East Central Catholic Schools

Student Personal Care Authorization and Informed Consent Form

Background

Students who require help with personal care that could include dressing, washing, toileting, menstrual care, etc. are identified as most at risk of inappropriate contact and touching. The student's welfare is of paramount importance, and his/her experience with personal care is to be positive. We are aware that our staff are also put at risk of accusations and allegations made against them while carrying out such activity and that we have a duty of care to protect them as well from false allegations or misunderstandings that might arise.

All staff, parents/guardians and students are to adhere to **Administrative Procedure 323 Provision of Student Personal Care**. The Division's approach is to encourage students to do as much for themselves as possible in respect to any aspect of personal care. Staff are to carry out these tasks only when the student is clearly unable to do so and after all risks to the student and staff involved have been assessed.

1. All personal care activities to be carried out are clearly described in the student's written Student Personal Care Plan, **Form 323-2 Student Personal Care Plan**, and staff are expected to comply with the instructions included in the plan.

2. The student is participating voluntarily in personal hygiene activities such as toileting, diapering, menstrual care and/or dressing. In consideration of that participation, the Parties hereby acknowledge that they are aware of the risks, dangers, and hazards that they may be exposed to, which include, but are not limited to:
   - 2.1 For the activity of toileting, diapering, menstrual care and/or dressing, exposure of the body including genitals.
   - 2.2 For the activity of toileting, diapering, menstrual care and/or dressing, appropriate touching for cleaning and washing of parts of the body during toileting or menstrual care routine when the student requires assistance.
   - 2.3 Staff exposure to body fluid or products, including menstrual blood.

3. The Parties understand and acknowledge that:
   - 3.1 Steps have been taken for the protection of the student and staff. However, the provision of personal care activities has foreseeable and unforeseeable inherent risks, hazards, and dangers that no amount of care, caution or expertise can eliminate.

4. In consideration of the Division facilitating the student to participate in the Activities, the Parties agree:
   - 4.1 That this consent form is for personal care as defined in the Definitions in **Administrative Procedure 323 Provision of Student Personal Care;**
   - 4.2 To comply with the rules of the school;
   - 4.3 That a personal care plan will be co-created by the parents/guardian, student (where possible) and school staff. Personal care will be performed according to the written Student Personal Care Plan, Form 323-2 Student Personal Care Plan;
   - 4.4 That the Parties acknowledge that they have considered and disclosed all personal

care aspects of the student to the School Division of all physical or mental health conditions, intolerances, illnesses, and all other health information that could potentially affect the student's ability to safely receive personal care.

I have read and agree to be bound by sections 1 to 4: _____ (Parent initials)

General

5. The parties expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by law and that if any of its provisions are held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect.

6. This is a binding legal agreement. Clarify any questions or concerns before signing. As a student getting personal care in schools administered by The East Central Alberta Catholic Separate School Division (referenced as "Division"), the care (referenced as the "Activity") may involve care of a personal nature to the student, and the undersigned, being the student's Parent/Guardian (collectively the "Parties), acknowledge and agree to the terms outlined in this agreement.

Student Information

Student Name:_____ Grade:_____

Date of Birth:_____ School:_____

Address:_____
(Complete Home Address including postal code)

Parent Information

7. I am the Parent/Guardian of the Student and have full legal responsibility for the decisions of the student.

_____	_____
Parent/Guardian Name (print)	Parent/Guardian Name (print)
_____	_____
Parent Contact Number	Parent Contact Number
_____	_____
Parent Email	Parent Email
_____	_____
Parent/Guardian Signature	Parent/Guardian Signature
_____	_____
Date	Date

The information collected on this form is being collected pursuant to the Education Act (Student Record Regulation), the Freedom of Information and Protection of Privacy (FOIP) Act, and Section 23 of the Canadian Charter of Rights and Freedoms. Information acquired through this form is kept secure and access is restricted. If you have any questions regarding the collection or use of this information, please contact your school principal or the Division's FOIP Coordinator at 780-842-3992.

For school use only:

Principal Name (print)

Principal Signature

Date