

- Seneca's Medical Form completed by the student's physician
- Field Placement request Forms
- Freedom of Information Form
- Police Reference Check
- WSIB - Ministry of Education Work/Education Placement Form
- Standard First Aid/Basic Rescuer - Level C CPR
- Code of Conduct

## **ECE REQUIRED DOCUMENTATION**

In order for students to complete the required assignments in ECE, they must have the following documentation. This documentation is time sensitive and must be renewed as required. Students will need to provide proof of the current documentation to the Seneca instructor by the third week of classes in order to carry out assignments needed in a child care facility.

### A. Current Vulnerable Sector Police Check

The check can be obtained through direct application to your local police force. Some police forces require you to obtain a pre-authorized form from Seneca. If this is the case, please pick one up at part-time studies or email your coordinator.

### B. Seneca Medical Form

This is a Seneca college requirement. This form must be current (within one year) and signed by a medical Dr. indicating that you are free of communicable disease. **Seneca students cannot access a child care centre without this completed medical form even if the centre does not require it.**

### C. Current First Aid/CPR

CPR-C is required to be current for entry into a field placement. Seneca offers first aid/CPR-C in the course CPR911. Please see the FCET calendar for dates and times offered. If you choose to take the first aid/CPR at another facility it must be a Level C. Upon completion you will need to provide a copy of the card or certificate with an expiry date.

### D. Authorization to Release Information

Please e-mail [Georgette.Bigelow@senecacollege.ca](mailto:Georgette.Bigelow@senecacollege.ca) or [Joanne.Bonnet@senecacollege.ca](mailto:Joanne.Bonnet@senecacollege.ca) if you have any questions.

### **A. VULNERABLE SECTOR POLICE RECORD CHECK.**

YOU will need to apply directly to your LOCAL police force for a police check. This process can take up to twelve weeks to complete. Please consult your local police website (see below) or go to the local police station for a form.

Some police forces require a signature from a college representative on the form. In this case, please pick up a pre-signed form at part-time studies.

Toronto Metro Police: <http://www.torontopolice.on.ca>

York Region Police: <http://www.police.york.on.ca>

Durham Police: [http://www.drps.ca/internet\\_explorer/index.asp](http://www.drps.ca/internet_explorer/index.asp)

Peel Police: <http://peelpolice.on.ca>

**B. SENECA MEDICAL FORM**

**Seneca Medical Form: must be updated yearly. Students cannot attend a child care until this form is verified by the Seneca in-class instructor.**

**Faculty of Continuing Education & Training**

**Medical Certificate for Early Childhood Education and Related Programs**

The purpose of our Early Childhood Education program is to prepare practitioners to provide a safe environment for infants and young children. Students provide physical care, emotional support, mental stimulation, and encouragement and support for the cognitive skills of the developing child.

The program requires students to participate in a variety of physical activities in classroom and field experiences. This medical certificate is a pre-requisite for admission into the program and required before commencement of field placement.

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\_\_\_\_\_  
**Surname**                                      **Given Name**                                      **Social Insurance Number (optional)**

\_\_\_\_\_  
**Address**                                      **Postal Code**                                      **Phone Number**

\_\_\_\_\_  
**Physician's Name**                                      **Address**

\_\_\_\_\_  
**City**                                      **Province**                                      **Postal Code**                                      **Phone Number**

I, a legally qualified medical practitioner in the province of Ontario, have medically examined the above mentioned individual on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**a) FREEDOM FROM COMMUNICABLE DISEASE:**

<b>Mantoux Skin Test</b>	<b>Date Given</b>	<b>Date Read 48 – 72 h from testing</b>	<b>Induration (mm)</b>
<b>BASELINE 2 STEP Step 1</b>			
<b>Step 2 (7 – 28 Days After Step 1)</b>			
Step 1 Required Annually			
Step 1 Required Annually			
Step 1 Required Annually			
Step 1 Required Annually			
Step 1 Required Annually			

**OR**

**Chest X-Ray**                      **Date:** \_\_\_\_\_ **Results:** \_\_\_\_\_  
 (if tuberculin positive)



**D. AUTHORIZATION TO RELEASE INFORMATION**

Please complete and return to the Seneca instructor:

Seneca College of Applied Arts and Technology  
Faculty of Continuing Education and Training  
Authorization to Release Information

In accordance with the Freedom of Information and Protection of Individual Privacy Act, I hereby authorize:

The Faculty of Continuing Education and Training to release information concerning my previous field placement to agencies in which I may be placed for field placement experience.

The Faculty of Continuing Education and Training to release copies of my Health Record to agencies in which I may be placed for field placement experience.

The Faculty of Continuing Education and training to collect information concerning my field placement record from agencies in which I am placed for field placement.

Agencies in which I am placed for field placement to disclose information concerning my field placement record to the Faculty of Continuing Education and Training.

I understand that this authorization will remain in effect during my active enrolment in the

(Program Name)

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Student Number

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Name (please print)

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Date

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Signature