



St. Luke School  
Excellence. Faith. Service.

## **Medical and Emergency Notification Information**

Directions: Please complete one per family.

Family Name (Print): \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Student Name	Grade Level

Parent/Guardian #1: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Cell #: \_\_\_\_\_

### **Emergency Contacts in case parent(s) cannot be reached:**

Emergency Contact #1: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relationship to student(s): \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relationship to student(s): \_\_\_\_\_



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## **Student Health Information**

Directions: Please complete one per student.

Student Name (Print): \_\_\_\_\_

<b>Allergy</b>	<b>Yes</b>	<b>No</b>	<b>Explanation:</b>
Food			
Insect Sting			
Environmental			
Other			

<b>Medical Condition</b>	<b>Yes</b>	<b>No</b>	<b>Explanation:</b>
Asthma			Uses inhalers? (Yes) (No), Daily Medication:
Seizure Disorder			Daily Medication:
Diabetes			Insulin Dependent: (Yes) (No)
Emotional Health			Medication:
Other			

**Medication: Does your student require medication at school or at home? Yes \_\_\_\_ No \_\_\_\_**

If yes, what medication does your student take? \_\_\_\_\_

If your student requires medication during the school day (either prescription or over-the-counter), please contact the school nurse for the appropriate physician authorization form. No medication will be given at school without a physician authorization.

### **Vision and/or Hearing Deficits:**

\_\_\_\_ Wears glasses/contacts      \_\_\_\_ for board work      \_\_\_\_ for reading      \_\_\_\_ all the time

\_\_\_\_ Wears hearing aid(s)

St. Luke School respects the sensitivity and legally protected confidentiality of student health information. Your signature below allows health information to be shared with faculty/staff that need to know for the health, safety, and learning needs of your student. In the event of a medical emergency, a copy of this form may also be provided to the Emergency Medical personnel caring for your student.

Parent/Guardian Signature: \_\_\_\_\_

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



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## **Photo/Academic Work Permission Slip**

Directions: Please complete one per family.

On occasion St. Luke School uses photos and/or academic work of students in school/parish publications to share information about the school. School publications include, but are not limited to: the website, school yearbook, advertisements, annual reports, posters, newsletters, parish bulletins and other public relations materials.

In addition, local news organizations may hear of our activities or events, and our school may invite or allow them to photograph or record our events.

Please check and sign below:

\_\_\_\_ My child's photo and/or academic work may be published in any format including group or individual photos.

\_\_\_\_ My child's photo and/or academic work may **not** be published in any format including group or individual photos.

<b>Student Name</b>	<b>Grade Level</b>

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

If you do not return this form by August 19, 2022 it will be assumed that you give permission for your child's photo and/or academic work to be included in any form of communication.



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## **Parent/Guardian Consent Form**

### **Acceptable Use of School Technology by Student**

Directions: Please complete one per family.

I/we have read the school technology guidelines and have discussed them with my child(ren). In consideration of the privilege of my child(ren) using the school's electronic communications system\* and in consideration of having access to the public networks, I/we hereby release the school, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the types of damage identified in the Acceptable Use Procedures (AUP).

I/we understand that access to the school technology resources is not a private activity and that the school will monitor student activity on any of the school resources including but not limited to the computer system, email system, and other electronic devices and programs.\*

I/we have read the school's technology procedures and regulations and agree to abide by these provisions. Violation of these provisions may result in suspension or revocation of system access. I/we also understand that any actions taken through the school network that are in violation of the school disciplinary code will be handled in accordance with the code. Appropriate legal authorities may be contacted if there is any suspicion of illegal activity.

#### **Parent/Guardian (Initial):**

\_\_\_\_ I/we do give permission for my child to participate in the school's electronic communications system including the internet and certify that the information contained on this form is correct.

\_\_\_\_ I/we do not give permission for my child to participate in the school's electronic communications system including the internet and certify that the information contained on this form is correct.

#### **Student (Initial):**

\_\_\_\_ I have discussed, with my parent/guardian, how I may appropriately use the school's technology.

<b>Student Name</b>	<b>Grade Level</b>

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

\*Including but not limited to internet access, email, fax, stand-alone computer, and telephone. The parent/guardian is responsible for any damage caused through the student's inappropriate use of the school's internet system.