

## REQUIRED FORMS--SIGNATURE PAGE (Page 1)

**FAMILY NAME:** \_\_\_\_\_

The following forms/signatures apply to the all students listed (please print):

Student 1 \_\_\_\_\_ Grade: \_\_\_\_\_

Student 2 \_\_\_\_\_ Grade: \_\_\_\_\_

Student 3 \_\_\_\_\_ Grade: \_\_\_\_\_

*Please note: Family and emergency contact information and emails used for school communication is obtained from the registration database. Please make sure your information is up-to-date. You can check this information in your registration record. Here is the link to the website:*

<http://smcatholicschools.org/admissions/registration/>

### STUDENT SIGNATURES:

By checking the box and signing below, I accept and authorize each as listed:

- ACCEPTABLE USE POLICY:** I understand and will abide by the SMCHS Technology Acceptable Use Policy. I further understand that any violation of this policy is unethical and may constitute a criminal offense. Should I commit any violation my access privileges may be revoked, disciplinary action may be taken, and/or appropriate legal action initiated.
- HANDBOOK ACKNOWLEDGEMENT:** I have read the SMC Parent and Student Handbook and the Co-Curricular Code of Conduct and agree to the terms.
- DIOCESAN CODE OF CONDUCT FOR YOUTH:** I have read the code and agree to the terms.

Student 1 Printed Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Student 2 Printed Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Student 3 Printed Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

# REQUIRED FORMS--SIGNATURE PAGE (Page 2)

## PARENT SIGNATURES

By checking the box and signing below, I give accept and authorize each as listed:

- MEDICAL AUTHORIZATION:** I authorize medical treatment for my student as stated above.
- IBUPROFEN/TYLENOL:** I authorize SMCHS to administer as needed.
- PRESCRIPTION INHALER:** I authorize my student(s) to carry his/her prescription inhaler at all times. Please list all student names that this applies to: \_\_\_\_\_  
\_\_\_\_\_

- FIELD TRIP PERMISSION:** I give my student(s) permission to attend listed field trips.

**Will the student(s) require medication while on the field trip? Yes\_\_\_\_\_No\_\_\_\_\_**

If yes, please provide the following information:

Student 1 Name: \_\_\_\_\_ Medication Name \_\_\_\_\_

Student 2 Name: \_\_\_\_\_ Medication Name \_\_\_\_\_

Student 3 Name: \_\_\_\_\_ Medication Name \_\_\_\_\_

\_\_\_\_\_ I have a medical consent form on file in the SMCHS school office.

\_\_\_\_\_ School staff must carry the medication while on the field trip.

\_\_\_\_\_ My student self carries the medication.

- ACCEPTABLE USE POLICY:** As the parent of this student, I have read the SMCHS Acceptable Use Policy and I understand that network access is designed for educational purposes. I am aware that it is impossible for the school to restrict access to all controversial materials and I will not hold them responsible for materials acquired in use. I also hereby indemnify and hold harmless the Diocese of Green Bay, SMCS, and St. Mary Catholic High School from any claim or loss resulting from any infraction by the student of the policy or any applicable law. I am the primary authority responsible for imparting the standards of ethical and legal conduct that my child should follow. I hereby request and give permission for my child to use the school's technology resources and certify that I have reviewed this information with my child.
- HANDBOOK ACKNOWLEDGEMENT:** I have read the SMC Parent and Student Handbook and the Co-Curricular Code of Conduct and agree to the terms.
- DIOCESAN CODE OF CONDUCT FOR VOLUNTEERS:** I have read the code and agree to the terms.

Parent Printed Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_