



PERMISSION TO POST STUDENT MEDICAL INFORMATION

The Freedom of Information and Protection of Privacy (FOIP) Act sets controls and standards on how school boards collect, use, disclose, and dispose of the personal information in their custody or under their control.

Because it is important to quickly identify the type of medical attention required by a student in need of medical treatment, we are requesting your permission to post your child's information (student's name, picture, and medical information) as listed on the Medical Alert Form in the staff room. We understand that the student's medical information is provided to us in confidence and it will be protected and used in compliance with the FOIP Act.

I _____ hereby grant consent to (parent/guardian)
St. Thomas Aquinas Catholic Schools to post my child's information as listed and described on the Medical Alert Form.

Full Name of Student

Signature of Parent/Guardian

Date

Questions or concerns regarding this information may be directed to:
St. Thomas Aquinas Catholic Schools at 4906 – 49 Avenue, Leduc, AB T9E 6W6
Phone 1.800.583.0688 or 780.986.2500