

# STUDENT HEALTH AND SAFETY POLICY E-FORM

## SCHOOL NAME

Principals, please complete this form by using the DROP-DOWN MENU for either:

- **Yes** if your school *is in compliance* with the initiative.
- **No** if your school is *not yet* in compliance with the initiative. Using the **grey form field**, type a brief explanation of your school's current status with respect to the item. As well, include your school's plan for completing the item.

**Complete this e-form and submit to the District Principal by September 30.**

Item / Initiative	YES/NO
At your school, there are opportunities for <b>daily physical activity for all students</b> that meet the Ministry requirements.	
<i>Write explanation for NO</i>	
At your school, the <b>2007 Revised Guidelines for Food and Beverage Sales in BC Schools</b> is implemented with a monitoring process in place.	YES
<i>Write explanation for NO</i>	
At your school, " <b>Tobacco Free Schools Legislation</b> " is implemented with a monitoring process in place.	YES
<i>Write explanation for NO</i>	
At your school, there is a policy for monitoring and responding to <b>anaphylaxis emergencies</b> .	YES
<i>Write explanation for NO</i>	

\_\_\_\_\_ Date

Principal Name \_\_\_\_\_