

COVID-19 Parental Acknowledgement and Voluntary Disclosure Form

Student Name: _____ **Birthdate:** _____

School: _____ **Grade:** _____

The school division is collecting information about your child's COVID-19 vaccination status or consent for COVID-19 testing for the purposes of managing its COVID-19 pandemic response. The school division requires information about your child's vaccination status or parental consent for COVID-19 testing to determine whether your child is permitted to participate in recreational activities including extra-curricular sports. Please note that disclosure of your child's vaccination status is voluntary and testing is an alternative to meeting the Public Health Order requirements.

The school division is authorized to collect your child's personal health information because the information relates directly to and is necessary for the school division to manage its COVID-19 pandemic response and adhere to Public Health Orders. Your child's vaccination status information will not be used for any other purpose, unless it is authorized by *The Personal Health Information Act (PHIA)* or *The Public Schools Act*.

The information you provide will be kept confidential and protected in accordance with PHIA and TURTLE MOUNTAIN SCHOOL DIVISION Procedure 9-B (<https://www.tmsd.mb.ca/procedures/9/9-B.pdf>). For any questions regarding the collection, use or disclosure of your child's personal health information, please contact your school.

I, _____ being the parent/legal guardian of _____ do hereby consent to the Turtle Mountain School Division receiving proof of vaccination, or as an alternative to receiving proof of vaccination, I do hereby consent to the Turtle Mountain School Division to receive COVID-19 test results confirmed by a pharmacist for the purpose of participating in extra-curricular recreational activities. This consent shall remain in effect until the end of the 2021/2022 school year or until revoked by me in writing.

(Date)

(Signature of parent/legal guardian)

(Date)

(Signature of witness)

This personal information or personal health information is being collected under the authority given to the Turtle Mountain Division under The Public Schools Act and will be used for educational purposes or to ensure the health and safety of the student. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act (including but not limited to section 37) and The Personal Health Information Act (including, but not limited to Part 3, Division 1).