Alternate address/Child-care Provider (if applicable)	Phone Number	Before School	After School
		Address is busing drop off / pickup / other ☐ ☐ ☐	Address is busing drop off / pickup / other ☐ ☐ ☐
		Address is busing drop off / pickup / other ☐ ☐ ☐	Address is busing drop off / pickup / other ☐ ☐ ☐

POTASSIUM IODIDE PILL

The following only applies to parents with students attending schools within a 10 km radius of either Pickering or Darlington Nuclear Generating Stations. All schools within the radius have a copy of the Durham District School Board's Nuclear Emergency Procedures.

In the event of a serious accident in the Nuclear Generating Station, radioactive material may escape from the station. One type of radioactive material that may be released is radioiodine. If radioiodine is inhaled, it is absorbed by the thyroid gland. The ingestion of potassium iodide (KI) pill will minimize the amount of radioiodine absorbed by the thyroid gland. It is expected there will be sufficient time to close the school and evacuate your child before any radiation exposure occurs. However, a decision has been made to pre-distribute KI pills to all schools within a 10 km radius. All principals have been instructed that the issue of these pills is subject to Provincial Authorization.

There may be some reaction to the KI pills for individuals allergic to iodine. For this reason, it is important for parents to notify the school if they suspect or know their child is allergic to iodine. For questions regarding thyroid-blocking potassium iodide, please contact the Regional Municipality of Durham Health Dept. at 905-723-3818 or 1-888-777-9613.

☐ Yes I grant permission for my child to be administered a KI pill ☐ My child is allergic to iodine.

EMERGENCY SCHOOL CLOSURE

During inclement weather, the Board may attempt to keep schools open but this does **no**t mean that students must be sent to school. It is the parents' responsibility to decide if conditions are safe for their children to walk to and from school. Listen to radio announcements early in the morning. When buses are cancelled in the morning they will not run in the after afternoon.

In case of inclement weather or an emergency due to lack of heat, water or a gas leak, etc., I grant permission for my child to be sent home. ☐ Yes

If your child is NOT to be sent home please specify alternate arrangements:

_____

_____

INTERNET ACCESS

I have read the ACCEPTABLE AND SAFE USE PROCEDURE form and I give permission for my child to access the internet while at school

Signature of Parent/Guardian or Students 18 years and older _____

WAIVERS

My child's **school work**, may be displayed in school buildings (other than the student's classroom), school or board publications, articles in the local media, and any film/media. ☐ I give consent ☐ I do not give consent

My child's **photograph/visual likeness** may be displayed in school buildings (other than the student's classroom), school or board publications, articles in the local media, and any film/media. ☐ I give consent ☐ I do not give consent

My child's **school work or photograph/visual likeness** may be displayed on the Durham Board website. ☐ I give consent ☐ I do not give consent

I give permission for my child to be included in neighbourhood excursions under a teacher's supervision. ☐ I give consent ☐ I do not give consent

I give permission for my name and phone number be used by School Community Councils for the purpose of sharing school information. ☐ I give consent ☐ I do not give consent

_____

If this student is currently suspended or expelled from any school in Ontario please indicate suspension or expulsion. ☐ suspension ☐ expulsion
If yes, name of the school you were suspended or expelled from and a contact name

_____

_____

In accordance with the Municipal Freedom of Information and Protection of Privacy Act, 1989, s29(2), personal information is collected under the authority of Education Act R.S.O. 1980, c 129, s.10, and will be used for the general administration of our schools. Questions about this collection should be directed to Superintendent of Education/ Employee Relations, Durham District School Board, 400 Taunton Rd. E. Whitby, Ontario L1R 2K6, 905-666-5500.

I understand that it is my responsibility to advise the school immediately of any changes in any information stated on this form.

I acknowledge that the school accepts no liability for thefts which may occur on the school premises.

_____ _____
Date Signature of Parent/Guardian or Student 18 years and older

_____ _____
Date Signature of School Administrator