

STUDENT CONTACT & RELEASE PACKET

GRADES 6-12



Legacy Christian Academy
Emergency Medical and Contact Information Sheet
2009-2010

Student's Full Name: _____

DOB: _____ Gender: M / F

Father's Name: _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Social Security # _____ - _____ - _____

Mother's Name: _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Social Security # _____ - _____ - _____

Legal Guardian's Name: _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Social Security # _____ - _____ - _____

Please list any Medical Conditions this student has now or has had in the past that the school would need to be aware of in the event of an emergency.

Please list any medications this student takes regularly / daily and why the medication is taken.

Allergies (food, medications, etc.): _____

Hospital Preference: _____

Name of Physician: _____

Phone #: _____

Name of Orthodontist: _____

Phone #: _____

If the parents or guardian cannot be contacted, please list alternate adults the school should call.

Name of Alternate Adult	Home phone #	Cell phone#	Work phone#
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Name of Alternate Adult	Home phone#	Cell phone#	Work phone#
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Legacy Christian Academy has my permission to release my student into the care of all of the above listed alternate adults. _____ (initials)

Name of Health Insurance: _____

Name of Insured: _____

Group #: _____ Policy #: _____

I hereby give my consent for any doctor, hospital, and/or qualified first aid provider to give any emergency medical care to the above named student. Representatives of Legacy Christian Academy have my permission to give consent for any and all necessary treatment.

Printed Name: _____

Signature: _____

Relationship to student: _____

GENERAL RELEASE AND INDEMNITY / HOLD HARMLESS:

I, THE UNDERSIGNED PARENT (OR GUARDIAN) OF THE ABOVE NAMED STUDENT, HEREBY RELEASE LEGACY CHRISTIAN ACADEMY, ITS REPRESENTATIVES, AGENTS, AND EMPLOYEES FROM ANY AND ALL LIABILITY, DAMAGES, INJURIES, CAUSES OF ACTION AND CONTINGENCIES OF ANY NATURE WHICH MAY ARISE OR GROW OUT OF ANY ACCIDENT, ACTIVITY OR EVENT INVOLVING ABOVE NAMED STUDENT.

I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS LEGACY CHRISTIAN ACADEMY FROM ANY AND ALL DAMAGES, LIABILITY, INJURIES, CAUSES OF ACTION AND CONTINGENCIES OF WHATEVER NATURE OF ANY NATURE WHICH MAY ARISE OR GROW OUT OF ANY ACCIDENT, ACTIVITY OR EVENT INVOLVING ABOVE NAMED STUDENT, AND FROM ANY AND ALL OTHER LEGAL ACTIONS ASSERTED BY OR BROUGHT AGAINST LEGACY CHRISTIAN ACADEMY BY ANY PERSON(S) WHICH ARISES OUT OF ANY ACCIDENT, ACTIVITY OR EVENT INVOLVING ABOVE NAMED STUDENT.

SPECIFIC RELEASE FOR TRANSPORTATION:

I ALSO RECOGNIZE THAT LEGACY CHRISTIAN ACADEMY REPRESENTATIVES, AGENTS, AND EMPLOYEES WILL FROM TIME TO TIME BE TRANSPORTING SAID STUDENT UPON PUBLIC AND PRIVATE THOROUGHFARES, AND I HEREBY RELEASE LEGACY CHRISTIAN ACADEMY, ITS REPRESENTATIVES, AGENTS, AND EMPLOYEES FROM ANY AND ALL LIABILITY, DAMAGES, INJURIES, CAUSES OF ACTION AND CONTINGENCIES OF ANY NATURE WHICH MAY ARISE OR GROW OUT OF ANY ACCIDENT, ACTIVITY OR EVENT INVOLVING ABOVE NAMED STUDENT.

MEDICAL AUTHORIZATION:

BY SIGNING, I AUTHORIZE THE APPROPRIATE SCHOOL PERSONNEL AUTHORITY TO CALL EMERGENCY MEDICAL PERSONNEL AND SERVICES, TO TRANSPORT, OR OBTAIN MEDICAL CARE IF I OR THE ALTERNATE ADULTS CANNOT BE REACHED PROMPTLY UNDER THE CIRCUMSTANCES. I HEREBY GRANT PERMISSION FOR EMERGENCY MEDICAL CARE TO BE GIVEN BY THE ATTENDING PHYSICIAN AND/OR SCHOOL PERSONNEL. I ALSO GIVE PERMISSION FOR EMS TO BE CALLED AND FOR MY CHILD TO BE TRANSPORTED AS NECESSARY BY SCHOOL PERSONNEL. I ACKNOWLEDGE THAT LEGACY CHRISTIAN ACADEMY DOES NOT ASSUME ANY FINANCIAL RESPONSIBILITY BUT DOES WISH TO PROVIDE THE BEST EMERGENCY SERVICE. I WILL NOT HOLD LEGACY CHRISTIAN ACADEMY LEGALLY OR FINANCIALLY RESPONSIBLE FOR THE EMERGENCY CARE AND/OR TRANSPORTATION OF MY CHILD.

SIGNATURE OF PARENT / GUARDIAN

DATE

Legacy Christian Academy Medication Policy

Whenever possible, it is preferred that medications not be used during school hours. If a condition necessitates use of prescription medication during school hours or if non-prescription medication is to be kept in the nurse's office to be used by the student as needed, please observe the following policy.

1. Students are not allowed to have medication in their possession on school grounds. Teachers have the right to confiscate medication, contact the parents, and report incident to school administration.
2. Narcotic pain medication may not be used during school hours and is not permitted on school grounds.
3. Medication will **ONLY** be administered with written permission from the parent and/or physician. For school administration of **prescription** medication, the following will be required:
 - i. **Legacy Christian Academy: Prescription Medication Permission Request** form filled out and signed by Parent or guardian and the physician
 - ii. **OR** a note from the physician indicating:
 - a. Name of Medication
 - b. Amount to be administered
 - c. Time to be administered
 - d. Duration (if known)
4. For School administration of **non-prescription** medication, the following will be required:
 - i. Over-the-Counter Medication Permission Request form
 - ii. **OR** Note from the parent indicating:
 - a. Name of Medication
 - b. Amount to be administered
 - c. Time to be administered
 - d. Duration (if known)
5. Medications must be brought to the school in the container in which it was dispensed by the pharmacist or the physician. Over-the-counter medication must be in a brand new, unopened container.
6. Anytime there is a change in a prescription, i.e. how it is to be taken or a change in dosage, a form stating the changes is required.
7. All medication is kept in a securely locked cabinet in the nurse's office.
8. Medications will only be given as instructed on the prescription label or on the non-prescription container.
9. At the end of the school year, parents must pick-up the unused portion of their student's medication. The medication must be picked up within five business days following the last school day. All medication not picked-up within five business days will be discarded.

**Legacy Christian Academy
Over-the Counter Medication
Permission Request**

Name of Student: _____

Grade: _____ Date of Birth: _____

To be completed by the Parent/ Guardian:

Name of Medication: _____

Time to be given at school: _____

Dosage to be given at school: _____

Length of time: _____

Are there any restrictions on the student related to this medication? Yes No

If yes, what and for how long? _____

I give my permission for my student, named above, to receive the above medication as directed.

Parent/Guardian

Date

**Legacy Christian Academy
Prescription Medication
Permission Request**

Name of Student: _____

Grade: _____ Date of Birth: _____

**To be completed by the Physician:
(For Prescription Medications only)**

Name of Medication: _____

Time to be given at school: _____

Dosage to be given at school: _____

Length of time: _____

Are there any restrictions on the student related to this medication? Yes No

If yes, what and for how long? _____

Printed Name of Physician

Physician Signature

Date

To be completed by the Parent or Guardian:

I give my permission for my student, named above, to receive the above medication as directed.

Printed Name of Parent

Parent Signature

Date

Legacy Christian Academy Documenting History of Varicella (Chickenpox) Illness

Amendment to 97.67

“All histories of varicella illness must be supported by a written statement from a physician or the child’s/student’s parent or guardian containing wording such as: “This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine”, or by serologic confirmation of varicella immunity. School nurses may also write this statement to document cases of chickenpox that they observe. The school shall accurately record the existence of any statements attesting to previous varicella illness or the results of any serologic tests supplied as proof of immunity. The original should be returned to the child/student or the child’s/student’s parent, or guardian. If a child or student is unable to submit such a statement or serologic evidence, varicella vaccine is required.”

Varicella requirement takes effect August 1, 2000.

For further information:

Contact the Texas Department of Health at (800)-252-9152, or visit the Texas Department of Health Immunization Division’s website:

www.tdh.state.tx.us/immunize/immpage1.htm

Instructions for documenting prior illness:

This form signed by a physician, school nurse or the child’s/student’s parent or guardian:

“This is to verify that _____ had varicella disease (Chickenpox) on or about _____
(Name of student) (Date)
and does not need varicella vaccine.”

Signature

Relationship to student

Date

Legacy Christian Academy Technology Acceptable Use Policy

The following Technology Acceptable Use Policy, which provides guidelines for students on the ethical use of telecommunications technologies at Legacy Christian Academy, must be read and signed by each Junior High and High School student. These guidelines apply to the use of all telephones, video and audio equipment, computers, and the Internet. By signing the Technology Acceptable Use Policy, students agree to abide by the policy.

1. **Legacy Christian Academy students are personally responsible for anything posted on their accounts and must not allow anyone else to use their account.** All users will have a user id and password to access their account and should not reveal the id or password to anyone else or allow anyone else to use their account after personally signing on. Students are not allowed to join in chats unless they have a teacher's permission to do so as part of legitimate class activities. Users should never reveal personal information over the Internet and are encouraged to bring any questions or concerns about Internet materials to a teacher or administrator.
2. **Accessing the accounts and files of others is prohibited.** This rule applies to all Legacy data and networks. Users are to respect the need for security and confidentiality of electronic material. Taking advantage of another user who inadvertently leaves a computer without logging out is no different than taking something from someone's locker or desk, reading a personal letter, or destroying someone's personal property.
3. **Attempting to subvert network security, impair network function, or bypass a restriction is prohibited.** Users are to respect the need for security and confidentiality of electronic material. The school has information stored electronically that is not open to the public and is limited to certain users. Users are to make no efforts to bypass security systems or to gain access to information to which they no rights.
4. **Improper use or distribution information is prohibited.** All intellectual property (books, software, music, etc.) obtained through research on the telecommunications networks and then used in academic work are to be properly documented. There shall be no copyright violations. If there are any questions about what constitutes a violation, consult with a teacher, a librarian, or a member of the technology support staff.
5. **Using the Legacy network and its content for personal, political, illegal, or commercial purposes is prohibited.** All of Legacy's telecommunication facilities are for academic purposes and for school related communication. Students may not offer, provide, or purchase products or services through Legacy's Internet access. If you are in doubt about whether a particular activity is acceptable, check with the technology support staff.
6. **School rules and disciplinary procedures regarding behavior such as harassment, obscene language, plagiarism, racism, etc., are applicable for all Legacy telecommunication use.** Users may be held accountable for material on their accounts.
7. **Use of the Legacy Christian Academy telecommunication technology systems is a privilege and not a right.** Use of network resources will be tracked by the system administrator for activities that degrade system performance (for example, computer games, chain letters, mailing lists, large downloads, etc.). In cases where use of the system appears to be excessive, individuals may be required to decrease usage or online time.

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8. **Students using the LCA's telecommunication technologies are representatives of LCA and are expected to behave according to our Code of Conduct.**
9. **All users of LCA's telecommunication technologies should be aware that some of the material on the internet is objectionable.** Accessing information of this sort is prohibited. This includes pornography, vulgarity, gambling, racist or militant extremist material, etc. Parents should also review their own personal expectations for Internet use with their children just as they do concerning printed material, television, or films.
10. **All of the school telecommunication technology, including voice, video, and data lines are the property of Legacy Christian Academy.** Legacy will respect the privacy of all users as much as possible. However, the school is responsible for investigating possible violations and for enforcing prescribed rules for technology use. All users should remember that Legacy reserves the right to monitor any information stored in or transmitted through school systems.
11. **Legacy makes no guarantee as to the security of data stored on its network.** While reasonable attempts to maintain backup repairs will be made, students should keep separate copies of important files (USB memory keys are highly recommended).
12. **Student computer files will be erased at the end of every school year.** Legacy also maintains the right to limit the storage space available to users.

Legacy Christian Academy
Technology Acceptable Use Policy
Signature Page

RETURN THIS SIGNATURE PAGE WITH YOUR RE-ENROLLMENT APPLICATION

By my signature, I, _____, agree to all provisions in the Legacy Christian Academy Information Resources Acceptable Use Policy.
Student's name printed

Signature of Student

Date

By my signature, I, _____, agree to all provisions in the Legacy Christian Academy Information Resources Acceptable Use Policy.
Parent's name printed

Signature of Parent

Date