HALTON CATHOLIC DISTRICT SCHOOL BOARD

CDSB

Medical Conditions Package for Parents & Guardians

Anaphylaxis

Revised June 2018

Achieving Believing Belonging

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HALTON CATHOLIC DISTRICT SCHOOL BOARD ANAPHYLAXIS PROTOCOL:

Introduction & Sabrina's Law:

A review of the HCDSB Anaphylaxis Protocol has taken place to address the components of Ministry of Education Policy/Program Memorandum #161 Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis) in Schools.

"Sabrina's Law" – Bill 3: An Act to protect anaphylactic pupils (2005)

Excerpts:

Obligation to keep a school informed:

(1.1) It is the obligation of the pupil's parent or guardian and the pupil to ensure that the information in the pupil's file is kept up-to-date with the medication that the pupil is taking.

(1.6) The pupil's file must contain: '…a copy of the prescription and instructions from the pupil's physician or nurse and a current emergency contact list.'

Access to the HCDSB Anaphylaxis Protocol

To access the Board's protocol and procedures in managing students diagnosed with anaphylaxis refer to the Halton Catholic District School Board Website: www.hcdsb.org + PARENTS + Safe, Healthy and Inclusive Schools + Medical Conditions + Anaphylaxis.

Role of PARENT/GUARDIAN with School

In order for School Staff to provide a safe and nurturing environment for students managing their Anaphylaxis, Parents/Guardians are asked to:

☐ **PROVIDE Proof of Diagnosis for your child which can be ONE of:**

- a letter/note from the physician or specialist, OR
- a copy/photocopy of the prescription, OR
- a photocopy of the prescription from the Epi Pen container, OR
- a copy/photocopy of the Official Receipt of the medication from the pharmacist

☐ **COMPLETE and return the following forms found in this package:**

- **STUDENT PLAN OF CARE**
  - Parents/Guardians of newly registered or newly diagnosed students shall create the Student Plan of Care in consultation with the School Administration during the last week of August. For students already registered, the Student Plan of Care will be reviewed and/or updated annually and shared with the school, before the start of each school year.
- **REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPINEPHRINE FORM**
  - Form is completed by Parent/Guardian when the school agrees with the parent request to provide medical intervention and/or medication under the listed conditions of the form.

Please Note – Urgency of Having Completed Forms As Soon As Possible:

To act in the best interest of your child responding to an anaphylactic reaction, you are strongly encouraged to provide all relevant information and forms to manage your child's anaphylaxis to the school principal in a timely manner. Failure to do so may place your child at unnecessary risk

☐ **COMMUNICATE with School Administrator if your child has both ANAPHYLAXIS and ASTHMA:**
Access the PARENT/GUARDIAN PACKAGE for ASTHMA and complete the required forms.

If there is any reason to believe that your child has come into contact with his/her anaphylactic trigger, the event will be managed as outlined in the HCDSB Anaphylaxis protocol.

☐ **PROVIDE two (2) Auto-injectors to the school, in accordance with HCDSB Policy:**

Epinephrine Auto-Injector of Choice: EpiPen®

The Halton Catholic District School Board's choice of epinephrine auto injectors is the EpiPen® on order to be consistent with each possible application.

ONE: The students in grades 1-12 are to carry on their person at all times.
Students in JK and SK will have their EpiPens® looked after by the classroom teacher.

- The EpiPen® should be in a protective container labeled with the child's name.
- Students allergic to bees/wasps are required to carry their EpiPen® only during bee/wasp season.
- Accommodations will be considered for students who are not capable of carrying the EpiPen® on their person due to special needs.
- Support the school in its efforts to have your child carry their EpiPen® at all times.

TWO: The second EpiPen® will be stored at the school in a secure, accessible but not locked location in case a second application is required.

Please Note: Urgency of Providing EpiPens® When Child Attends School:
In order that the school complies with the Ontario government's legislated requirements (Bill 3: An Act to protect anaphylactic pupils) of providing a safe environment for your child, you are strongly encouraged to provide two EpiPens® (epinephrine auto injectors) in a very timely manner (i.e. when the child is attending school). Failure to do so may place your child at unnecessary risk.

Epinephrine is the first line of medication which **will** be used in the emergency management of a person having a potentially life threatening allergic reaction.

- Antihistamines and asthma medications must not be used as first line treatment for an anaphylactic reaction.
- In studies of individuals who have died as a result of anaphylaxis, epinephrine was under used, not used at all, or administration was delayed.
- Epinephrine to be given at start of any suspected anaphylactic reaction occurring in conjunction with known or suspected allergen contact.

Students with Anaphylaxis and Asthma will have epinephrine administered first, before treatment for asthma.

☐ **CHECK expiry dates of EpiPens®:**

Parents are responsible to keep track of the expiry dates of their child's EpiPens® and to provide a current auto injector when the old one becomes expired.

☐ **UPDATE Changes of information: Emergency Contact, Medication, Medical Diagnosis:**

Parents are responsible to inform School Administration any changes to contact information, medication or medical condition diagnosis as soon as reasonably possible. Forms can be accessed through the School Office.

NOTE: Changes to your child's diagnosis must be accompanied by a note/letter from your child's physician indicating the change.

☐ **COMMUNICATE with Secondary School when child is graduating from grade 8:**

You will receive from your elementary school, in June, a recent copy of your child's Anaphylaxis Student Plan of Care. You are requested to update the form with recent medical and contact information and to provide the completed form to the secondary school administrator/designate during the last week of August.

PARENT/GUARDIAN Responsibilities with their child

☐ **COMMUNICATE the following information and responsibilities to your child in managing their Anaphylaxis:** (review with your child when appropriate)

- Provide age appropriate understanding of their life-threatening allergy, the allergens that trigger a reaction, how to recognize the symptoms and the necessary treatment with the Epinephrine Auto Injector – EpiPen®.
- When age appropriate teach your child to self-administer the EpiPen®.

  Resources: EpiPen® – www.EpiPen.ca
- Comply and assist, where possible, the administration of the EpiPen® from an adult in authority.
- Provide strategies in avoiding harmful allergens in their environment e.g. allergies to bees/latex do a check of the environment first to ensure harmful allergens are not present prior to participating in activities.
- Teach how to communicate clearly to a responsible adult that he/she is anaphylactic student when he/she feels a reaction starting, symptoms appear or a general feeling of un-wellness.
- The importance of carrying their EpiPen® on their person at all times.
- The importance of wearing/carrying their Medic Alert Identification [*Parents should consider the importance and safety features of providing Medical Alert Identification, if haven't already done so*].
- Safe food strategies:
  - only eat foods approved by parent/guardian
  - not to eat if they do not have their EpiPen® with them
  - not to share snacks, lunches or drinks, food utensils, food containers
  - place a barrier (e.g. placemat) between their food and the table where they are eating
  - the importance of hand washing
- Guide and encourage your child to self-management and self-advocacy
- Strategies on how to deal with and resist peer pressure to 'try' something.
- Eat with friends who are informed of the food allergy and are able to help them if they have a reaction. These friends would know the location of your EpiPen® and how to access an adult in authority.
- Talk to their friends about their anaphylaxis and let them know how they can help you
- Inform child that when they are having an anaphylactic reaction to never remove themselves to a secluded area or go off to be by themselves (e.g. washroom). Tell a teacher or classmate when feeling a reaction or when feeling unwell.
- Communicate with parents/school staff if they are facing challenges related to their Anaphylaxis, including any and all teasing, bullying, threats or any other concerns they have.
- Consider providing a MedicAlert bracelet or necklace for your child, and discuss the importance of wearing it. The form can be obtained by calling 1-800-668 1507 or visit www.medicalert.ca

STUDENT RESPONSIBILITIES (Elementary and Secondary):

- Where appropriate participate in the development and review of their Plan of Care
- Know what triggers your anaphylaxis, how to minimize/prevent an anaphylactic reaction from occurring and the procedures for administering an epinephrine auto injector.
- Carry out daily or routine self-management of their anaphylaxis as described in the Plan of Care.
- Carry their epinephrine auto injector at all times.
- Advocate for their personal safety and wellbeing.

- Carry their epinephrine auto-injector (Epi Pen) at all times
- Follow safe food strategies:
  - NOT to eat if you do not have their epinephrine auto injector with them.
  - Wash hands before and after eating.
  - Eat only food items approved by parents/guardians (elementary)
  - Be cautious about eating food not prepared at home (e.g. school cafeteria, doughnut shop) and ask about ingredients each time food is purchased or read food labels carefully. (secondary)
  - Not trade or share foods or drinks, utensils or food containers with others
  - Place a barrier (placemat) between the food and the eating surface
  - Eat with friend(s) who are informed about their allergy and are able to help them if they have a reaction.
- Communicate with parents/school staff if you are facing challenges related to your Anaphylaxis, including any and all teasing, bullying, threats or any other challenges you have.
- When under the supervision of a supply/substitute teacher or adult on a field trip, let him/her know about your anaphylaxis and where your epinephrine auto injector is located.
- When you are having anaphylactic symptoms, never remove yourself to a secluded area, or go off to be by yourself (e.g. washroom). Tell a teacher or classmate that you are having trouble breathing and need help.
- Wear/carry their medical alert identification where parent/guardian deems appropriate.

Adolescents and Anaphylaxis:

(Anaphylaxis in Schools & Other Settings revised second printing: March 2011)

For adolescents at risk of anaphylaxis and their parents, the shift from elementary school to a much larger high school can be unsettling. Parents and teens at risk need to rethink the teen's anaphylaxis management strategies to address both a new environment and the developmental changes that take place during puberty. There are many changes during this time, but three stand out: the loss of control over the school environment, the social changes that teens face, and the way the teen's brain will be evolving during this time.

In a recent survey 'Risk Taking and Coping Strategies of Adolescents and Young Adults with Food Allergy' (174 subjects/mean age 16):

61% indicated they ALWAYS carried their epinephrine. Situations and circumstances influenced auto injector availability due to:

- little perceived risk, inconvenience, what they were wearing (tight jeans), social pressure

This is a time when parental involvement and ongoing communication with their children is critical e.g.:

- talking to their teens about how they will handle social situations with their allergies
- encourage them to let their friends know and get their support
- encourage them to share their feelings (isolation, frustration)
- explain how to resist peer pressure and seek help if they are being teased or bullied about their food allergy

TEEN WEBSITE – www.whyriskit.ca

- Anaphylaxis Canada is providing the following website dedicated to providing resources and tools for pre-teens, teens and young adults living with severe allergies

Secondary School Environment:

Parents are encouraged to meet with school administrators, child's teachers and coaches individually to review their child's medical condition.

The high school student must be able to take on more responsibility for managing their allergen avoidance at school. The high school setting is much harder to control than smaller elementary school settings. Students move around the entire campus and interact with many teachers and peers. There is limited supervision at lunchtime; in some schools there is only one staff member on duty to supervise many students. Some students leave the campus for lunch. It is important to be realistic about what can be controlled by the school and school staff. Secondary students are to be directed to Student Responsibilities (Elementary –Secondary) and follow the listed Safe Food Strategies.

Teens with asthma who are at risk of anaphylaxis should be taught to err on the side of caution and use their epinephrine auto injector if they are not sure if they are having an asthma attack or an allergic reaction. Epinephrine can be used to treat a life-threatening asthma attack or an allergic reaction.

SCHOOL FORMS

☐ **ANAPHYLAXIS IDENTIFICATION AND EMERGENCY TREATMENT PLAN**

- To identify your child to others, this form will be created from information included in the Student Plan of Care, by the School Administrator, and will be shared with appropriate school staff and posted in your child's classroom. This form will also be provided to Halton Student Transportation Services (HSTS) applicable).

☐ **AT-A-GLANCE ANAPHYLAXIS IDENTIFICATION**

- To identify your child to others, an At-A-Glance document is created, by the School Administrator, which includes the student's name, grade, picture, and medical condition only that is only posted in pertinent staff areas (i.e. staff room/health room).

HALTON CATHOLIC DISTRICT SCHOOL BOARD

Place Student Photo Here

ANAPHYLAXIS STUDENT PLAN OF CARE

(PLEASE PRINT)

Student Name_____Date of Birth_____

Grade _____ Room#_____

Medic Alert ID: Y N

Emergency Contacts (list in priority of contact) (please print):

	Name	Relationship	Daytime Phone	Alternate Phone
1.				
2.				
3.				

KNOWN ANAPHYLAXIS TRIGGERS

CHECK (✓) ALL THAT APPLY

☐ Peanuts ☐ Tree Nuts ☐ Eggs ☐ Milk &Milk Products ☐ Fish/Shellfish

☐ Insect Stings ☐ Latex ☐ Other: _____

Accommodation(s) for the student:		
After reading the monitoring and avoidance strategies (outlined in the overleaf) list other accommodations specific to your child:		
Specific to Hot Lunch Days at School – My/our child …		
Yes	**No**	
		Has permission to participate in the pizza/hot lunch days so long as we have been advised of the contents of the food being served
Additional Information:		
Specific to School Celebrations/Awards Using Food – My/our child …		
Yes	**No**	
		Has permission to participate in the eating of food during school celebrations/awards incentive so long as we are advised of the contents of the food being served
If Yes, then the following conditions apply:		

Cont. … … …

EPINEPHRINE AUTO INJECTORS – EpiPen®

Board protocol is for the student to have TWO EpiPens® at the school.

The **expiry dates** are:

#1. _____

#2. _____

It will be the responsibility of the parent(s) to ensure the EpiPens® are kept current during the school year. The school will do random spot checks to ensure your child is carrying their EpiPen® and that it is current. Spot checks will be performed twice a year, ideally once between September & December and again between January and June.

Spot checks: #1. _____ /_____ **#2.** _____ / _____
Date Initial Date Initial

CONSENT FOR STUDENT TO CARRY AND SELF-ADMINISTER EPINEPHRINE AUTO INJECTOR – EpiPen®

We agree that _____:
(Student Name)

☐ can **carry** his/her prescribed Epinephrine Auto Injector – EpiPen® while at school and during school-related activities.
Exception: My child is in JK or SK, so theirs will be with the teacher at all times. _____ *(parent initial)*

☐ can **self-administer** his/her prescribed Epinephrine Auto Injector – EpiPen® while at school and during school-related activities.

☐ **requires assistance** with administering his/her prescribed Epinephrine Auto Injector – EpiPen® while at school and during school-related activities.

☐ We will inform the school of any change in medication or delivery device. The medications **cannot** be beyond the expiration date.

Parent/Guardian Name: _____
(please print) (Signature)

Student Name: _____ Date:_____
(18 yrs. or older) (please print) (Signature)

IDENTIFICATION AND EMERGENCY TREATMENT PLAN

A.C.T.

- **Administer** the auto injector ("Blue to the sky - Orange to the thigh")
- **Call 911**
- **Transport** to hospital by ambulance.

- **Administer the epinephrine auto-injector - EpiPen ®:**
  - Be prepared to assist or take over the administration of the auto injector, as individuals may not physically be able to self-administer epinephrine when they are suffering from a reaction. Assistance from others is crucial in these circumstances.
  - Administer the epinephrine auto injector, immediately, at the first sign/symptom of an anaphylactic reaction occurring in conjunction with a known or suspected allergen contact. Epinephrine is usually effective after one injection. Students with Anaphylaxis and Asthma will have epinephrine administered first, before treatment for asthma.
  - Access the students other auto-injector and have it brought to the location of the anaphylactic person. A second dose may be administered, within 5-15 minutes or sooner, if symptoms have not improved or have worsened.
  - **Call 911**
    - Call person is to inform the emergency operator that a student/individual is having an anaphylactic reaction. (Note: use the terminology **anaphylactic reaction)** The call person should know the address of the school, the names of the closest cross streets and the entrance location.
  - Inform the principal and/or first aid provider

- **Transfer care to paramedics:**
  - Have an individual meet the ambulance at the appropriate entrance and take the ambulance personnel to the location of the student
  - Provide the paramedics with a copy of the child's Student Plan of Care.
  - Notify the paramedics of the time(s) that the medication was administered.
- **Transport to hospital by ambulance:**
  - All individuals receiving emergency epinephrine must be transported to hospital immediately for evaluation and observation for an appropriate period (e.g. 4 hours) because of the possibility of a bi-phasic or prolonged reaction.
  - One calm and familiar person must stay with the child until a parent/guardian arrives.

In the event of an emergency and EMS (ambulance service) is NOT available and the child is being driven to the hospital, another adult, where possible, must accompany the driver to provide assistance to the child if necessary. The child's back up epinephrine auto injector must be taken.

Contact parents, as soon as reasonably possible, informing them of their child's medical situation and the hospital their child was taken.

MONITORING AND AVOIDANCE STRATEGIES:

Teachers and others who are in direct contact on a regular basis will be vigilant and prevent or correct any situation or behaviour that may lead to an anaphylactic reaction. They will also visually check the environment for hazardous situations that may place your child at risk of coming in contact with the allergen.
Elementary Schools: Teachers and lunchtime supervisors who supervise the classroom for lunch/snacks will:

- Be able to identify your child as having anaphylaxis.
- Know the location of where he/she sits in the classroom.
- Be aware of the specific hazardous allergen.
- Be aware of any specific accommodations to be made for your child
- Be able to identify the symptoms of an anaphylactic reaction
- Be able to assist with and/or administer the EpiPen®.
- Know the location of the second EpiPen®.

General Food Strategies – My/our child must …
Food products that contain or 'may contain' peanuts – tree nuts are NOT to be brought into the school. The school is a 'minimized allergen environment' not a nut free facility. **Food products such as milk, eggs, wheat and/or products that contain milk, eggs, wheat etc. are permitted in the school.**
Eat only foods which are safe and approved by parent(s)/guardian(s)
NOT eat if they are not carrying their EpiPen®
NOT trade or share food, food utensils or food containers
Place a barrier between their food and the eating surface (i.e. napkin, place mat)
Never leave food unattended. If need to leave room then leave lunch with the supervisor
Wash their hands before and after eating
Eat with a friend who knows about the allergy & can notify an adult if there is a reaction
Never go off alone (e.g. to the washroom) if they are feeling unwell or distressed
For food allergies to milk, eggs, wheat etc. the student will sit at a designated location away from other students eating the said allergen
Advise an adult and/or others around them quickly if they feel they are having an allergic reaction
Additional Information: • Food scraps/non-eaten food products will be removed from the classroom after meals. • Eating surfaces of students eating the said allergen(s) will be cleaned using an approved cleaning agent.
Specific to Other Situations/Activities at School
Products containing peanuts – tree nuts are not to be in vending machines, used in fund raising activities. Food items are not to be used as incentives.
Student is Not to be involved in activities where the allergen is used (e.g. crafts/science experiments)

General Food Strategies – My/our child must …
Student is Not to be involved in garbage disposal, yard clean-ups or other activities which could bring them in contact with items contaminated with the allergen (e.g. food wrappers, containers or debris)
Student is to have their own locker, where possible.
Specific to Insect Venom:
Inspection of outside facilities for bee nests on a regular basis. With plans for removal.
Student is to carry their EpiPen (r) (r) with them at all times during insect presence/season
Student is to stay away from areas where stinging insects gather (e.g. garbage cans, flowers, food)
Student is to remove themselves and/or be removed from the location of the insect by the teacher/other.
Student is Not to participate in yard clean-up activities during insect season.
Additional Information:
Specific to Latex – School will….
Limit child's contact, where possible, with all natural rubber products (e.g. first aid supplies, balloons, art and school supplies: paints, erasers, rubber bands, rubber balls.)

AUTHORIZATION/CONSENT

The following will be will be shared with appropriate school staff and others, and/or posted:

- Student Plan of Care – on file in Office and Classroom Teacher
- Identification and Emergency Treatment Plan – posted in classroom
- Identification and Emergency Treatment Plan (HSTS) – shared with Halton Student Transportation Services (if applicable)
- At-a-Glance – posted in Staff Room(s); Health Room; First Aid Room; Office (as applicable)

Parent(s)/Guardian(s): _____ Date: _____
Signature

Student: _____ Date: _____
(18 yrs. or older) Signature

Principal: _____ Date: _____
Signature

PLAN REVIEW

This plan remains in effect for the school year and will be reviewed annually.

Please Note:

1. It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year.
2. Where there has been no change in the child's condition or treatment strategy from the previous year, parents may authorize continuation of the Anaphylaxis Emergency Treatment Plan without proof of diagnosis – 'copy of the prescription' - with initials below.)

There has been no change in condition or treatment strategy from previous year. Parent initial: _____

This information is collected under the authority of the Education Act, and Sabrina's Law and managed in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. Information will be used in the case of a medical emergency. If you have questions regarding the collection, use or disclosure of this information, please speak to your school Principal.

Signed Original (Student Plan of Care + Request and Consent for the Administration of Epinephrine): Filed in School Office
Student Plan of Care: Copy to Teacher file
Student Plan of Care: Copy to Secondary Occasional Teacher file
[Identification and Emergency Treatment Plan: Posted in Classroom]

HALTON CATHOLIC DISTRICT SCHOOL BOARD CDSB

Revised June 2019

REQUEST AND CONSENT FOR THE ADMINISTRATION OF ANAPHYLAXIS INTERVENTION(S) & MEDICATION (EPINEPHRINE)

This form is completed when the school agrees with the parental request to administer Anaphylaxis intervention(s) & medication (Epinephrine) for life threatening allergies. A new form is required: a) at the initiation of this process; b) at the beginning of each school year; c) when the medication changes. Staff agreeing to administer Anaphylaxis intervention(s) & medication will do so according to the information in this form only.

Student Name:	Date:
Teacher:	Grade

STATEMENT OF UNDERSTANDING

Regarding Parent Requests to provide Anaphylaxis intervention(s) & prescribed medication (Epinephrine) to students by Employees of the School Board.

As the Parent(s)/Guardian(s) of _____, I/we accept and endorse the following terms and/or conditions pertaining to my/our request for Halton Catholic District School Board employees to provide , under our own authority, my/our child with intervention(s) & medication listed on the Anaphylaxis Student Plan of Care. Specifically,

(print name of student)

I/we understand and accept that:

1. I/we are responsible for safely delivering to, and retrieving from, school any, and all, Anaphylaxis medications to be provided to my/our child. This commitment addresses the importance of reducing the possible loss of medications that are potentially harmful to other students;
2. I/we are responsible for providing and maintaining two epinephrine auto injectors. One my/our child will carry/wear at all times. Other to be stored in a secure and accessible location in the school (e.g. health room);
3. I/we are responsible for providing a copy of the prescription and instructions form the child's physician or nurse for my/our child's file;
4. Epinephrine auto-injectors supplied to the school will be in clearly labeled containers which display:
   a) name of your child
   b) expiry date (It is the responsibility of the parent(s) to ensure the EpiPens® are kept current during the school year).
5. The Emergency Action plan following the best advice from Food Allergy Canada is to:
   A. Administer the auto-injector immediately at the first sign of symptoms;
   C. Call 911
   T. Transport to hospital by ambulance.
6. I/we are responsible for providing up to date information to the school regarding changes in the medical condition, as well as changes that may affect the treatment as outlined in the Anaphylaxis Student Plan of Care.
7. Board employees are not trained health professionals and hence may not recognize the symptoms of my/our child's medical condition. I/we realize that the school does not have the facilities nor the qualified and trained health professionals to 'wait and see' what happens before administering the Epinephrine auto- injector.

REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPINEPHRINE

Insofar as it concerns my/our child _____, I/we:

I. agree to comply with the responsibilities described above;

II. request that the intervention(s) listed in the Anaphylaxis Student Plan of Care be administered to my/our child according to the information we have provided;

III. request that Epinephrine be administered to my child according to the prescription information provided by the prescribing physician; and furthermore,

IV. acknowledge that I/we are aware and understand my/our child's medical condition and the risks associated with its care and emergency treatment, that the Halton Catholic District School Board and its staff and volunteers are acting in their role as educators and not health professionals, and that there is a risk of loss, damage, and injury to my child, including death, or to my property in the possession of my child, as a consequence of administering the interventions, failing to administer the interventions or failing to correctly administer the interventions identified.

Having read and understood the information conveyed in the "Statement of Understanding" and the "Request and Consent for the Administration of Epinephrine" form:
I/we agree to comply with the responsibilities described above.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____
(18 years of age or older)

This information is collected under the authority of the Education Act, and Sabrina's Law and managed in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. Information will be used in the case of a medical emergency. If you have questions regarding the collection, use or disclosure of this information, please speak to your school Principal.