the school or District to collect, use, and share my child's name and/or image for purposes consistent with the above. I understand that images and information posted on the internet may be stored and accessed outside of Canada.

This consent may be withdrawn at any time in writing but withdrawal of consent does not require the school or District to take any steps to withdraw from publication any previously published material. Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.

**B. \_\_\_\_\_ I DO NOT CONSENT** to the use and disclosure of my child's name and/or image for the above purposes for this school year.

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

**Parent's Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
*(please print)*

**Parent/Guardian\* Signature:** \_\_\_\_\_

**Parent/Guardian Contact Information** (for contacts related to this notice)

**Telephone No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**For Students:**

I consent to the school and District collecting, keeping, using, and sharing my image and name for educational purposes such as recognizing and encouraging student achievement, building school community, and informing others about the school and District, its programs, and activities.

**Student Signature:** \_\_\_\_\_

*\*For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.*

If you have questions about this consent or about the collection of student personal information, you may contact the school principal or the Superintendent's Office.



# MEDICAL ALERT PLANNING FORM

## INFORMATION AND PLAN WHILE IN THE CARE OF THE SCHOOL



**Not to be used for Anaphylaxis Students**  
School District No. 73 (Kamloops-Thompson)

For School Year

BC Care Card #

Student Name:

Birth Date:   
(Y / M / D)

Parent or Guardian

Home Phone:

Bus Phone:

Emergency Contact Name:

Phone:

Physician:

Phone:



**Potentially 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:

To be updated annually and when the student 's condition changes. The plan is updated by the student/parent/guardian, in consultation with the family physician and or health care practitioner and reviewed with principal in consultation with the public health nurse as needed.

- Symptoms to watch for are:

- Preventative measures:

Medication needed:  Yes  No Name of medication:

(If yes “Request for Administration of Medication at School” form Parts A, B, & C must be completed and provided to the school).

Please note this document is not to be used for Anaphylactic students, please use Anaphylactic Student Emergency Procedure Plan

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**INFORMATION REVIEW by parent/guardian:**  
(Review minimum annually)

1. \_\_\_\_\_  
Sign & Date
2. \_\_\_\_\_  
Sign & Date
3. \_\_\_\_\_  
Sign & Date
4. \_\_\_\_\_  
Sign & Date

**TRAINING REVIEW:**  
(Review minimum annually)

1. \_\_\_\_\_  
Sign & Date
2. \_\_\_\_\_  
Sign & Date
3. \_\_\_\_\_  
Sign & Date
4. \_\_\_\_\_  
Sign & Date

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**ADMINISTRATIVE GUIDELINES FOR MANAGING STUDENTS WITH MEDICAL ALERT CONDITIONS**

**School District No. 73 (Kamloops-Thompson) and Interior Health (Public Health)**

School District No. 73 (Kamloops/Thompson)  
**ANAPHYLACTIC STUDENT EMERGENCY PROCEDURE PLAN**

PHOTO ID

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

**Anaphylactic Student Emergency Procedure Plan**

**Parent/Guardian please complete**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Y/M/D)

Sex:  Male  Female

Parent/Guardian: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

**Physician please complete**

Physician's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Allergen: (Do not include antibiotics or other drugs)

Peanuts  Nuts  Dairy  Other food \_\_\_\_\_

Insects  Latex  Other \_\_\_\_\_

Symptoms:

- Skin - hives, swelling, itching, warmth, redness, rash
- Respiratory (breathing) - wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea, dizzy/light headed, shock
- Other: anxiety, feeling of "impending doom", headache, uterine cramps in females

Additional symptoms: \_\_\_\_\_

**Emergency Protocol**

- Administer single dose, single-use auto-injector
- Call 911
- Notify Parent-Guardian
- Administer second single-dose single-use auto-injector in 10 to 15 minutes, or sooner, if symptoms do not improve or if symptoms recur
- Have ambulance transport student to hospital

**Emergency Medication**

**NOTE: Emergency medication must be a single-dose single-use auto-injector for school setting. Oral antihistamines will not be administered by school personnel.**

Name of emergency medication: Epipen

Dosage: 0.3 mg

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date (Y/M/D)

**Anaphylactic Student Emergency Procedure Plan**

**Parent/Guardian please complete**

Discussed and reviewed Anaphylaxis Responsibility Checklist with principal?.....  Yes  No

Two single-dose single-use auto-injectors provided to schools? .....  Yes  No

Student aware of how to administer? .....  Yes  No

Auto-injector locations: \_\_\_\_\_

Your child's personal information is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act. The Board of Education may use your child's personal information for the purposes of:

- Health, safety, treatment and protection
- Emergency care and response

If you have any questions about the collection of your child's personal information, please contact the school principal directly. By signing this form, you give your consent to the Board of Education to disclose your child's personal information to school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (as outlined in the BC Anaphylactic and Child Safety Framework 2007) for the above purposes. This consent is valid and in effect until it is revoked in writing by you.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (Y/M/D)



# ÉCOLE SECONDAIRE SOUTH KAMLOOPS SECONDARY

821 Munro Street  
Kamloops BC V2C 3E9  
Phone (250) 374-1405 Fax (250) 377-2250



## INDIGENOUS PROGRAMS AND SERVICES CONSENT 2025-2026

STUDENT NAME: \_\_\_\_\_

(please print)

A plan has been developed for Indigenous programs and services at our school. This plan utilizes the funding received from the Ministry of Education called "Indigenous Targeted Dollars". School boards receive additional funding for students that self-identify as Indigenous Ancestry. In School District # 73, these dollars are allocated to offer Indigenous programming and services in our schools.

According to our records, your son/daughter has self-identified as being of Indigenous Ancestry. As such, we would like to include your child in Indigenous programming and services being offered at SKSS. If you would like your child to enjoy the advantages and subsequent benefits of these programs and services, please sign below. If there was an error in self-identification, or if you wish to decline the programming and services you may also indicate this below. A complete list of programs and services that our district offers is available on the School District 73 website at [www.sd73.bc.ca](http://www.sd73.bc.ca)

If you have any questions or require further information regarding this initiative, please contact the First Nations Education Support Worker at SKSS, or the District Principal of Indigenous Education at 250-376-2266.

### PLEASE COMPLETE SECTION BELOW IF YOUR CHILD HAS INDIGENOUS ANCESTRY

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Contact number: \_\_\_\_\_ Email: \_\_\_\_\_

Please select: Status off Reserve  Metis  Inuit  Non-Status  Status on Reserve

Band of Origin: \_\_\_\_\_ Status Card # \_\_\_\_\_

Band of Residence (if Status on Reserve): \_\_\_\_\_

*I confirm that my child has Indigenous Ancestry. Please allow my child to participate in any Indigenous Education and/or support services at South Kamloops Secondary School*

*I confirm that my child has Indigenous Ancestry. However, I decline the programming and/or support services being offered at South Kamloops Secondary School*

### FOLLOW UP CONTACT FOR PROGRAMS & SERVICES (subsequent years)

Year	Contact	Accept Program & Services	Decline Program & Services	Initials