

**2nd YEAR- C100 & C118 EARLY CHILDHOOD EDUCATION
FIELD PLACEMENT CLEARANCE FORM REQUIREMENTS
(September 2010 Intake)**

It is *mandatory* that you bring the following requirements below, in order to gain entry for your field placement for this academic year.

1. A copy of your First Year-Field Placement Clearance Form that your doctor/physician completed from last year
2. A copy of your medical immunization records
3. Standard First Aid with CPR Level-C Certificate-valid every 3 years
4. Vulnerable sector police record check- valid annually

Should you *lost or misplaced* your Field Placement Clearance Form last year or if you are a student entering second year program directly (*did not complete first year at GBC*), you must download and complete all the medical immunization requirements and the Field Placement Clearance Form again. (*See pages below*)

The Second Year Orientation day is on [Wednesday, September 1st, 2010](#). Failure to provide the above requirements will *exclude* you for being eligible to field placement that will start on Tuesday, September 8th, 2010.

A faculty member will complete the Year Two sign off portion of the Field Placement Clearance Form on Orientation day. This is required in order for us to provide you with your field placement information.

Should you have any questions, please contact the School of Early Childhood Department at (416) 415-5000 ext. 2310 or earlychildhood@georgebrown.ca

2ND YEAR-C100 & C118 EARLY CHILDHOOD EDUCATION MEDICAL CLEARANCE FORM REQUIREMENTS (September 2010 Intake)

It is your responsibility to ensure that you complete all the medical immunization requirements below and the Field Placement Clearance Form below is properly completed, signed and stamped by your doctor or physician.

If you don't have a family doctor, you may visit any Walk-in Clinic available. You **must** submit all of the requirements on your Orientation day: **Wednesday, September 1st, 2010.**

Please note that all Early Childhood Education students are **no longer** required to book any appointment at ParaMed, and they are **no longer** required to see the College's Occupational Health Nurse provider.

1. Medical Requirements

- ❖ Measles
- ❖ Mumps
- ❖ Rubella
- ❖ Polio (IPV or OPV)
- ❖ Tetanus/Diphtheria/Pertussis (Tdap)

- ❖ Tuberculosis-please note that a **Two-Step Mantoux Skin test** is required.

- ❖ The Second step must be completed **between 7 and 21 days** after the first test. If either step is **POSITIVE** (induration of 10mm or greater), please see the flowchart on (page 5). A copy of the **chest x-ray must** be provided.

2. Recommended Immunizations (*but not required*):

- ❖ Hepatitis B
- ❖ Varicella/Chicken Pox
- ❖ Influenza (Flu Shot)

ADDITIONAL REQUIREMENTS

New Vulnerable Sector Police Record Check Process

Please read the instructions carefully in how you can obtain your police check application form accordingly:

1. For students who live in Toronto/York Region

- If you currently live in **Toronto or York Region**, it is **mandatory** that you attend the Police Check Form Signing Day scheduled below. Suzette Martinuzzi and Mohamed Nur, the authorize representatives for both police services will give you a copy of either the Toronto or York Regional Police application form to complete and they will sign it for you. Please bring a driver's license or any type of government photo ID on these days, in order to verify your identification.

Toronto/York Regional Police Record Check Form Event:

Date	Time	Location	Campus
Friday, May 28 th , 2010	11 am-12 noon & 1 pm-3 pm	200 King St. East, 2 nd Floor, Room 217 A	St. James Campus
Thursday, June 10 th , 2010	11 am-1 pm	99 Gerard St. East, 6 th Floor, Room 658 (Computer Room)	Ryerson Campus Sally Horsfall Eaton Center Building
Wednesday, June 16 th , 2010	2 pm- 4 pm	99 Gerard St. East, 6 th Floor, Room 658 Computer Room	Ryerson Campus Sally Horsfall Eaton Center Building

- Please be advised that the above Regional Police Services will take at least **4-6 weeks** to process your application form. It is very important that you begin the process as soon as possible.
- If you cannot make it on any of these days, please check the 2nd year-Field Placement website again for future schedule dates or book an appointment to see Mohamed Nur at (416) 415-5000 ext. 3689 or mnur@georgebrown.ca

2. For students who reside in Peel, Durham, Halton and other region or province

- Should you live in another region such as ([Peel](#), [Durham](#), [Halton](#)) and other region or province, please check your specific Regional Police Services website (s) in how to obtain their vulnerable sector police application form directly and to find out further information.
- Please be advised that the above Regional Police Services will take at least **4-6 weeks** to process your application form. It is very important that you begin the process as soon as possible.

Standard First Aid and CPR Level-C Certificate

You may take the **Standard First Aid or CPR Level-C** courses at any Workplace Safety and Insurance Board (WSIB) approved First Aid Training establishment available in your area.

Please visit their website at <http://www.wsib.ca/wsib/wsibsite.nsf/Public/FATrainers> 

FIELD PLACEMENT CLEARANCE FORM (September 2010 Intake)

PROGRAM:	2 nd Year-C100 & C118 Early Childhood Education Program
Name:	
ID#:	
DUE DATE:	September 1st, 2010 (Orientation Day)

By signing below, please verify that _____

(Student Name)

placed by George Brown College's ECE program has up to date immunization and is medically fit to participate in a child care centre with children ages birth to 12 years of age.

MEDICAL REQUIREMENTS (see page 2)

Doctor/Physician Name: (please print)	
Medical Office Address: (please print)	
Medical Office Tel#:	
Doctor's Signature & Stamp:	
Date:	

ADDITIONAL REQUIREMENTS (see page 3)

Vulnerable sector police record (annual)	Issue Date:	Expiry Date:
Standard First Aid with CPR Level-C Certificate (valid every 3 years)	Issue Date:	Expiry Date:

First Year:	For Official Use Only
Faculty Staff Name (please print):	
Faculty Staff Signature:	
Date:	
Second Year:	
Faculty Staff Name (please print):	
Faculty Staff Signature:	
Date:	

Flow Chart for Tuberculosis Screening

