

Hello, Year 49 Parents/Guardians and Students!

The Campus Health Centre receives many questions about how healthcare works in Canada and about medical things on campus, so I wanted to go over a few facts for everyone.

Immunization is mandatory at Pearson. There is a list of all necessary vaccinations in the medical form, but students are required to have all the routine childhood immunization. Students must also have had a tetanus booster within the last eight years. Students are also required to have two doses of a WHO approved COVID-19 vaccine. There are no exceptions to this rule as it is a provincial requirement and an important way we keep our community safe.

In the cafeteria on campus we offer vegetarian, vegan and regular meals. We also offer Halal meat two or three times a week, and vegetarian meals the rest of the week for these students. We can also accommodate other dietary needs such a gluten-free meals, but only with a diagnosed medical condition.

First-year students are on emergency medical insurance for the first three months at Pearson, as there is a provincial government mandated waiting period for health insurance. This insurance covers **emergency** items and services but does not cover any pre-existing conditions. So, if your student needs to see a doctor about something that has been going on since before they came to Pearson, the doctor's appointment will not be paid for. This also applies if they need blood work for a routine monitoring matter, such as checking their iron levels. Once students are on the public BC medical plan (Medical Services Plan or MSP), in their fourth month at Pearson, all doctor's visits are paid for.

The BC medical plan does not cover additional health practitioner services like the dentist, chiropractor, physiotherapist or optometrist. It also does not cover prescription or other medications. Your student will have to pay for all these things directly (unless your student is on full medical financial aid).

If your student needs medication, we will order this from a pharmacy in a nearby community. Sometimes the student and a school driver can stop and get this medication right after their doctor's appointment, but this is not always possible. If we have to order the medication from the pharmacy and pick it up later, the medication will take at least 48 hours to arrive on campus.

On campus we have clinical counselors, a mindfulness practitioner, an eating disorder consultant, and a doctor who specializes in mental and sexual health as part of the campus wellness team. These practitioners usually book appointments about two weeks in advance. There is no charge to see these professionals and there is no specific limit on the number of visits. However, if your student requires significant ongoing support, such as ongoing counseling, we may ask you to pay for some appointments as we only have limited appointments and this resource needs to be shared by everyone. We will talk to you about this before we ask you to pay. We are also happy to facilitate online or phone visits with student's existing doctors or counselors as we really encourage the continuity of care this promotes.

LESTER B. PEARSON COLLEGE OF THE PACIFIC AND UNITED WORLD COLLEGES (CANADA) INC

650 Pearson College Drive, Victoria, BC, Canada, V9C 4H7

P: +1 250 391 2411 E: info@pearsoncollege.ca www.pearsoncollege.ca

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If your student has any mental health challenges, such as depression, anxiety or an eating disorder, we strongly recommend starting treatment, such as counseling and medication, before coming to Pearson. Treatment can take two to six months to really start making a difference and it is our experience that students who start treatment while at Pearson find it extremely challenging to stay up to date with their studies and exams. Therefore, it is much better for students to have started this before arriving at Pearson. We are also happy to continue the care and treatment plan that has been started at home.

Right now, there is a shortage of doctors in Victoria and most doctors are still seeing people by phone or secure video link (telehealth). So, if your student needs to see a doctor for anything other than sexual health and mental health, they will likely have a telehealth appointment with a doctor first, then they may go and see the doctor in person later.

If your student has to go to a hospital emergency department, we will let you know as quickly as we can and we will keep you updated once we know how they are doing. We will usually have a houseparent or a school driver drop them off and pick them up when they are finished and depending on the severity of the injury we may ask a friend or their houseparent to stay with them.

In Canada, young people are considered mature minors and in British Columbia are able to give their own consent for health care under the [BC Infants Act](#). This applies to all types of health care, emergency situations, medications, and procedures such as vaccinations. The health care practitioner needs to be sure that the young person understands the need for the treatment, the risks and the benefits. Here is a link specific to vaccination, but it describes the act quite well: <https://www.healthlinkbc.ca/healthlinkbc-files/infants-act-mature-minor-consent-and-immunization>

Additionally, health practitioners are legally bound to keep all young people's medical information confidential. Therefore, we cannot legally tell parents about medications and procedures that their student may undergo while in Canada without the student's consent. We strongly encourage students to talk to their parents about what is going on with their health but we can not compel them to tell their parents if they don't want to. As a school we will always tell parents if your student has a life-threatening medical concern, but legally we are unable to routinely tell parents other medical information without the student's consent.

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Please let me know if you have any questions or concerns. I also encourage parents to review our [campus health and wellness website](https://sites.google.com/pearsoncollege.ca/healthwellness/home), which contains lots of good information! Here is the link: <https://sites.google.com/pearsoncollege.ca/healthwellness/home>

Sincerely,

Morgan



Morgan Yates, MN, RN

Director of Health Services

Lester B. Pearson College of the Pacific and United World Colleges (Canada)

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TO BE COMPLETED BY THE PARENT OR GUARDIAN

This form must be returned to Pearson by May 31, 2022

This form is for College purposes only and will not be submitted to any other agency or organization. The information will be held in confidence as part of the student's health record at the College Health Centre.

Student's full name _____

Date of birth: Day/Month/Year _____ male female other

Student's home address:

I/We _____, parent(s) / guardian(s) of _____ (the "Student"), consent to Lester B. Pearson College of the Pacific using or disclosing medical information when necessary for the medical treatment of this student, or to enable Pearson College, or its employees to make reasonable and informed decisions regarding the participation or supervision of the student in programs offered by Pearson College.

I/We hereby authorize the Head of College or College Nurse or a delegate to act on my behalf in arranging necessary medical intervention by qualified medical practitioners for my dependent in the event of injury or illness.

I/We understand that students are considered adults under Canadian Law and as such students are able to consent to all medical decisions on their own, without parents being consulted. It is also against the law for medical professionals to disclose information about students to anyone, including their parents, without their specific consent.

I/we understand that students are responsible for all expenses not covered by medical plans, such as dental and optical services, and all prescription and non-prescription medications.

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I/We have completed the medical report and believe that it discloses all necessary information about the health of my student. I/We understand that failure to disclose relevant information could result in Pearson not being able to accommodate the student's health needs, therefore the student would be asked to return home.

Parent/Guardian's Signature

Parent/Guardian's Signature

Date

MEDICAL INSURANCE COVERAGE (Canadian Students)

Please attach a photocopy of the Health Care card.

Medical Plan No. _____

Province of issue _____

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IMMUNIZATIONS

** Students MUST be fully immunized before coming to Pearson. It is extremely challenging to arrange for any missing vaccinations at the start of the year so students who are not fully immunized will likely have to miss out on the start of CAS activities and the experiential week. **

The following vaccinations are MANDATORY

- Tetanus, Diphtheria, Pertussis – 5 doses – ** must have had a booster within the last 8 years **
- Polio – 5 doses - ** must be the shot, not the oral dose **
- Measles, Mumps, Rubella – 2 doses
- Hepatitis B – 3 doses
- Chickenpox (Varicella) – 2 doses
- Meningococcal C – 2 doses – infant doses
- Pneumococcal – 3 doses – infant doses
- Meningococcal Quadrivalent – 1 dose – must be given after age 13
- COVID-19 – two doses of a WHO approved vaccine
- Human Papillomavirus – 2 doses - **strongly recommended but not mandatory **

Please give dates of the following immunizations:

| Immunization | Date | Date | Date | Date | Date |
|--------------------------------|------|------|------|------|------|
| Tetanus, Diphtheria, Pertussis | | | | | |
| Polio | | | | | |
| Measles, Mumps, Rubella | | | | | |
| Hepatitis B | | | | | |
| Hepatitis A (Series of 2) | | | | | |
| Chickenpox (Varicella) | | | | | |
| Meningococcal C, Pneumococcal, | | | | | |

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| | | | | | |
|--------------------------------------|--|--|--|--|--|
| Meningococcal Quadrivalent | | | | | |
| Human Papillomavirus | | | | | |
| COVID-19 – please include which type | | | | | |

If you have had a tuberculosis vaccine (BCG) please give the date. If you have not been vaccinated, you must have a tuberculin (Mantoux) (TB) test prior to arrival and chest X-ray if TB test is positive.

BCG: _____ Date: _____

Tuberculin Test Result: _____ Date: _____

Chest X-ray Result: _____ Date: _____

Please give dates of the following **optional** immunizations:

| Immunization | Date | Date | Date | Date | Date |
|------------------|------|------|------|------|------|
| Yellow Fever | | | | | |
| Typhoid | | | | | |
| Other (specify): | | | | | |

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MEDICAL CONDITIONS

Does the student currently have any of the following medication conditions?

| Medical Condition | YES | NO |
|---|-----|----|
| Respiratory problems including asthma | | |
| Cardiac disease including heart murmur, hypertension and congenital defects | | |
| Gastrointestinal conditions including crohn's, IBS, and celiac's disease | | |
| Musculoskeletal issues including arthritis | | |
| Neurological issues including seizures, migraines and fainting | | |
| Head injuries including concussions | | |
| Endocrine issues including diabetes and thyroid issues | | |
| Menstrual issues including heavy periods, and uterine cysts | | |
| Eye, ear or nose concerns including chronic nose bleeds or hearing or vision loss | | |
| Climate issues such as heat stroke or issues related to humidity or altitude | | |
| Chronic skin conditions including acne, and psoriasis | | |

Please provide details of all the medical conditions indicated above:

What is the condition and when was the student diagnosed?

Please provide diagnosis and approximate date.

What are the signs and symptoms of the condition?

Is the student undergoing any treatment or taking any medication for the condition (if yes, what is the dose and frequency)?

Is there any reason to think the student may have difficulty adjusting to a boarding school environment? Please explain.

Is there anything else you think the college should know? Please explain.

MENTAL AND EMOTIONAL HEALTH

In the last five years, has the student had any of the following conditions?

| Health Condition | YES | NO |
|--|-----|----|
| History of drug or alcohol abuse | | |
| Eating disorder | | |
| Depression | | |
| Anxiety | | |
| Bipolar | | |
| Schizophrenia | | |
| Asperger's syndrome | | |
| Attention deficit disorder or attention deficit hyperactive disorder | | |
| Suicidal thought or plan | | |
| Self-harm or cutting | | |

Please provide details of all the conditions indicated above:

What is the condition and when was the student diagnosed? Please provide diagnosis and approximate date. If the condition has not been diagnosed, but is suspected, please provide information about why this condition is suspected.

Is the student undergoing any treatment or taking any medication for the condition (if yes, what is the dose and frequency)?

Has the student taking any medication for anxiety or depression **in the last five years**? If yes, please indicate medication and dates.

MEDICATIONS

Is the student taking any medication **not listed above** (if yes, what is the name of the medication, the dose and the frequency)?

ALLERGIES

Does the student have any allergies? If yes, please list:

| ALLERGY | TREATMENT | SEVERITY (mild, moderate or severe) |
|---------|-----------|--|
| | | |
| | | |
| | | |

1. I acknowledge that the College will use email as the principal means of communicating with me regarding the student’s enrolment and that it is my responsibility to ensure the College is kept informed of the email address or addresses to be used for that purpose.
2. I agree that I, as parent, and the student are bound by the rules, regulations and policies of Pearson College UWC, including but not limited to Standard Terms and Conditions, the Student Code of Conduct, UWC Code of Conduct, Essential Agreements, Respectful Community Policy and the Student Handbook. I have received copies of the Student Code of Conduct and the College’s Standard Terms and Conditions I understand, accept and will abide by the Code and the Terms. I acknowledge that changes may be made to these from time to time by the College.
3. I have read, understood and accept the student’s commitment to the program, and I will be supportive of their participation in the program and of the UWC movement.

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4. I accept that the student and I will endeavour to uphold the values of and act in accordance with the College's mission statement at all times.

5. I accept and agree that, between the dates that begin and end the College's academic year(s), during which the Student is attending the College, the Head of College shall act as legal guardian for the Student in all matters. This may include the communication of essential medical information about the Student to the Head of College by Physicians, Nurses, or other Health Care Professionals.

6. On the recommendation of the College Doctor, the Head may authorise the medical examination of the student, calling for further medical or specialist advice or their removal to a nursing clinic or hospital for an operation or other medical attention. But that such action will not be taken by the Head without any previous consent, unless, in the opinion of the College Doctor, immediate action is necessary and delay is dangerous to the health of the student. All such expenses will be incurred to my account.

7. I accept that throughout the student's time at the College, the College shall have the right to disclose information about the student if considered to be in the student's own interests or necessary for the protection of other members of the school community and service providers responsible for the duty of care of students. Such information will be given and shared on a 'need-to-know' basis.

8. I accept that the student will at times and from time to time participate in physical education and other activities as part of the curriculum at the College, and I agree that the student in so participating does so at the student's own risk and that the College and employees thereof and other persons authorised by the College or otherwise, and/or any of them, shall not be liable or responsible for any accident or personal injury sustained or suffered by the student or any damage to property however caused while the student is participating in such physical education and extra activities or either of them. I further agree to indemnify the College, the employees and students thereof and other persons authorised by the College or otherwise and any of them from all claims that the student, the student's personal representatives and guardians or parents may have for any accident or personal injury or loss of personal belongings whatsoever and howsoever caused, sustained or suffered by the student whilst participating in such physical education and other activities.

9. I understand that the College collects, uses, and disseminates personal information for a number of College purposes including, but not limited to photographs and videos which may include the student's image, assessing the student's academic performance, and the student's participation in the College, and I hereby consent to the collection, use, and dissemination of this personal information by the College. This is done in accordance with the College's privacy policy which can be read at <https://www.pearsoncollege.ca/privacy-policy/>.

9. I understand that responses in all testing must be solely those of the candidate. If it subsequently becomes apparent that this has not been the case or that false information has been declared on the application form, it will lead to the withdrawal of the offer of a place or removal from the College.

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10. The Head of College may require at any time the withdrawal of the student from the College for any cause at the absolute discretion of the Head of College.

11. I have answered all questions accurately and honestly. I understand that if false information has been provided the student is likely to be asked to leave the College.

12. I understand that Pearson College UWC is supported by extensive fundraising. I further understand that I will be asked to financially support Pearson College and the work of the UWC movement through my own philanthropy. I pledge to do so to the best of my ability, and to encourage others to be generous in their support of UWC as well.

I declare that I am the legal custodian of the Student and I have read and understood these terms and policies and in consideration of the student attending the College, I agree to be bound by these terms.

Parent/Guardian's Full Name

Parent/Guardian's Signature

Student's Full Name

Date

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