

## Personal Information Protection Act

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Student's Full Name

### MOTHER GOOSE PLAYSCHOOL Lacombe, Alberta

*Unless the playschool is notified of a change, this signed document will be in effect for the entire time your child is registered at Mother Goose Playschool.*

The Personal Information Protection Act (PIPA) requires that parents/guardians be advised of collection, use and disclosure of personal information. However, in the education and socialization of children, personal information is often collected and used to assist in the administration of the program and the activities that are a normal part of school life.

#### Your Permission is Required

Because Mother Goose Playschool is a volunteer based society, the parents play an integral role in the everyday operations. We provide each parent with a class list disclosing the children's names, their birth dates, their parent/guardians' names, and their phone numbers. This information is important for communicating to others in the child's class in the event that you are unable to attend a parent helper day and need to find a replacement. We also post all of the class lists at the Playschool so the teachers have easy reference to names and phone numbers in the case of an emergency or for communication purposes.

Throughout the school year, there will be school events which are open to the public. Parents and the media may be in attendance and are allowed to take photographs, videos, and conduct interviews without first obtaining consent. These events may include: Michener Park, Rodeo, Halloween Party, Police and Fire Hall Field Trip, Beach Party, Boston Pizza Field Trip, Kerry Wood Nature Centre Field Trip, SPCA Field Trip, Pajama Party, Mother's Day Tea, Graduation, Year End Picnic.

#### **Your signature (parent/guardian) will indicate approval for the above named child to:**

1. Receive a class list including your child's personal information.
2. Be photographed by the media, approved community organizations, and Mother Goose Playschool staff and parents.
3. Be interviewed by the media, approved community organizations, and Mother Goose Playschool.
4. Have student work displayed, recognized, or reproduced inside and outside of the playschool. Information relating to this student's work will be communicated to the home in advance if outside of playschool.

**\*\*\*** *Please advise the playschool immediately if this information changes.*

If you have any questions or concerns regarding the collection or use of this information, please contact Jane Wilkinson, Director at Mother Goose Playschool (403-782-4450).

**PLEASE COMPLETE OVER →**

## Personal Information Protection Act

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Student's Full Name

Do you give consent to release personal information as indicated?

**YES** - I have read the information on the reverse side of this sheet and give consent to release the personal information referred to on the page prior.

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Signature

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Please print name

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Date

**OR**

**NO** - I have read the information on the reverse and understand and accept that there are a variety of ways to use personal information in the context of a playschool setting. However, I WILL NOT provide approval for the release of personal information for my child including the items listed under points 1 -4.

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Signature

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Please print name

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Date

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Pictures on the Mother Goose Playschool web site, [mothergooseplayschool1.com](http://mothergooseplayschool1.com), could be occasionally changed and may include photos (no names) of current or past students and/or families, engaging in Playschool activities. Please complete the following section.

**YES** - I give consent to include photos of my child and/or family on the web site.

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Signature

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Please print name

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Date

**OR**

**NO** - I WILL NOT give consent to include photos of my child and/or family on the web site.

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Signature

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Please print name

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Date

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### MEDICAL TREATMENT OF STUDENT AT MOTHER GOOSE PLAYSCHOOL

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The undersigned, \_\_\_\_\_ being the parent/guardian of a student at Mother Goose Playschool do hereby request and authorize personnel employed by Mother Goose Playschool to provide necessary first aid and prescribed medication and other prescribed treatment to the said student, and for so doing, this will serve as a release and indemnification of and from any action or inaction of any personnel of Mother Goose Playschool associated with the rendering of first aid or administering of prescribed medication and other prescribed treatment to the said student.

Further, the undersigned parent/guardian recognize and acknowledge that the personnel employed by Mother Goose Playschool who may, as a result of this request, be rendering first aid or administering prescribed medication or other prescribed treatment to the said student are not medical practitioners.

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Signature

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Please print name

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Date