

## Student Media Release Consent Form 2019/2020

---

Please ensure ONE box is checked for Part 1 and ONE box is checked for Part 2 of this form.

### Part 1– Events

I, \_\_\_\_\_, hereby agree and give my permission for the  
(Name of parent/guardian if student is a minor under the age of 18. Name of student if an adult and 18 years of age or older.)

Mississauga Hellenic Academy (MHA), Ελληνικό Σχολείο / Greek School Program and/or partners to record, film, photograph, audiotape or videotape our/my child's name, image, student work, and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on the website, posting in schools, posting on social media sites and/or for broadcasting on television or radio as determined by the MHA Organizing Parent Committee.

I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works.

I understand that the Works may appear in electronic form on the internet or in other publications outside of the MHA's control. I agree that I will not hold the MHA responsible for any harm that may arise from such unauthorized reproduction.

Please mark this box if you **AGREE** that your child may participate in recorded MHA school events and MHA hosted events as described above. (See Part 2 below)

Please mark this box if you **DO NOT WISH** your child to participate in recorded MHA/school events and MHA hosted events.

### Part 2 – Media Specific

I also understand that external media organizations may attend school events. I give permission for our/my child's name, image, student work, and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio.

Please mark this box if you **AGREE** that your child may participate in media events that may be published or broadcast by organizations external to the MHA.

Please mark this box if you **DO NOT WISH** your child to be photographed, filmed, audio-taped or videotaped at media events.

I have read this Student Media Release Consent Form and I fully understand the contents and meaning of this release.

I understand that I am free to contact the Principal/Site Supervisor with any questions regarding this release.

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

Student's Signature (If 18 years of age or older) \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian's Signature (If student is a minor – under the age of 18): \_\_\_\_\_

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

## Medical Information Form

The collection and retention of the information requested on this form is authorized and governed by the Ontario Education Act and the Municipal Freedom of Information and Protection of Privacy Act. The following information will be helpful to the teacher in making your child/ward comfortable and safe.

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Telephone: (H) \_\_\_\_\_ (B) \_\_\_\_\_

Ontario Health Number: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Medical Conditions

Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's full participation in excursions/school activities.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Fainting Spells               | <input type="checkbox"/> History of head injuries    | <input type="checkbox"/> Rheumatic Fever    |
| <input type="checkbox"/> Chronic Nosebleed  | <input type="checkbox"/> Feet or Leg problems          | <input type="checkbox"/> Migraine                    | <input type="checkbox"/> Seizures           |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Hemophilia/Bleeding disorders | <input type="checkbox"/> Rash                        | <input type="checkbox"/> Sleepwalking       |
| <input type="checkbox"/> Digestive upsets   | <input type="checkbox"/> Heart problems                | <input type="checkbox"/> Recent illness or operation | <input type="checkbox"/> Urinary infections |
| <input type="checkbox"/> Ear, Nose, Throat infections   | <input type="checkbox"/> Hernia                        | <input type="checkbox"/> Other _____                 |   |
| <input type="checkbox"/> Dislocated shoulder; swollen, painful joints; 'trick or lock' knee or other joint disability |  |  |   |

Give details of usual treatment for each of the above conditions indicated: \_\_\_\_\_

Please explain if your child/ward has any medical condition that requires any modification of his/her program. \_\_\_\_\_

### Allergies/Asthma

Please list all known confirmed allergies to the following:

(a) Foods: \_\_\_\_\_

If foods are life-threatening, please explain the symptoms and the treatment: \_\_\_\_\_

(b) Medications: \_\_\_\_\_

(c) Other (e.g., bee or wasp stings, environmental allergies): \_\_\_\_\_

Has your child suffered any serious allergic or asthmatic reaction?

If so, please provide details, including the type and severity of reaction: \_\_\_\_\_

Is allergy considered: Mild\_\_\_\_ Moderate\_\_\_\_ Serious\_\_\_\_ Life-Threatening \_\_\_\_

Has a doctor prescribed an Epi-Pen for your child? Yes\_\_\_\_ No\_\_\_\_

Has a doctor prescribed an inhaler for asthma? Yes\_\_\_\_ No\_\_\_\_ (Prescribed asthma inhalers must be carried by the student on the excursion.)

Has a doctor prescribed an inhaler for any other reason? Yes\_\_\_\_ No\_\_\_\_

### Dietary Restrictions

Please list any foods your child should not eat for medical, dietary, or religious reasons: \_\_\_\_\_

### Medication

Does your child/ward take prescribed medication on a regular basis? Please specify: \_\_\_\_\_

What prescribed medication(s) should your child/ward have with him/her during the excursion? \_\_\_\_\_

### General

(1) Does your child wear or carry medical alert identification (e.g., bracelet)? Yes\_\_\_\_ No\_\_\_\_

If yes, please specify what is written on it: \_\_\_\_\_

(2) Does your child have any other relevant medical condition that will require modification of the program? Yes\_\_\_\_ No\_\_\_\_

If yes, please explain: \_\_\_\_\_

(3) Does your child have any special fears or conditions (e.g., anxiety, bed-wetting, and nightmares), the knowledge of which will allow the teacher to make the student's excursion more relaxed? Yes\_\_\_\_ No\_\_\_\_ If yes, please explain: \_\_\_\_\_

Should it become necessary for my child/ward to have medical care, I hereby give the MHA teacher permission to use her/his best judgment in obtaining the best of such service for my child. I also understand that in the event of such illness or accident, I will be notified as soon as possible.

Name of Parent/Guardian: \_\_\_\_\_ (Please print)

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