**FOR PARENTS TO KEEP AT HOME**

**Dear Parents and Legal Guardians,**

**Canada VRS** marks a new era of empowerment for Canada’s Deaf and Hard of Hearing community and I want to make sure your family knows everything you need to know about Video Relay Service (VRS) and how it will benefit your household.

**What is Canada VRS?**

**Canada VRS** is a *FREE* telecommunications tool that empowers Deaf students to connect with other Deaf and hearing students, as well as family and friends. VRS offers Deaf students a greater possibility to apply for jobs and access services and opportunities.

**How does Canada VRS work?**

**Canada VRS** is an app designed for PC, Mac, tablets and smartphones, and is available to those who use ASL or LSQ sign languages. Video Interpreters (VI) interpret ASL to English or LSQ to French and vice versa. Alternatively, a Deaf person can call another Deaf person directly by using the **Canada VRS** app to connect through video chat. See how VRS works for Dr. Jessica Dunkley at [donthangup.ca](file:///C:\Users\Pamela%20Witcher\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\YCV53NSG\donthangup.ca).

**A visit to your child’s school**

On [INSERT DATE], [NAME OF SCHOOL] will be hosting a School Event at [LOCATION] at [TIME] where

the Community Outreach Team can help your child register, download the app and learn how to use VRS on any available computer or mobile device to call from anywhere they wish. They could even phone you!

**How does a Child Registration work?**

For them to register and obtain a VRS number, your authorization **before the school event** will be needed. There are two ways to provide authorization:

**Online Authorization**You can easily provide authorization online at <https://srvcanadavrs.ca/en/school-events/authorization/>. The Customer Service will collect the online authorizations that parents and legal guardians have submitted for their child.

**Paper Authorization**

If you cannot authorize online, please fill the Parental Consent Form and Registration Form readily attached to this letter and have them returned to the school teachers.

If you have any questions, feel free to contact Customer Service by e-mail [support@srvcanadavrs.ca](mailto:support@srvcanadavrs.ca), call 1-800-958-5856, Live Chat Video or Text online, or dial 9050 on the VRS application. Their opening hours could be seen on <https://srvcanadavrs.ca/en/customer-service/>

Thank you,

[NAME OF SENDER]

[ROLE OF SENDER]

**REMINDER SLIP** – If you have done an online authorization, please use this to help you remember your child’s VRS information and keep it safe.

USERNAME:

PASSWORD:

VRS NUMBER:

**KINDLY RETURN TO YOUR CHILD’S TEACHER BEFORE: [INSERT DATE]**

**PARENTAL CONSENT FORM**

**A Parent or Legal Guardian must complete and sign this form to authorize their Deaf child under the age of majority to use Canada VRS.**

I have read, understand and agree to the [Terms and Conditions of Use](https://srvcanadavrs.ca/wp-content/uploads/2016/09/Canadian-Administrator-of-VRS-CAV-Inc.-End-User-Agreement-EN-FINA....pdf) and the CAV [Privacy Policy](http://cav-acs.ca/privacy-statement/)

and that these Terms and Conditions will apply to the Deaf child covered by this form.

I understand and agree that the collection, use and disclosure of personal information in connection with the video relay service and any related services and software made available by CAV (“**SRV Canada VRS**”) is governed by the CAV **Privacy Policy**.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the Canadian Administrator

(print full name of Parent/Guardian)

of VRS (CAV), Inc. to offer VRS to, and collect, use and disclose the personal information of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (the “**Minor**”), born

(print full name of Minor) (dd/mm/yyyy)

for the purposes of authorizing the Minor to use sign language to communicate with voice telephone users, as described in section 3 of the CAV **Privacy Policy**.

I understand that I can withdraw my consent to the collection, use or disclosure of the Minor’s personal information at any time, upon reasonable, advance notice. Such a withdrawal however, may result in VRS no longer being offered to the customer.

I represent and warrant that I am over the age of majority and that I have the capacity and right to provide this consent.

I hereby consent to the collection and use of personal information as described above.

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Signature of Parent/Guardian Date (dd/mm/yyyy)

Address of Parent/Guardian Telephone number (including area code)

City Province Postal Code Email address of Parent/Guardian

**KINDLY RETURN TO YOUR CHILD’S TEACHER BEFORE: [INSERT DATE]**

**REGISTRATION FORM**

For your child

|  |  |
| --- | --- |
| Child’s First name |  |
| Child’s Last name |  |
| Child’s Cell telephone number (if they have one) |  |
| Child’s e-mail address (if they have one) |  |
| Password (must be between 8 to 20 alphanumeric characters) |  |
| Preferred Written Language  (check one) | □ English □ French |
| Dominant Sign Language  (check one) | □ ASL (American Sign Language)  □ LSQ (Langue des signes québécoise) |
| I certify that my child is Deaf, hard of hearing or speech-impaired and use sign language. | □ Yes □ No |
| I accept the TERMS AND CONDITIONS for **SRV Canada VRS** service. | □ Yes □ No |
| Opt-in to receive SRV Canada VRS e-Newsletter and other SRV Canada VRS marketing updates? | □ Yes □ No |
| Does the child live with the parents? | □ Yes □ No (If no, see next question) |
| If no, for 9-1-1 reason, please provide child’s address; e.g. street, city, province, postal code. |  |