

# TURTLE RIVER SCHOOL DIVISION STUDENT REGISTRATION FORM



OFFICE USE

Entry Date: \_\_\_\_\_  
Month/Day/Year

SCHOOL

MET NO.

STUDENT NO.

DATE

Information to be entered by Student's Parents/Guardians – PLEASE NOTIFY SCHOOL IF ANY INFORMATION CHANGES

## STUDENT INFORMATION (Please Print)

Please fill in and return to the school as soon as possible.

Legal Last Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Verified ☐  
Month/Day/Year

Type of Identification: \_\_\_\_\_

First Name \_\_\_\_\_ Second Name \_\_\_\_\_

Name Known by \_\_\_\_\_

Languages(s) Spoken at Home: ☐ English ☐ Oji-Cree ☐ French ☐ Other (please list \_\_\_\_\_)

Current or Last School Attended: \_\_\_\_\_ Division: \_\_\_\_\_

School's Address: \_\_\_\_\_ School's Phone No: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Grade Registering In: \_\_\_\_\_

Treaty Number: \_\_\_\_\_ Band Name: \_\_\_\_\_

## STUDENT MAILING ADDRESS

Apt. No. /Street: \_\_\_\_\_ Community/Town/Village/City: \_\_\_\_\_

P.O. Box No: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Section/township/range \_\_\_\_\_ Bus Driver: \_\_\_\_\_ (if known)

**STUDENT REGISTRATION FORM** 'continued'

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**PARENT/LEGAL GUARDIAN AND CONTACT INFORMATION**

Legal Custody (only if applicable) ☐ Joint ☐ Mother ☐ Other (please note) \_\_\_\_\_  
☐ Father ☐ Guardian ☐ Agency (please note) \_\_\_\_\_

**Parent or Legal Guardian** ☐ **Student lives with**

Relation to Student: \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Address if different from above: \_\_\_\_\_

City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell/Other Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

**Parent or Legal Guardian** ☐ **Student also lives with**

Relation to Student: \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Address if different from above: \_\_\_\_\_

City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell/Other Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

**Parent or Legal Guardian** ☐ **Student also lives with**

Relation to Student: \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Address if different from above: \_\_\_\_\_

City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell/Other Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

**EMERGENCY CONTACT (if parent/guardian cannot be reached)**

Relation to Student: \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell/Other Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

**EMERGENCY BILLET** - Name of town billet (friend or relative that lives in town where child can stay in case of a storm: \_\_\_\_\_ Phone No. \_\_\_\_\_

**FAMILY – Pre-School/School Age Siblings**

Name: \_\_\_\_\_ Gr. \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Gr. \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Gr. \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Gr. \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Gr. \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_

## STUDENT REGISTRATION FORM

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### MEDICAL INFORMATION

Manitoba Health Registration No. \_\_\_\_\_ Personal Health I.D. No. \_\_\_\_\_

Health Concerns/Allergies: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

### INDIGENOUS IDENTIFICATION DECLARATION

#### Indigenous Identity Declaration Authorization and Statement of Understanding

*Indigenous Identity Declaration helps to support the efforts of Manitoba Education and Training and school divisions to plan and improve programs in a way that is responsive to Indigenous learners. (Providing this personal information is voluntary and optional. It is being collected in compliance with section 36(1)(b) of The Freedom of Information and Protection of Privacy Act as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.)*

1. I, \_\_\_\_\_, (name of parent/guardian, please print clearly):
  - ☐ Am submitting my child's Indigenous Identity Declaration for the first time
  - ☐ Am making changes to my child's Indigenous Identity Declaration
  - ☐ Already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.
  
2. Is your child an Indigenous person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)? **Note: First Nations (North American Indian) include Status and Non-Status Indians**  
If "Yes", mark the square(s) that best describe(s) your child now:
  - ☐ Yes, First Nation (North American Indian)
  - ☐ Yes, Métis
  - ☐ Yes, Inuk (Inuit)
  
3. Which best describes your child's Indigenous cultural-linguistic identity?  
Please select up to two choices:
  - ☐ Anishinaabe (Ojibway/Saulteaux)
  - ☐ Ininiw
  - ☐ Dene (Sayisi)
  - ☐ Dakota
  - ☐ Oji-Cree
  - ☐ Michif
  - ☐ Inuktitut
  - ☐ Other-please specify: \_\_\_\_\_



**INFORMED CONSENT**

(MEDIA, STUDENT WORK, ELECTRONIC COMMUNICATION, AND COMPUTER AND INTERNET USAGE)

**ELECTRONIC COMMUNICATION – Student usage of division email and sharing of information through email (e.g. Newsletters, etc.)**

As students complete activities and assignments, they are expected to submit and communicate electronically with email. Email is an important 21<sup>st</sup> century skill that students need to learn to use effectively in order to prepare them for the world. Being efficient in using email as a form of electronic communication is expected of students in our schools. Students are required to be able to submit work and communicate using email.

The division is able to provide students with an email for educational use. Students are obliged to follow the division policy regarding the "proper usage" of division email and may be required by teachers to use as a way of submitting work and assignments.

\_\_\_\_\_ I GIVE CONSENT \_\_\_\_\_ I DO NOT GIVE CONSENT

-----  
As a parent/guardian I allow schools and the division to communicate with me electronically. The electronic distribution (email) of newsletters, school updates and announcements regarding division and school activities, events and news (including fundraising and promotions).

\_\_\_\_\_ I GIVE CONSENT \_\_\_\_\_ I DO NOT GIVE CONSENT

to receive information electronically and will provide my email below.

Email address: \_\_\_\_\_

**MEDIA – Television, Radio, Internet Media, and Divisional Video Productions**

As your child grows and learns, they will have the opportunity to participate in many amazing activities and experiences in our schools. We would like to share these positive experiences with the broader community by inviting journalists and other members of the media to visit our schools. Photographs, videotaping or interviews are allowed at schools only with the permission of the principal.

\_\_\_\_\_ I GIVE CONSENT \_\_\_\_\_ I DO NOT GIVE CONSENT

for my son/daughter (or myself as an adult student) being photographed, videotaped/recorded or interviewed by the media.



**COMPUTER and INTERNET USAGE –Student Usage of School Computers for completing school work and the Usage of the Internet for Research and Educational Purposes**

Turtle River School Division recognizes the educational benefits of computer technology and internet access. Technology is promoted as a valuable instructional learning tool that enhances the ability of teachers to provide new and exciting learning opportunities for students. Students are supervised while using computers, the Internet, and any Information and Communication Technology (ICT). Students are taught the necessary skills to use technology and the internet in a proper manner.

I understand and will follow the guidelines as set in the division policy and school handbooks in regards to the Appropriate Use of Computers and Communication Devices. This includes the use of the Internet; including social media, text messaging and instant messaging and other forms of online communication and sharing platforms and resources that are provided by the Turtle River School Division networked computers. Access to computers and the Internet is for educational purposes as set out in the Turtle River School Division Policy. I further understand that should I commit any violation, my access privileges may be revoked and disciplinary action and/or appropriate legal action may be taken as deemed necessary. As the parent/guardian of the student, I have read the regulations for the Appropriate Use of Information Communication Technology (ICT) and the Use of Personal Communication Devices.

\_\_\_\_\_ I GIVE CONSENT \_\_\_\_\_ I DO NOT GIVE CONSENT

for my son/daughter (or myself as an adult student) to use school computers, have access to the internet, and use any of their own personal devices.

Print Name of Parent/Legal Guardian: \_\_\_\_\_

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

Signature of Student (Grades 7-12 Only): \_\_\_\_\_

**STUDENT WORK, PHOTOGRAPHS, and SCHOOL PROMOTION – Publish and Display (School Display, School Newsletters, Newspapers, Division/School Webpages and Social Media)**

Our school would like to share information and communicate with parents/guardians by highlighting the school; students and student work or activities in a variety of publications and/or **Division organized or sponsored event(s)**. It will allow us to share with you the parent/legal guardian about some of the highlighted activities, work and projects your child is participating in at school. This will also showcase our school to the community and general public. Some examples of sharing include but are not limited to:

- Publication of their work (referenced appropriately) in school and division publications as printed or posted on division/school websites (*e.g. Writing compilations, submission for contests, modelling and sharing in schools, other educational purposes, etc.*).
- School or Division publications (newsletters, articles, webpages, community reports, etc.)
- Local newspaper submitted articles
- Sharing on division social media platforms (e.g. Twitter, Facebook)
- Displayed work in schools and the division office ( in the hallways, classrooms, and at various presentations and events)

**\* Please note: Student photographs posted to Turtle River School Division websites will not identify students by full name (only first name)**

\_\_\_\_\_ I GIVE CONSENT \_\_\_\_\_ I DO NOT GIVE CONSENT

to the Turtle River School Division to publish or show my child's, or my (as an adult student) photographs, name, grade, school and samples of my or my child's work in various publications and/or **at a Division organized or sponsored event**. I understand that photographs of students posted to the school or Turtle River School Division website will not identify students by full name.

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

This personal information is being collected under the authority of The Public Schools Act for School related purposes. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have any questions about the collection, please contact your school principal.



**REQUEST FOR BUS TRANSPORTATION**

The Public Schools Act requires school divisions to provide transportation to all students living within their division boundaries. There are occasions where some students wish to attend schools in another division. In order to address the transportation of these students in adjoining divisions Turtle River School Division has adopted the enclosed policy. This policy is intended to provide educational services in the most cost effective manner for the taxpayers of Manitoba.

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Please complete this form and return to:

Transportation Department  
Turtle River School Division  
Box 309  
McCreary, MB R0J 1B0

Name of Student(s)	Birthdate	Grade	Parents'/Guardians' Names
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your child have any health care needs that the bus driver needs to be aware of? (eg, allergies, asthma, heart condition, bleeding disorder, seizures, medication, etc.) \_\_\_\_\_

Any special information or concerns the bus driver should be aware of: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Land Location of Residence: \_\_\_\_\_

Sec. / Twp. / Rge. OR Street Name & House #

Requesting Transportation to \_\_\_\_\_ School.

Requested date for transportation to begin: \_\_\_\_\_

Reason(s) for Requesting Transportation: \_\_\_\_\_

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

**OFFICE USE ONLY:**

Bus Driver: \_\_\_\_\_ Approx. Pick-up Time \_\_\_\_\_ AM

Transfer Bus Driver: \_\_\_\_\_ Approx. Drop-off Time \_\_\_\_\_ PM

(Only Pertains to Students In Grades 7 – 10)

I authorize \_\_\_\_\_ to be absent from school during the  
(Child's Name)

noon hour break (12:00-1:00). I realize that once my child is away from school, the school division or its employees cannot be held responsible for my child's safety or behavior. I also realize that the school principal may revoke this privilege at any time, if academic performance, or behavior is unsatisfactory. Parents may revoke this privilege at any time by informing the school in writing.

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



(Only Pertains to Students In Grades 11 – 12)

I authorize \_\_\_\_\_ to participate in the open

(Child's Name)

campus program. This program allows the student to sign out of the school during assigned spare periods. I realize that once my child is away from school, the school division or its employees cannot be held responsible for my child's safety or behavior. This privilege is given only if the students will sign in and out when they leave or return to school. Failing to do so will result in privileges being withdrawn. Students shall maintain satisfactory grades. If a teacher or parent feels the student is in academic difficulty, privileges may be withdrawn.

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

## UNIFIED REFERRAL AND INTAKE SYSTEM (URIS) GROUP B APPLICATION (a)

### Review application, complete and sign in ink – to be completed **ANNUALLY**.

The purpose of this form is to identify the child's specific health care and if applicable, apply for URIS Group B support which includes the development of a health care plan and training of community program staff by a registered nurse. URIS is a partnership of Health, Education and Family Services. If you have questions about the information requested on this form, you may contact the community program.

### Section I – To be completed by the community program

<b>Type of community program (please ✓)</b> <input type="checkbox"/> School <input type="checkbox"/> Licensed child care <input type="checkbox"/> Respite <input type="checkbox"/> Recreation program <input type="checkbox"/> Other: _____	<b>Community Program Name:</b>	<b>Location of Service:</b> <input type="checkbox"/> Same as on left
	<b>Contact person:</b>	<b>Contact person:</b>
	<b>Phone: Fax:</b>	<b>Phone: Fax:</b>
	<b>Email:</b>	<b>Email:</b>
	<b>Mailing address:</b> Street address: City/Town: Postal Code:	<b>Mailing address:</b> Street address: City/Town: Postal Code:

### Section II - Child information - to be completed by parent

<b>Last Name</b>	<b>First Name</b>	<b>Birthdate</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Month (print) D D Y Y Y Y
<b>Preferred Name (Alias)</b>	<b>Age</b>	<b>Grade</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
		<b>Gender</b>
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other

Does your child ride the bus? ☐ YES ☐ NO

Does your child have any of the following listed health concerns? ☐ YES ☐ NO (check (✓) one)

➤ If you have answered **NO**, please sign here and return this form to the community program.

Parent/Legal Guardian NAME \_\_\_\_\_ Parent/Legal Guardian SIGNATURE \_\_\_\_\_ DATE (MON/DD/YYYY) \_\_\_\_\_

➤ If you have answered **YES**, please complete the remainder of the form **including Section III**.

➤ Please check (✓) all health care conditions for which the child requires an intervention during attendance at the community program. Return the completed form to the community program.

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Life-threatening allergy and child is prescribed an injector (e.g. Epi-Pen®/ Taro Epinephrine®/ Allerject®)</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child bring an injector to the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Asthma (administration of medication by inhalation)</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child bring reliever medication (puffer) to the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does your child know <u>when</u> to take their reliever medication (puffer) e.g. can recognize signs of asthma?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Can your child take their reliever medication (puffer) <u>on their own</u> ?
	IF NO, describe what your child needs help with: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Seizure disorder What type of seizure(s) does the child have? _____</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require administration of rescue medication? <input type="checkbox"/> Lorazepam <input type="checkbox"/> Midazolam
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require the use of a vagal nerve stimulator (wand)?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Diabetes What type of diabetes does the child have? <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require blood glucose monitoring at the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require assistance with blood glucose monitoring?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child have low blood glucose emergencies that require a response?



<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Ostomy Care</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO Does the child have an ostomy/stoma? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require the ostomy pouch to be emptied at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require the established appliance to be changed at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require assistance with ostomy care at the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Gastrostomy Care</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO Does the child have a gastrostomy tube? Type of tube: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require gastrostomy tube feeding at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require administration of medication via the gastrostomy tube at the program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Clean Intermittent Catheterization (CIC)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require CIC? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require assistance with CIC at the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Pre-set Oxygen</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require pre-set oxygen at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring oxygen equipment to the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Suctioning (oral and/or nasal)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO Does the child require oral and/or nasal suctioning at the community program? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the child bring suctioning equipment to the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cardiac Condition where the child requires a specialized emergency response at the community program.</b>	What type of cardiac condition has the child been diagnosed with? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Bleeding Disorder (e.g., von Willebrand disease, hemophilia)</b>	What type of bleeding disorder has the child been diagnosed with? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Endocrine Conditions (e.g. steroid dependence, congenital adrenal hyperplasia, hypopituitarism, Addison's disease)</b>	What type of steroid dependence has the child been diagnosed with? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Osteogenesis Imperfecta (brittle bone disease)</b>	What type? _____

### Section III - Authorization for the Release of Medical Information

In accordance with *The Personal Health Information Act (PHIA)*, I authorize the Community Program, the Unified Referral and Intake System Provincial Office, and the nursing provider serving the community program, all of whom may be providing services and/or supports to my child, to exchange and release medical information specific to the health care interventions identified above and consult with my child's health care provider, if necessary, for the purpose of developing and implementing an Individual Health Care Plan/Emergency Response Plan and training community program staff for

Child's Name: \_\_\_\_\_ Child's PHIN: \_\_\_\_\_

I also authorize the Unified Referral and Intake System Provincial Office to include my child's information in a provincial database which will only be used for the purposes of program planning, service coordination and service delivery. This database may be updated to reflect changing needs and services. I understand that my child's personal and personal health information will be kept confidential and protected in accordance with *The Freedom of Information and Protection of Privacy Act (FIPPA)* and *The Personal Health Information Act (PHIA)*.


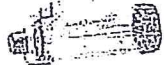


I understand that any other collection, use or disclosure of personal information or personal health information about my child will not be permitted without my consent, unless authorized under FIPPA or PHIA.

Consent will be reviewed with me annually. I understand that as the parent/legal guardian I may amend or revoke this consent at any time with a written request to the community program.

If I have any questions about the use of the information provided on this form, I may contact the community program directly.

NAME (PRINT) Parent/ Legal Guardian _____	SIGNATURE Parent/Legal Guardian _____	DATE (MMM/DD/YYYY) _____
Mailing Address: _____	City/Town: _____	Postal Code: _____
Work/Daytime Phone: _____	Cell Phone: _____	Home Phone: _____
Email: _____		

# INDIVIDUAL HEALTH CARE PLAN (IHCP) ASTHMA (2)

Name: _____ Birthdate: <u>yy/mm/dd</u>		Photo
School/Community Program: _____		
Grade: _____	MHSC: _____ PHIN: _____	
MedicAlert™ bracelet worn? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child ride the bus? <input type="checkbox"/> Yes Bus No. _____ <input type="checkbox"/> No	
Parent/Guardian Name: _____ Home Phone No.: _____ Daytime Phone No.: _____ Cell Phone No.: _____		
Parent/Guardian Name: _____ Home Phone No.: _____ Daytime Phone No.: _____ Cell Phone No.: _____		
Alternate emergency contact: _____ Home Phone No.: _____ Phone No.: _____ Cell Phone No.: _____		
Allergist: _____ Phone No.: _____		
Pediatrician/Family Doctor: _____ Phone No.: _____		
TRIGGERS: List items that most commonly trigger your child's asthma.		
RELIEVER MEDICATION (or bronchodilator) provides fast temporary relief from asthma symptoms. It is recommended that reliever medication is carried with the child so it is available if asthma episode occurs.		
What reliever medication has been prescribed for your child? (CHECK ONE) <input type="checkbox"/> Salbutamol (e.g. Ventolin®, Novo-Salmol®) <input type="checkbox"/> Budesonide (e.g. Symbicort®) <input type="checkbox"/> Other: _____		
How many puffs of reliever medication are prescribed for an asthma episode? (CHECK ONE) <input type="checkbox"/> 1 puff <input type="checkbox"/> 1 or 2 puffs <input type="checkbox"/> 2 puffs <input type="checkbox"/> Other: _____		
Where does your child carry his/her reliever medication? <input type="checkbox"/> fanny pack <input type="checkbox"/> purse <input type="checkbox"/> backpack <input type="checkbox"/> other _____		
Does your child need help when using reliever medication? <input type="checkbox"/> Yes What kind of help? _____ <input type="checkbox"/> No		
CIRCLE the type of medication device your child uses for <u>reliever medication</u> :		
 Metered dose inhaler (MDI)	 MDI with Aerochamber®	 MDI with Aerochamber® mask
 Turbuhaler®      other _____		

*The Individual Health Care Plan and emergency medication should accompany the child on excursions outside the facility.*



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

Birthdate: \_\_\_\_\_

PHIN: \_\_\_\_\_

Individual Health Care Plan - Asthma (Page 2 of 2)

## STANDARD HEALTH CARE PLAN (SHCP) ASTHMA

<b>IF YOU SEE THIS:</b>	<b>DO THIS:</b>
<p><b><u>Signs of an asthma episode:</u></b></p> <ul style="list-style-type: none"> <li>▪ Coughing</li> <li>▪ Wheezing</li> <li>▪ Chest tightness</li> <li>▪ Shortness of breath</li> <li>▪ Increase in rate of breathing</li> </ul>	<ol style="list-style-type: none"> <li>1. Remove the child from triggers of asthma (e.g. exercise, cold air, smoke).</li> <li>2. Have child sit down.</li> <li>3. Ensure the child takes reliever medication (blue cap).</li> <li>4. Encourage slow deep breathing.</li> <li>5. Monitor child for improvement.</li> </ol>
<p><b><u>Emergency Situations:</u></b></p> <ul style="list-style-type: none"> <li>▪ Reliever medication has been given and there is no improvement of asthma symptoms in 5 minutes</li> <li>▪ Greyish/bluish color in lips and nail beds</li> <li>▪ Inability to speak in full sentences</li> <li>▪ Heaving of chest or chest sucking inward</li> <li>▪ Shoulders held high, tight neck muscles</li> <li>▪ Cannot stop coughing</li> <li>▪ Difficulty walking</li> </ul> <p>If asthma symptoms are severe, the child may NOT be wheezing as there is not enough air moving in the lungs to generate a wheeze.</p>	<ol style="list-style-type: none"> <li>1. Activate 911/EMS.</li> <li>2. Give reliever medication every 5 minutes.</li> <li>3. Notify parent/guardian.</li> <li>4. Stay with child until EMS personnel arrives</li> </ol>
<p><b><u>Signs that asthma is not controlled</u></b></p> <p>If staff become aware of any of the following situations, they should inform the child's parent/guardian.</p> <ul style="list-style-type: none"> <li>▪ Asthma symptoms prevent child from performing normal activities.</li> <li>▪ Child appears to be experiencing more frequent coughing, shortness of breath or wheezing.</li> <li>▪ Child is using reliever medication more than 3 times per week to relieve asthma symptoms. An exception to this includes the use of reliever medication before exercise to prevent exercise induced asthma symptoms, which then may be used up to once a day.</li> </ul>	

*I have reviewed the above plan for my child and provide consent to this plan on behalf of my child.*

Parent/guardian signature: \_\_\_\_\_ Date: yyyy/mm/dd

*I have reviewed the above plan to ensure it provides the community program with required information.*

Nurse signature: \_\_\_\_\_ Date: yyyy/mm/dd

*I have received the above plan and have notified appropriate staff.*

Program Designate signature: \_\_\_\_\_ Date: yyyy/mm/dd

☐ Instruction sheet for medication device attached

**FOR OFFICE USE ONLY:**


## ANAPHYLAXIS INDIVIDUALIZED HEALTH CARE PLAN

Child name:		Birth date:	
Community program name:		MedicAlert™ identification worn ?	
Grade:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Parent/guardian name:			
Home #:	Cell #:	Work #:	
Parent/guardian name:			
Home #:	Cell #:	Work #:	
Alternate emergency contact name:			
Home #:	Cell #:	Work #:	
Allergist:		Phone #:	
Pediatrician/Family doctor:		Phone #:	
Life-threatening allergens			
Other allergies (non life-threatening):			
Adrenaline auto-injector prescribed for child.	Type of device <input type="checkbox"/> EpiPen® <input type="checkbox"/> Allerject™	Dosage <input type="checkbox"/> 0.3 mg <input type="checkbox"/> 0.15 mg	Location <input type="checkbox"/> Fanny pack or belt <input type="checkbox"/> Backpack <input type="checkbox"/> Purse <input type="checkbox"/> Other _____
It is recommended that the adrenaline auto-injector is with the child during attendance at the community program. Antihistamines are NOT used in the management of life-threatening allergies in community program settings.			
Child has a back-up adrenaline auto-injector at the community program. <span style="float: right;"> <input type="checkbox"/> YES Location _____  <input type="checkbox"/> NO         </span>			
OTHER INFORMATION ABOUT MY CHILD'S LIFE THREATENING ALLERGY THAT THE COMMUNITY PROGRAM SHOULD KNOW:			

The Health Care Plan and emergency medication should accompany the child on excursions outside the facility.



## ANAPHYLAXIS EMERGENCY RESPONSE PLAN

Name: _____	Birth date: _____				
<b>IF YOU SEE THIS</b>	<b>DO THIS</b>				
<p><b><u>If ANY combination of the following signs is present and there is reason to suspect anaphylaxis:</u></b></p> <p><i>When remembering the signs of anaphylaxis, think F.A.S.T (Face, Airway, Stomach, Total Body)</i></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Face</b> <ul style="list-style-type: none"> <li>• red watering eyes</li> <li>• runny nose</li> <li>• itchiness</li> <li>• redness, swelling of face, lips &amp; tongue</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <b>Stomach</b> <ul style="list-style-type: none"> <li>• vomiting</li> <li>• diarrhea</li> <li>• cramps</li> </ul> </td> </tr> <tr> <td style="width: 50%; vertical-align: top;"> <b>Airway</b> <ul style="list-style-type: none"> <li>• throat tightness</li> <li>• change of voice</li> <li>• difficulty swallowing</li> <li>• difficulty breathing</li> <li>• coughing</li> <li>• wheezing</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <b>Total body</b> <ul style="list-style-type: none"> <li>• swelling</li> <li>• hives</li> <li>• itchiness</li> <li>• sense of doom</li> <li>• change in behavior</li> <li>• pale or bluish skin</li> <li>• dizziness</li> <li>• fainting</li> <li>• loss of consciousness</li> </ul> </td> </tr> </table>	<b>Face</b> <ul style="list-style-type: none"> <li>• red watering eyes</li> <li>• runny nose</li> <li>• itchiness</li> <li>• redness, swelling of face, lips &amp; tongue</li> </ul>	<b>Stomach</b> <ul style="list-style-type: none"> <li>• vomiting</li> <li>• diarrhea</li> <li>• cramps</li> </ul>	<b>Airway</b> <ul style="list-style-type: none"> <li>• throat tightness</li> <li>• change of voice</li> <li>• difficulty swallowing</li> <li>• difficulty breathing</li> <li>• coughing</li> <li>• wheezing</li> </ul>	<b>Total body</b> <ul style="list-style-type: none"> <li>• swelling</li> <li>• hives</li> <li>• itchiness</li> <li>• sense of doom</li> <li>• change in behavior</li> <li>• pale or bluish skin</li> <li>• dizziness</li> <li>• fainting</li> <li>• loss of consciousness</li> </ul>	<ol style="list-style-type: none"> <li>1. Give adrenaline auto-injector (EpiPen or Allerject).               <ol style="list-style-type: none"> <li>i. Secure child's leg.</li> <li>ii. Identify site on outer middle thigh.</li> <li>iii. Grasp adrenaline auto-injector in fist and remove safety cap(s).</li> <li>iv. Firmly press tip into the thigh at a 90° angle until you hear a click.</li> <li>v. Hold in place for a slow count of 5.</li> </ol> </li> <li>2. Activate 911/EMS.</li> <li>3. Notify parent/guardian.</li> <li>4. If signs of anaphylaxis persist or recur, give backup adrenaline auto-injector (if available) every 5 to 15 minutes.</li> <li>5. Stay with child until EMS personnel arrive.</li> <li>6. Discard adrenaline auto-injector safely or give to EMS personnel.</li> </ol>
<b>Face</b> <ul style="list-style-type: none"> <li>• red watering eyes</li> <li>• runny nose</li> <li>• itchiness</li> <li>• redness, swelling of face, lips &amp; tongue</li> </ul>	<b>Stomach</b> <ul style="list-style-type: none"> <li>• vomiting</li> <li>• diarrhea</li> <li>• cramps</li> </ul>				
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<p><b><u>Risk reduction strategies</u></b> are the only way to prevent anaphylaxis. Although it is not possible to achieve complete avoidance of allergens in community program settings, it is important to reduce exposure to life-threatening allergen(s). Please contact the community program if you have any questions about the risk reduction strategies that are implemented in their facility. School division policy may be found on their website.</p>					

*I have reviewed the above plan for my child and provide consent to this plan on behalf of my child.*

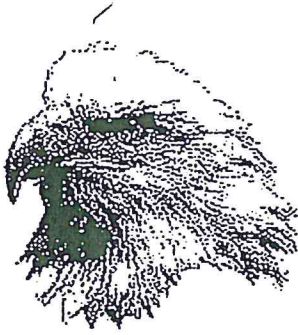
**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I have reviewed the above plan to ensure it provides the community program with required information.*

**Nurse signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

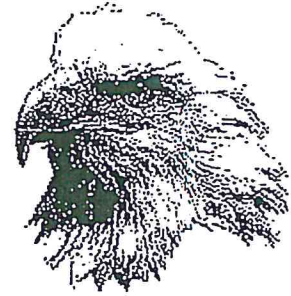
**Documentation**



# Glenella School

Box 59  
Glenella, Manitoba  
R0J 0V0  
204-352-4253



**Home of the Eagles**

Dear Parents:

Reminder of the Food Allergy Notice:

We have students and staff at Glenella School who have food allergies. We have a number of people who are severely allergic to **peanuts, tree nuts, mangos and shellfish**. Exposure to even extremely small amounts of these items is extremely dangerous and life-threatening. Mangos are included in the cashew family, so please be considerate when you are packing your child's lunch to not pack a mango or even the fruit cups that have mangos in them.

We ask all parents to help us to prevent these children being exposed to peanut, tree nut or shell fish products, by checking that food products sent with your child to school does NOT contain any peanut, tree nut or fish products. Tuna and salmon is not a shellfish product and is permitted. Also, **please discourage your own child or children from sharing his or her lunches or snacks while at school**. Please follow the safe Food Snack list that was in the school registration package.

We realize this may be an inconvenience to you, but ask that you respect this notice. Please feel free to contact me at the school if you require further information regarding this notice.

## Peanut Free Snack Ideas



**Quaker** – Rice cakes (Caramel, corn, apple cinnamon, white cheddar, original ranch, taco, crunchy dill, BBQ, sour cream & onion) Granola bars, large assortment labelled peanut free. Instant oatmeal. **Nature Valley** has also come out with Chewy Chocolate Chip Bars. Please always remember to watch for Peanut Free Symbol with these products.

**Betty Crocker** – Dunkaroos, Fruit roll ups, Gushers, Fruit by the foot, Lucky Charms fruit snack, Scooby-Doo fruit snacks, Sodalicious, Mickey Mouse peel outs or Princess rolls. Betty Crocker Cake mixes, and Icings are safe.

**Kelloggs** – Nutrigrain bars, and twists, pop Tarts, Rice Crispie squares (Original, chocolate & Caramel) Yogos fruit loop snacks. Variety of cereals including, Chex, Cinnamon Toast Crunch, Fruit Loops, Corn Pops, Corn Flakes, Crispex, Frosted Flakes, Frosted mini-wheats, Shredded Wheat, Life (Original) Rice Krispies.

**Christie Crackers** – Crispers (Original, BBQ, ranch, salt & vinegar, All dressed ). Premium Plus Saltines, Oat Thins, Wheat Thins, Stoned Wheat Thins, Bacon Dippers, Cheese Bits, Socialbles, Swiss Cheese, Vegetable Thins, Triscuit (Original only). Ritz Original

**Cookies** – Chips Ahoy, Chunks Ahoy, Chewy Chips Ahoy, Teddy Grahams, Fudgee-O (Regular, and double stuffed) Oreo (Original) Arrowroot, Bear Paws, Viva Puffs, Wagon Wheels, Dare Cookies, large assortment including Ruffles, Maple, Banana Cream, Coconut Cream. Snack packs, mini oreos, chocolate chip, animal crackers, teddy grahams, All by Christie.

**No Name (Yellow and Black label)** – Zoo animal fruit snacks, Cheddar Cheese Snack Crackers, Fruit Rolls, Sugar Wafers, Rice Cakes, Ginger Snaps, Puddings, Fruit Cups, Shortbread Cookies, Social Tea Biscuits, Honey Grahams. **Note that new products will always become available, just watch for the Peanut free Logo**

**Presidents Choice** – Crisp and Thin Crackers, Woven Wheats, Rice Cakes, Peppercorn Ranch Chippers, Fruit Bars. Mr Mini cookies, Granola bars (Dipped, and Chewy, or Regular Chocolate chip)

**Miscellaneous** – Dempsters Bagels, w/cream cheese. Pillsbury Baking tubes, including biscuits, pie crusts, cinnamon rolls, cookies. Dempsters Tortillas wraps, Original, whole wheat, vegetable. Fresh Fruit, with the exceptions of **Mangos** or **Kiwii**. Caramel dip for apples, Veggies & Dip, SunMaid Raisins, or Apricots, Yogurt, Cheese Strings, or Curds. Kraft Handi Snacks crackers or breadsticks with cheese.



Motts Fruitsations, fruit cups, Jell-o, Puddings, Popcorn (Pop Secret, Orville Redenbacher, Healthy Choice), Pretzels (Rold Gold, or Old Dutch) Potato Chips, (Old Dutch, Lays, Doritos, Ruffles, Cheetos, Tostitos, Pringles Original) Pizza (Dominoes, Pizza Hut, and Papa Johns, all safe)

**Chocolate & Candy** – Smarties, Coffee Crisp, Aero, Kit Kat, Mars. Nestle Mini Rolo. Ice cream – Chapmans Peanut Free, large variety. Mr Freeze and Crush Freezies.

- ♦ Mike and Ikes
- ♦ Wonka's Nerds & Nerds Rope
- ♦ Laffy Taffy
- ♦ Runts
- ♦ Dubble Bubble gum
- ♦ Tootsie Pops & Tootsie Rolls (*anything made by Tootsie*)
- ♦ Junior Mints
- ♦ Lifesaver Gummies
- ♦ Smarties
- ♦ Sour Patch Kids – all varieties
- ♦ Whoppers
- ♦ Sweet Tarts
- ♦ Hot Tamales
- ♦ Red Vines
- ♦ Jolly Rancher hard candy, lollipops and gummi candy
- ♦ Twizzlers
- ♦ Rolos (minis)
- ♦ Starburst fruit chew, lollipops
- ♦ Kraft Marshmallows

**Safe Oils** – Canola, Sunflower, Cottonseed, and Vegetable

Due to continual changes in manufacturer packaging and processing, please always check labels to ensure it does not contain any of the following, peanuts/tree nuts, peanut flour, peanut oil, peanut meal. Or for any of these statements, ***May contain traces of peanuts/tree nuts, or Manufactured in a facility that also processes nuts.***

**\*ANY product from a Bulk store or Bin IS NOT SAFE!**

<https://www.facebook.com/groups/safesnackideas/>



Education and Training

Deputy Minister

Room 162, Legislative Building, Winnipeg, Manitoba, Canada R3C 0V8

JUN 10 2016

To: Superintendents of School Divisions  
Principals of Funded Independent Schools

Dear Colleagues:

**Re: Registration for Schools**

When families register their child(ren) for school they are required to provide school officials with valid identification for each child to ensure that the child is either of compulsory school age (7 years by end of December) or has a right to attend school (will be age 6 by end of December in a year). It has come to our attention that some schools will only accept birth certificates as valid forms of identification. In the past, the department has communicated that the following are acceptable forms of identification to satisfy the age/eligibility requirement:

- Birth certificate
- Baptismal certificate
- Certificate of live birth
- Health card
- Statutory declaration

With increasing numbers of refugees, new immigrants and families on limited budgets there may be families that do not have birth certificates for their children. Manitoba birth certificates cost \$30 and there is a 2 -3 month wait for processing.

It is important that all children are registered and in school as soon as they apply. If families do not have a birth certificate for their children schools should accept other valid forms of identification as noted above. It is also possible for parents to make a statutory declaration to a commissioner of oaths or notary public as to the birth date of their child, although they should be encouraged to obtain a birth certificate at the earliest opportunity as this form of identification is often needed by students into the future.

.../2



Please help us to ensure that the process for registering new students is smooth and timely.

We ask superintendents to forward this information to their principals.

Should you have further questions, please contact David Yeo, Director of Education Administration Services, at 204-945-8664.

Sincerely

A handwritten signature in blue ink, appearing to be 'Bramwell Strain', followed by a long, horizontal, wavy line.

Bramwell Strain  
Deputy Minister  
Education and Training

c. David Yeo

# Declare your child's Indigenous Identity

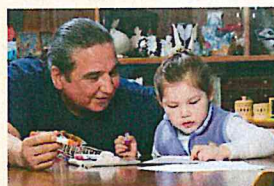
## Indigenous Identity Declaration (IID)

provides parents and guardians of Indigenous students the opportunity to declare their children's Indigenous identity within Manitoba's school system.



## Why Declare?

- Your declaration helps school divisions enhance services and supports for Indigenous students.
- Providing this personal information is voluntary and optional. Information collected through IID is protected under *The Freedom of Information and Protection of Privacy Act (FIPPA)*.



## Contact Information

For more information about the Indigenous Identity Declaration, please contact your child's school office or the Indigenous Inclusion Directorate at 204-945-1416 or Toll Free in MB at 1-800-282-8069 (ext. 1416).



Indigenous Inclusion  
Directorate

Manitoba 



# Declare your child's Indigenous Identity

## Questions and Answers for Parents and Guardians

### 1. What is Indigenous Identity Declaration?

Indigenous Identity Declaration (IID) is an opportunity for parents/guardians of Indigenous students to declare their child's Indigenous identity within Manitoba's Kindergarten-Grade 12 provincial school system usually at time of registration. IID information received from parents/guardians is entered into a database by the school office and is then reported yearly to the Department of Manitoba Education and Training.

### 2. Why are Indigenous students being asked to declare their ancestral/cultural background?

IID helps direct resources to Indigenous students to help them succeed. Manitoba Education and Training is committed to supporting the academic success of Indigenous students. Your declaration helps school divisions enhance services and supports for Indigenous students. By declaring, your child (children) receives the appropriate support and programming they may need.

### 3. Statistics Canada collects this information. Why are parents/guardians being asked to provide information to the school?

Aboriginal identity refers to whether the person reported identifying with the Aboriginal peoples of Canada. This includes those who reported being an Aboriginal person, that is, First Nations (North American Indian), Métis or Inuk (Inuit) and/or those who reported Registered or Treaty Indian status, that is registered under the Indian Act of Canada, and/or those who reported membership in a First Nation or Indian band. Aboriginal peoples of Canada are defined in the Constitution Act, 1982, Section 35 (2) as including the Indian, Inuit and Métis peoples of Canada. The key data sources for statistics on Aboriginal people comes from the Census, which collects information on the language spoken at home, mother tongue and knowledge of language.

IID provides accurate and detailed school level information and is recorded by schools and reported yearly to Manitoba Education and Training. Additionally, this information is combined to give a school division and provincial summary. Information collected through IID is protected under *The Freedom of Information and Protection of Privacy Act (FIPPA)*.

### 4. I'm a First Nation member and my partner is Métis. Which box do we check?

For families that have multiple ancestral/cultural elements, choose what is most relevant for your family. For more detail, please see the IID identifier descriptions provided on the website at [www.edu.gov.mb.ca/aed/abidentity.html](http://www.edu.gov.mb.ca/aed/abidentity.html).

### 5. I know I'm Indigenous but I don't speak any Indigenous languages. Do I still check any boxes?

YES. The linguistic identifiers refer to ancestral/cultural identity, NOT your ability to speak a specific Indigenous language. Select the identifier(s) that best reflect your identity. If you are still unsure what to choose, you can check the "Other" linguistic category, and write "uncertain" in the space provided.





6. *My child is adopted and Indigenous, while our family is not Indigenous. Which box do I check?*

Check the box most appropriate for your child's Indigenous identity. For more details, please see the IID descriptions provided or visit [edu.gov.mb.ca/aed/abidentity.html](http://edu.gov.mb.ca/aed/abidentity.html).

7. *I moved to Manitoba from another province and my language/culture identifier is not on the IID list. Which box do I check?*

As the list of languages spoken by Indigenous people in North America is quite large, the IID uses the majority of the languages spoken in Manitoba. If your language is not listed, please check the box labelled "Other". Then you may indicate the language(s) spoken in the space provided (if known, write the language, or if unknown, write "uncertain").

8. *There are so many languages to choose from and my language choice is spelled differently than I remember it being spelled. Are they likely the same?*

Yes. They can be considered the same for the purposes of the IID. There are many different ways of spelling the major language groups. As an example, the word Ojibwe can be spelled, Ojibway and Ojibwa. The same can be said of Inuktituq. It can also be spelled as Inuktitut. Both are considered to be the language spoken by the Inuit people.

9. *I've already declared my child a couple of years ago. Do I need to declare my child every year?*

No. If you have declared your child in the past, you won't need to declare your child every year.

The school office will provide IID information to parents/guardians every year as Indigenous identity is not assumed. Also, sometimes the information parents/guardians provide the school may need to be updated, such as if a child is new to the provincial school system, or if changes were made to the list of IID identifiers. If your child is new to the provincial school system, or if you need to make a change to the declaration you had previously provided for your child, then a declaration form can be obtained from your child's school office at any time.

10. *We've moved to a different school in a different school division. Do I need to declare my child again?*

No. If parents/guardians have declared their child's Indigenous identity in the past, the declaration information will remain in the database throughout the child's education in the Manitoba K-12 provincial school system.

11. *I've registered and/or they know my Indigenous identity at a First Nations school. Do I still need to identify at a provincial school?*

Yes. Your Indigenous identity may not be provided by the First Nations school where you attended. We are asking that you please self-identify when registering at a provincial school.

12. *Will my band lose funding for schools in my home community if I self declare my child in a Manitoba public school?*

By self declaring your child or children your home band or community will not lose any funds. Public school funding and federal schools funding is not connected or related in any way to self declaring your child or children and will not result in any loss of funds.



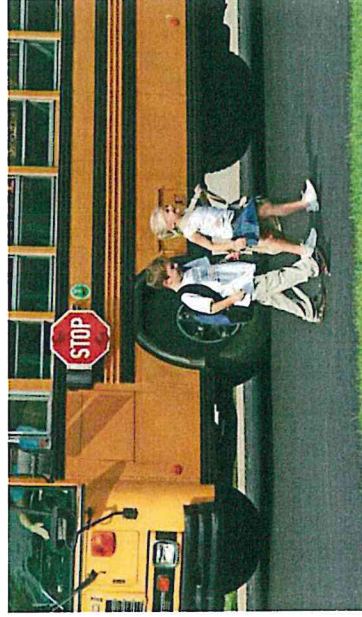




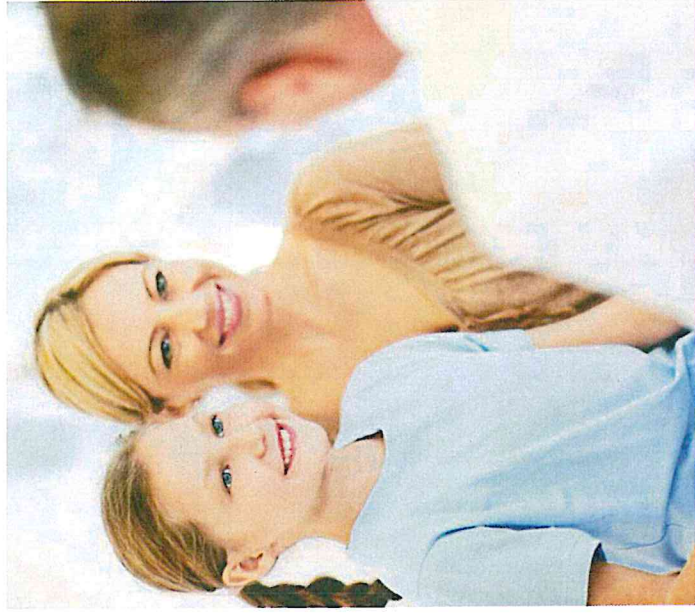
## RESPONSIBILITY OF FAMILIES

- Inform the community program of any medical or special health care needs of your child.
- Complete the URIS Group B Application form provided by the community program.
- Talk with the URIS Nurse to develop your child's individual health care plan for the community program.
- Sign your child's completed health care plan for use at the community program.
- Inform the staff at the community program as well as the URIS nurse of ANY changes to your child's health information at any time.

FOR MORE  
INFORMATION OR TO  
APPLY FOR URIS  
SUPPORT, CONTACT  
YOUR COMMUNITY  
PROGRAM



Date of Issue: April 2014  
Date of Revision: May 2014  
Document #: PMH149



## UNIFIED REFERRAL AND INTAKE SYSTEM (URIS) A GUIDE FOR PARENTS

[www.prairiemountainhealth.ca](http://www.prairiemountainhealth.ca)



# Unified Referral and Intake System (URIS)

The URIS program supports children who require assistance with health care needs while attending community programs including schools, licensed child care facilities, respite services, and recreation programs within Prairie Mountain Health.

With your assistance, the URIS Nurse will complete an Individual Health Care Plan for your child

This Health Care Plan outlines your child's health history and the necessary interventions to support your child's health care needs while attending the community program.

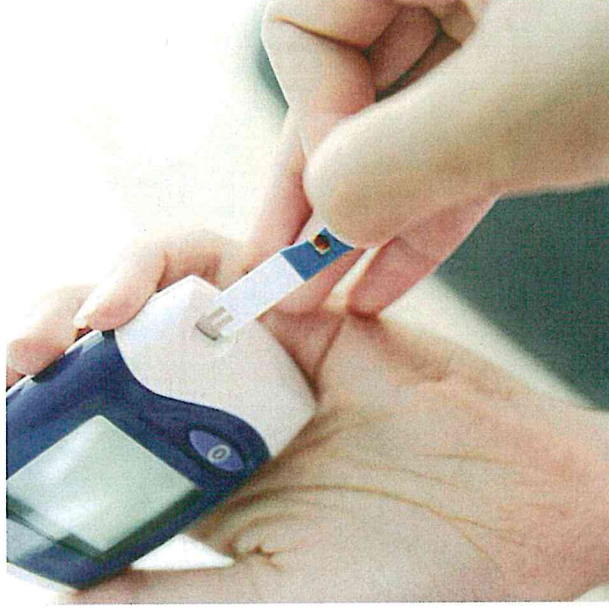
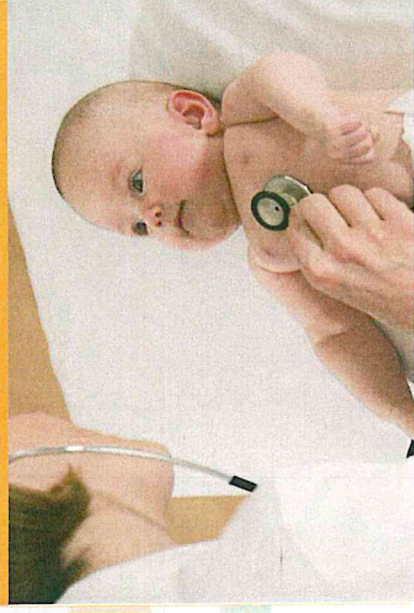
The URIS Nurse will train the community program staff for procedures specific to your child's health care need (eg. how to administer an inhaled medication to a child with Asthma).

URIS training supports schools, licensed child care facilities, recreation programs and respite services personnel to respond to your child's specific health care needs and emergencies.

Prairie Mountain Health URIS Program partners with Manitoba health care professionals to ensure your child is receiving the best support available.



The Unified Referral and Intake System (URIS) is a partnership of Prairie Mountain Health and the Government of Manitoba Departments of Health, Family Services and Education



to the procedure is predictable. Non-healthcare personnel must receive training and ongoing monitoring by a URIS Nurse. The URIS program may provide support for the following conditions:

- Life-threatening Allergy (anaphylaxis)
- Asthma (when medication is present at the community program)
- Seizure Disorder
- Diabetes
- Cardiac Condition
- Bleeding Disorder
- Steroid Dependence
- Osteogenesis Imperfecta (brittle bone disease)
- Gastrostomy Care and Feeding
- Ostomy Care
- Clean Intermittent Catheterization (IMC)
- Pre-set Oxygen
- Suctioning (oral and/or nasal)
- Administration of Medications