



**Persons Other Than the Parents Authorized to Remove This Child from the Facility**

1. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Phone # home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Phone # home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

3. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Phone# home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Please list siblings

Name: \_\_\_\_\_ age: \_\_\_\_\_ Name: \_\_\_\_\_ age: \_\_\_\_\_

Name: \_\_\_\_\_ age: \_\_\_\_\_ Name: \_\_\_\_\_ age: \_\_\_\_\_

I give my consent for staff to call a physician or ambulance in the case of accident or illness where the parent or guardian cannot immediately be reached, or be taken to the nearest emergency centre by a staff member.

Signature of parent or guardian \_\_\_\_\_

If there is a custody agreement, please give any details that we need to be aware of or you would like us to know.

\_\_\_\_\_  
\_\_\_\_\_

A copy of my child's immunization record is included  Yes  No

***A copy of your child's Immunization record must be submitted. These can be attained from the Health Unit.***

I \_\_\_\_\_ have read and understand the policies  
*Please print name*  
presented to me in the parent handbook of the Veritas Pre-Kindergarten Program. I agree to abide by these policies to ensure the safety of my child and others attending the Pre-Kindergarten/Pre-School Program.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

**PHOTO AND MEDIA CONSENT**

During the school year, your child may be photographed or videoed at various pre-school events (school learning, Sports Day, field trips, etc.). With your consent, Veritas School may use these images in print publications, online publications, presentations, diocese or school websites and social media. Please be advised that no royalty, fee, or other compensation shall become payable to you by reason of such use.

Please indicate your preference below.

- Yes, my child's image may be reproduced and released for school use for all uses listed above.
- Yes, my child's image may be reproduced and released for school use for all uses listed above, with the exception of \_\_\_\_\_.
- No, my child's image may not be reproduced and released for school use.

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

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

Date of Signature: \_\_\_\_\_

**Consent Form for the  
Personal Information Protection Act  
as per the  
Personal Information Privacy Policy for Parents and Students of Veritas School**

*Please note that Veritas School's Personal Information Privacy Policy is available upon request at the school office.*

1. I consent to having Veritas School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email address, behavioural, academic and health information, report cards, 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 disclosure of information contained in this form and otherwise collected by or on behalf of Veritas School (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with Veritas School, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in Veritas School's Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of Veritas School.

*This information is required in order to register your child at this school and 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.  
For more information, the Privacy Officer for Veritas School is Mrs. Tamara Berg (250-635-3035).*

**Student Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

2. I consent to having photographs and work samples of my child used by Veritas School in the yearbook, newsletters, school website and other promotional material (not including social media).

**Student Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

3. I acknowledge that my vehicle insurance information and driving record are required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.

**Student Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Veritas School acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child at this school, unless written authorization from a parent or legal guardian is provided to the school.  
The school will securely store all digital and hard copy parent and student personal information.*