**EMERGENCY FORM**

2020 - 2021

Medical Care Release and Information Form

**Family’s Last Name**

**Child/Children’s Name**

In the event that my child/children should require emergency medical care at any time that he or she is under the supervision or control of the Father Andrew White School or any of its employees or agents at any time during the school year, I,       (Parent Name) give my full and unqualified permission for said employees or agents to administer such emergency medical care as deemed necessary by them under advice and supervision of licensed medical personnel. It is understood that every reasonable attempt will be made to reach me at the telephone numbers listed below, but that no emergency medical care deemed to be needed by my said child/children shall be delayed or withheld because of an inability to promptly contact me. I further hereby release and waive any claim or cause of action I may have against the Father Andrew White School and its employees and agents for the administration of emergency medical care to my said child/children, so long as said employees or agents perform such administration in a manner generally accepted as medically reasonable.

Home Telephone Number       Home Address

Mother Cell #       Father Cell #

Mother Work #       Father Work Number

If hospital care is needed, my child/children should be taken to St. Mary’s Hospital Yes  No

**Please list any medication taken by child/children on a regular basis:**

Name Grade Medication

**List any of your child/children’s allergies to drugs, foods, etc.**

Name

**Please give any other information pertinent to your child/children’s health status, which an emergency care facility may need to know in giving care.**

Name

If my child is sick and the school administration cannot reach me, I give the school the authority to call one of the following persons who are willing to assume the responsibility of taking care of my child for me.

Person Phone Number Relationship to child

Person Phone Number Relationship to child

Signature of Parent

**Publicity Release Form**

**FORM 18**

**Archdiocese of Washington – Catholic Schools**

**Father Andrew White, SJ School** and the Archdiocese of Washington have opportunities throughout the year to promote Catholic education through news stories in radio, TV, print and electronic media.

Permission is hereby granted to **Father Andrew White, SJ School**, the Archdiocese of Washington, and the affiliated corporations of the Archdiocese of Washington, to use the voice/audio recordings, photographs, video and quotations of

|  |
| --- |
|  |
| *Print Name of Participants* |

to assist in community awareness, educational efforts and related public relations purposes, including media

coverage of school events and activities and public relations/advertising that may include brochures, posters, print, radio, internet, TV or any other electronic media. In exchange for the opportunity to participate in the community awareness programs, educational efforts and related publicity endeavors of **Father Andrew White, SJ School** and the Archdiocese of Washington, I, hereby, agree to release and hold harmless **Father Andrew White, SJ School,** the Archdiocese of Washington, the affiliated corporations of the Archdiocese of Washington, and their agents, servants and employees from any and all claims, demands, causes of action and/or liability of whatever kind or nature arising out of or connected to the use of said voice/audio recordings, photographs, video and quotations. I hereby waive any right to compensation, fee or royalty for myself, the participant/student or our successors, heirs or assigns in connection with the production or use of the aforesaid materials.

**If Participant is a minor,**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of**  **Participants:** |  | | | | | **Name of . . Parent/Guardian:** | |  | | |
|  | *Please Print* | | | | |  | | *Please Print* | | |
| **Signature of**  **Participants:** | |  | | | | **Signature of . . . Parent/Guardian:** | |  | | |
|  | | | *Please Sign* | | |  | | *Please Sign* | | |
| **Home Address:** | | | | |  | | | |  |
|  | | | | *Street Address* | | | | | *Suite #* |
|  | | | |  | | |  | |  |
|  | | | | *City* | | | *State* | | *ZIP Code* |

|  |  |
| --- | --- |
| **Dated:** |  |
|  | *Month/Day/Year* |

**Father Andrew White School iPad & Chromebook Student Agreement**

**2020-2021**

**What you need to know**

All activities on the iPads and Chromebooks are intended for educational use only.

**What you need to provide**

Students are required to bring in their own earbuds for independent listening purposes.

**What you need to remember- Digital Citizenship**

With Father Andrew White’s administrative software, teachers have the ability to access student saved work to monitor ethical and legal use.  Teachers have the ability to monitor student online activity during class to assure that devices are being used for educational purposes. Father Andrew White utilizes on campus filtering software to control access to appropriate internet content.

**What rules you need to follow**

**Students are to only use the iPad or Chromebook assigned to them and to only sign in using their Google Apps for Education account.** Students are responsible for the care of their assigned iPad or Chromebook and are to **report any technical issues with the device (including damage) immediately**. The iPads and Chromebooks are the property of Father Andrew White School and students are responsible for any damage or loss due to misuse.

The loading of any personal items (family pictures, iTunes music, videos etc.) or any applications not approved by a teacher is not allowed.

Students must protect their login and password information as well as class passwords. If a student suspects his/her password has been compromised, he/she must notify the school immediately.

Students have no expectation of privacy in the use of their iPad or Chromebook and related applications since Father Andrew White has the right and ability to monitor user accounts for policy and security enforcement.

Students are to use their device as directed by the classroom teacher.

Students are not permitted to eat food or keep drinks near their iPads or Chromebooks at any time.

**The use of the iPads and Chromebooks are a privilege which can be taken away for misuse.** Chromebook, iPad, and internet application use must be in accordance with the *Father Andrew White Handbook* and the *Washington D.C. Archdiocesan Acceptable Use of Technology Policy*. Any major offense can result in the removal of iPad or Chromebook privileges, communication with parents and disciplinary action. This means respect your work and the work of others (no plagiarism, no using another student’s work as your own, no tampering with another student’s files, iPad, or Chromebook), respect yourself and respect others (no cyberbullying, assist those who might need help with their device or applications), be responsible for your behavior and act responsibly with the devices (no illegal behavior, show proper care of the devices) and be honest (log in only as yourself and own up to your mistakes).

**Chromebook, iPad, and Google Apps for Education accounts and related applications are for educational use only**. **Inappropriate use will result in the following:**

1st offense- Warning from teacher and loss of iPad or Chromebook privileges for a day

2nd offense- The school will contact parent(s) and loss of iPad or Chromebook privileges for a week

3rd offense- The school will contact parent(s) and loss of iPad or Chromebook privileges for a month

When iPad or Chromebook privileges are taken, students will have to write by hand any schoolwork required and be responsible for transferring it to digital form at home. Teachers may occasionally provide the students with access to a device without internet connection during that time period.

Student Name:           Grade

Student Name:           Grade

Student Name:           Grade

I have read the attached letter outlining the 1:1 Device Program and Google Apps for Education.

I understand that participation in this program is a privilege. I understand the responsibilities and rules for students to participate in the Father Andrew White’s 1:1 Device Program and Google Apps for Education.

Student Signature:            Date

Student Signature:            Date

Student Signature:            Date

**COVID-19 Acknowledgment Form**

**Parents/Guardians**

*In order for students to return to the school campus, this acknowledgment form must be agreed to and signed by the parent.*

School:  \_\_\_Father Andrew White, SJ School\_\_\_\_

Student(s):             

(*Initial each statement below*)

      I am aware of symptoms associated with COVID-19:  Fever or chills, Cough, Shortness of Breath or Difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea.

      If my child(ren) test positive for COVID-19, I ensure isolation according to local health

       department directives. Once released from isolation, a note from the healthcare provider indicating it is safe to return to school will be provided.

      If my child(ren) are exposed to a known case of COVID-19, then I ensure quarantine (14 days) according to local health department directives. Documentation from the local health department, indicating release from quarantine and return to school, will be provided.

      If my child(ren) have symptoms associated with COVID-19 (Fever or chills, Cough,

Shortness of Breath or Difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, and Diarrhea), I will keep my child(ren) home from school. I will provide a healthcare provider note if requested.

     

Parent/Guardian Signature Date

**DISMISSAL INFORMATION**

2020 - 2021

Family Name:

Student Name Grade

     

**My child/children will be riding home from school on** **Bus #**

They will get off at:  Home       Babysitter (Give Name & Number)

**My child/children will not ride a Bus but will be a picked up daily.**

They will be picked up by Name Number

**My child/children will go to aftercare daily.**

This information will be considered the child/children’s regular daily dismissal routine. On any day that there is a change to this dismissal information, **A NOTE MUST BE SENT TO THE CHILD’S HOMEROOM TEACHER OR A PHONE CALL MADE TO THE OFFICE BY 2:00 pm. WITH THE DISMISSAL CHANGE** **INFORMATION**. We cannot change the child’s routine dismissal without a note or phone call. Thank you for your cooperation in this matter.

**Parent Signature**

MILK PROGRAM

2020 - 2021

We will again be applying for government help with our milk program this year. Those of you who would like your child to get milk on a daily basis the cost will be **$18.00** for the year. This will be the only time you can sign your child up for milk. Milk will not be sold on a day by day basis, only by the year. Milk will start on **August 31**, the first full day of school. All forms for milk **MUST** be in to the school office by **August 27, 2020.**

Please list students’ names and grades who will be buying milk for the year and choose either white or chocolate.

# FAMILY NAME

Name & Grade White Chocolate

            \_\_\_\_ \_\_\_\_\_\_\_

            \_\_\_\_ \_\_\_\_\_\_\_

            \_\_\_\_ \_\_\_\_\_\_\_

# If paying by check, please make a separate check just for MILK payable to: Father Andrew White School.

**PLEASE RETURN THIS FORM WITH PAYMENT.**