



ACCEPTABLE USE CONTRACT FOR STUDENTS IN PRE-K – GRADE 5

Please Note: Parents of students in Pre-kindergarten, Kindergarten, and Grade 1 will generally not need to go through the detailed explanation about computer use that will be necessary for parents of older students. Likewise, these youngest of our children do not have to sign this agreement. It is sufficient for parents to print each child’s name.

SHS is fortunate to have state-of-the-art safety and security technology, including Sonic Wall technology, to enable our students to benefit from the resources on the internet and to protect them as they begin to explore the internet.

SHS teachers will review the Guidelines for Acceptable Use in age-appropriate language corresponding to age-appropriate computer use in the classroom.

Our family has read the Guidelines for Acceptable Use of the SHS Network and Internet Access.

By signing below, our family indicates that we have:

- Encouraged our student to follow the teacher’s directions carefully when using the computer.
- Reinforced the idea that the computer in school is for learning rather than playing.
- Cautioned our student not to share name, address, phone number, or any other personal information on the internet.

Our student has our permission to use the computer resources including internet access for educational enhancement at SHS.

Parent/Guardian Name (Please Print) _____ Date _____

Parent/Guardian Signature _____

Student Name (Please Print) _____ Grade _____

Student Signature _____

Student Name (Please Print) _____ Grade _____

Student Signature _____

Student Name (Please Print) _____ Grade _____

Student Signature _____



ACCEPTABLE USE CONTRACT FOR STUDENTS IN GRADES 6-8

Our family has read the Guidelines for Acceptable Use of the SHS Network and Internet Access. By signing below, our family agrees that our student will abide by the Guidelines when using SHS computers and equipment.

We understand that:

- SHS has taken all available precautions, including but not limited to the use of Sonic Wall technology, to ensure a safe educational experience on the SHS network and the internet for our student.
- The purpose of the SHS network and internet access is to prepare our student for the use of technology in education both now and in high school and college.
- The use of the SHS network and internet access is a privilege and requires our student to demonstrate appropriate maturity.
- If our student is found to be misusing computer and internet privileges, those privileges will be forfeit.

We accept full responsibility and liability for our student’s use of the SHS network and internet access. We release and hold harmless Sacred Heart School, the Superintendent of Catholic Schools in the Diocese of Manchester, NH, and all officials, employees, or agents of these and related organizations from liability resulting from our student’s misuse of the SHS network and internet access. We agree to indemnify same for damages resulting from any use our student makes of the SHS network and internet access that is contrary to the Guidelines.

We accept all financial and legal liabilities which may result from our student’s misuse of the SHS network and internet access.

Parent/Guardian Name (Please Print) _____ Date _____

Parent/Guardian Signature _____

Student Name (Please Print) _____ Grade _____

Student Signature _____

Student Name (Please Print) _____ Grade _____

Student Signature _____

Student Name (Please Print) _____ Grade _____

Student Signature _____



PERMISSION TO USE STUDENT’S LIKENESS

School Year _____

Sacred Heart School occasionally photographs or videotapes students to illustrate our school’s educational processes and programs. Usually, a student’s likeness may be used in the following ways:

- Photographs and videotapes of our students may be placed on the website. When students’ likenesses are placed on the SHS website, the students are not identified.
- Photographs may be submitted to local newspapers. When students’ likenesses are submitted to the newspapers, the students may or may not be identified, depending on whether the child has received a special citation or whether the child is part of a group activity.
- Photographs may be selected for school slide shows or school brochures. When students’ likenesses are selected for these purposes, students are not identified.

Please let us know whether you will permit your child’s likeness to be used as described above by completing, signing, and returning this form within the first week of school.

Student Name (Please Print) _____ Grade _____

Student Name (Please Print) _____ Grade _____

Student Name (Please Print) _____ Grade _____

Student Name (Please Print) _____ Grade _____

Parent Name(s) (Please Print) _____

Please indicate select one:

1. ___ Yes, I permit my child’s likeness to be used by SHS on the school’s website, in newspaper articles, and in school slide shows and brochures.
2. ___ Above, but do not include their name with the likeness.
3. ___ No, I do not permit my child’s likeness to be used by SHS on the school’s website, in newspaper articles, or in school slide shows and brochures.

Parent Signature _____ Date _____



SCHOOL EMERGENCY INFORMATION RECORD

School Year _____

Child's Last Name	Child's First Name	Date of Birth	Grade
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List each person to be called for emergency pick up. Begin the list with at least ONE PARENT and continue in the order you wish us to follow. ALL PERSONS LISTED MUST BE LOCAL. THEY MUST BE ABLE TO PICK UP THE CHILD IMMEDIATELY. This contact list will also be used in the event of an emergency evacuation at school.

Full Name	Relationship to Child	Home Phone	Cell Phone	Work Phone
Full Name	Relationship to Child	Home Phone	Cell Phone	Work Phone
Full Name	Relationship to Child	Home Phone	Cell Phone	Work Phone
Full Name	Relationship to Child	Home Phone	Cell Phone	Work Phone

In case of accident or serious illness, I request Sacred Heart School to contact me. If the school is unable to reach me, I authorize the school to make whatever arrangements are in the best interests of my child.

Parent Signature _____ Date _____

Permission to Administer Prescription Medications

Prescription Medications must be accompanied by a written order from the prescriber. The medicine must be delivered to the school nurse by the parent or other responsible adult in the pharmacy container labeled with the child's name, the physician's name, the name of the medication, and the instructions. Not more than a 30-day supply will be accepted. All medications will be counted by the nurse upon delivery to her. Medications prescribed for three or fewer times per day may be given at home.

The following information MUST be completed by the prescriber.

During the school day, the above named child is required to take the following medication:

Name of Medication	Dose	Route
Frequency	Start Date	End Date

Diagnosis
Side Effects or Contraindications
Other medications the child is taking

Physician's Signature _____ Date _____

Permission to Administer Over-the-Counter Medications

Sacred Heart School has a number of over-the-counter medications (such as Tylenol and Benadryl) available. Please indicate below your preference in administering these to your child.

- I authorize the school nurse, or her designee, to use her discretion in administering over-the-counter medications to my child.
- I prefer to have the school nurse, or her designee, phone me before administering over-the-counter medication to my child.

Parent Signature _____ Phone _____
Date _____

Allergies

If your child has food or medication allergies, please indicate below and contact the school nurse for an individual Health Care Plan for your child. The plan identifies the allergy and symptoms, provides an emergency action plan, and includes a prevention plan.

Type of Drug Allergy	Type of Reaction
Type of Drug Allergy	Type of Reaction
Type of Food Allergy	Type of Reaction
Type of Food Allergy	Type of Reaction
Type of Food Allergy	Type of Reaction
Type of Food Allergy	Type of Reaction

Permission to Release Allergy Information

I authorize Sacred Heart School to share information about my child's allergies with faculty, staff, and parent volunteers who assist with school events where food is served. I also permit Sacred Heart School to post two pictures of my child in designated areas of the faculty room and kitchen.

Parent Signature _____ Date _____

Other Health Conditions

If your child has other health conditions, please indicate below and provide any information you believe would be helpful.

Asthma (Indicate Type)	Well Controlled?
Attention Deficit Disorder	Well Controlled?
Heart Condition (Specify)	Any Limitations?
Seizure Disorder (Indicate Type)	Well Controlled?

Additional Comments

If you wish to add any additional comments that will help the school nurse to keep your child safe and healthy, please add them below.



FOOD ALLERGY ACTION PLAN

<u>Action</u>	<u>Responsibility</u>
1. Education	
<ul style="list-style-type: none">• <u>Educate Teachers and Staff</u> Train all teachers and staff using FAAN Video and epi-pen trainers	School
<ul style="list-style-type: none">• <u>Educate Students K-5</u> Use age appropriate video and books, followed by discussion	School Nurse
2. Prevention	
<ul style="list-style-type: none">• <u>Prevention Plan</u> Preparation of a prevention plan to reduce incidents of reactions	Parents and Teacher
<ul style="list-style-type: none">• <u>Medications</u> -Supply appropriate medications to school -Signed Medication Permission Slip for each medication	Parents Parents
<ul style="list-style-type: none">-Periodic checks for expiration	School Nurse
<ul style="list-style-type: none">• <u>Individual Classroom Food Parties</u> Notify parents when food will be sent into class so they can be involved in the choices and/or send in an appropriate substitute	Room Parents
<ul style="list-style-type: none">• <u>Prepare Food for School-Wide Events</u> -Sign a release form giving food allergy information to volunteering parents	Parents
<ul style="list-style-type: none">• <u>Preparation for School-Wide Events</u> -Work with the school and parents to coordinate the appropriate foods for all the food allergic children	Parent Volunteers
3. Response	
<ul style="list-style-type: none">• <u>Plan Execution</u> -Execute the student's individual plan when a reaction occurs	Teachers/Staff/School Nurse
<ul style="list-style-type: none">• Call 911	Office
<ul style="list-style-type: none">• Call Parents	Office
<ul style="list-style-type: none">• Talk with other children -Be aware that a reaction affects the student's friends and classmates. Discussion of the situation may help to calm fears.	Teachers/School Nurse



INDIVIDUAL HEALTH CARE PLAN: CHILDREN WITH ALLERGIES

School Year: _____

Child's Last Name	Child's First Name		Child's Grade
Parent Name – First Contact	Home Phone	Cell Phone	Work Phone
Parent Name – Second Contact	Home Phone	Cell Phone	Work Phone
List the Foods to Which This Child Is Allergic			

PREVENTION PLAN

The Sacred Heart School Nurse will

1. Notify appropriate faculty, staff, and parent volunteers about this child's allergies.
2. Train appropriate parties to recognize possible symptoms and to respond by executing the Health Care Plan.
3. Emphasize the need to clean thoroughly all surfaces exposed to food allergens by using a mild detergent.
4. Emphasize the need for all classmates and teachers to wash their hands after food contact and every meal.
5. Emphasize the need for to have qualified persons monitoring this child during each snack and meal.
6. Keep all medications for this child in close proximity at all times.
7. Ensure that this child's parent, designee, or qualified staff member carries her/his medication on field trips.

FOOD ALLERGY SYMPTOMS

On the following list, indicate the symptoms that contact with food allergens produces in this child. Indicate whether these are moderate (M) or severe (S) or no symptom (N).

Skin:	Throat:	Stomach:	Mouth/Lips:	Lungs:	Pulse:
___ Hives	___ Itchy	___ Pains	___ Swelling of lips	___ Wheezing	___ Thready
___ Eczema	___ Burning	___ Nausea	___ Swelling of tongue	___ Passing out	
___ Redness	___ Hoarseness	___ Vomiting	___ Hives	___ Chest tightness	
	___ Hacking Cough	___ Diarrhea	___ Redness	___ Difficulty breathing	
	___ Tightness				

ACTION PLAN

- Watch for reactions
- If skin reaction only, give 2 tsp. (25 mg.) Benadryl

FOR INGESTION

1. If ingestion of an allergen is strongly suspected or determined based on the above symptoms, administer an Epi-pen into thigh (through clothing) at a right angle. Hold for 10 seconds.
2. Notify rescue squad of an allergic reaction.
3. Phone parents.
4. Transport to emergency medical facility.
5. Maintain airway and respirations while waiting for emergency transport.
6. If possible, send log of treatment with transporting person or ambulance personnel.

Parent Signature _____ Date _____

Physician Signature _____ Date _____



POTASSIUM IODIDE PERMISSION FORM

SCHOOL YEAR: _____

Because of our proximity to the Seabrook Nuclear Power Plant, Sacred Heart School has an Emergency Evacuation Plan in case of a nuclear accident. Part of the plan is to provide children with potassium iodide tablets if so directed by the Town of Hampton Emergency Operations Center.

Briefly, potassium iodide (KI) is a chemical compound necessary for the normal functioning of the thyroid gland. Most of us ingest potassium iodide every day in the form of iodized salt. KI is also manufactured in pill form to be used to prevent the thyroid from absorbing radioactive iodine that might be released during a nuclear accident. KI protects the thyroid gland by satisfying its requirement for iodine so that radioactive iodine will not be absorbed and lead to cancer. More information about what KI does and how it protects individuals may be found in documents on various government websites. You may type "What you need to know about Potassium Iodide" in your browser, and you will be directed to a KI fact sheet. The web address of the fact sheet is a long one – type carefully! If you are online, you can copy the address below and paste it in your browser: dhhs.state.nh.us/DHHS/RADHEALTH/LIBRARY/Fact+Sheet/ki-facts.htm

Permission to Administer Potassium Iodide

In the event of a radiological emergency and if so directed by the Town of Hampton Emergency Operations Center and authorized by the New Hampshire Office of Community and Public Health, I understand that potassium iodide will be made available to my child(ren) whose names are below.

_____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

I give my permission for my child(ren) to receive potassium iodide in the event of a radiological emergency.

I **DO NOT** give my permission for my child(ren) to receive potassium iodide in the event of a radiological emergency.

Parent Signature _____ Date _____

Parent Name:
(Please Print) _____



FAMILY DIRECTORY FORM

SCHOOL YEAR: _____

The directory is made available ONLY to parents of SHS students via ParentsWeb access.

We respect each family’s desire for privacy and publish only the information your family wishes to provide. Please circle YES if you prefer to have the information included; circle NO if you prefer not to have it included.

PLEASE PRINT CLEARLY

Include Information?

All Directory information remains the same as last year for the child(ren) noted below.

YES NO Child’s Full Name _____ Grade ____

YES NO Child’s Full Name _____ Grade ____

YES NO Child’s Full Name _____ Grade ____

YES NO Child’s Full Name _____ Grade ____

YES NO Mother’s Full Name _____

YES NO Father’s Full Name _____

YES NO Both Parents’ Names: Mr. and Mrs. _____

YES NO Address _____

YES NO City, State, Zip _____

YES NO Telephone Number _____

YES NO Email Address: _____

Note: SHS emails the Weekly News Notes. We will use the email above. If you want SHS to use a different email address, please include it below on the Alternate Email Address line.

Alternate Email for News Notes Link _____

Parent Signature _____

Date _____



ARRIVAL and DISMISSAL INFORMATION

The following procedures have been developed to keep our children safe and to protect them from accidents as they come to and leave school. Please review the information below and then **complete the ARRIVAL and DISMISSAL PERMISSION form** to let us know your child(ren)'s intended morning and afternoon routines.

Arrival

Car Line

All car traffic will enter through the north entrance of OLMM Church and proceed around the school and convent, stopping at the end of the driveway leading to the church parking lot. Faculty will direct cars – about 6 or 7 at a time – to pull up to the church's exit lane, to stop, and to discharge children. When all children are safely behind the flags, the faculty will direct the empty cars to exit and will direct the next group forward to discharge children.

Walker Line

All cars for walkers will enter the OLMM Church parking lot at the south entrance next to Park Street. Walkers cars must park in an appropriate space. Children should go directly to the area where a faculty member holds a stop sign, wait until traffic is stopped, and then cross to the area behind the flags. In addition, parents may not park in the first two rows of the Church lot nearest the Rectory – these are reserved for faculty.

Dismissal

Car Line

In the window of your car, place your school-issued sign with your family name. All car traffic will enter through the OLMM Church entrance and proceed to the back of the school building to the last gym door. The faculty member in charge will dismiss your child to your car in the safest, most efficient way possible.

Walker Line

All walkers will be dismissed from the "Gym Lobby" door to their parents. Parents should park in the OLMM Church parking lot and walk up to the door holding your school-issued family sign. The faculty member in charge will dismiss your child to you in the safest, most efficient way possible.



ARRIVAL AND DISMISSAL PERMISSION FORM

School Year _____

For the safety and security of your child, we need to know in advance the method you have chosen for dismissal. Please complete the information below. We will regard this as your child(ren)'s routine dismissal procedure. If you change this dismissal procedure, you must send a note with your child(ren) on or before the day of the change. Your child(ren) must present this note to the teacher upon arrival.

Please return this form on or before the first day of school.

Child's Name _____	Grade ____	Room ____
Child's Name _____	Grade ____	Room ____
Child's Name _____	Grade ____	Room ____
Child's Name _____	Grade ____	Room ____
Child's Name _____	Grade ____	Room ____
Child's Name _____	Grade ____	Room ____

_____ I will pick up my child(ren) in the Car Line.

_____ I will pick up my child(ren) in the Walker Line.

_____ My child(ren) will report to After School Care or Homework Club

_____ **If I am unable to pick up my child(ren), the following persons have my permission to pick up my child(ren):**

Name (Please Print): _____

Relation to Child (Grandparent, Aunt, Friend, etc.) _____

Name (Please Print): _____

Relation to Child (Grandparent, Aunt, Friend, etc.) _____

Name (Please Print): _____

Relation to Child (Grandparent, Aunt, Friend, etc.) _____

_____ **My child(ren) may not be released to anyone except me.**

Parent Name (Please Print) _____

Parent Signature _____ Date _____



OUR FAMILY'S PLEDGE

Our Family's Pledge for School Year _____

Our family has read the Sacred Heart School Handbook. It can be found on our web site at:

<http://www.shshampton.org/student-life/parent-student-handbook.cfm>

We understand our responsibilities as parents and students.

We promise to abide by the guidelines included in the Handbook.

Our names and signatures below show that we are committed to doing our part to make Sacred Heart School a welcoming, safe, and enjoyable learning environment for all of the students who attend.

(Parents of children in Pre-kindergarten, Kindergarten, and First Grade should sign where indicated for the parents, but simply print the child's name – there is no need for the little ones to sign. It is our hope that parents of the youngest students will make them aware of school rules as appropriate for their age.)

Parent Name (Please print) _____

Parent Signature _____ Date _____

Student Name (Please print) _____ Grade _____

Student Signature _____

Student Name (Please print) _____ Grade _____

Student Signature _____

Student Name (Please print) _____ Grade _____

Student Signature _____

Student Name (Please print) _____ Grade _____

Student Signature _____



MILK ORDER FORM

The SHS milk program is part of a subsidized program. The cost is low, but we need to observe a few procedures.

- The cost of milk for lunch is **\$25.00 per child for the year.**
- **Payment is due on or before the first day of school. *Please note: we need a separate check from you for milk because this is a subsidized program.*** Please do not add this cost to any other school payment. Thank you.
- The milk flavor your child chooses now must remain the same throughout the year. Unfortunately, we cannot change orders once they are placed.
- We do need payment in advance – we cannot process an order without payment.

Milk Order Form | SCHOOL YEAR: _____

We will not be participating in the milk program this year.

Child's Name (1) _____ **Grade** _____

Please check one:

White 2% Milk Lowfat Chocolate

Child's Name (2) _____ **Grade** _____

Please check one:

White 2% Milk Lowfat Chocolate

Child's Name (3) _____ **Grade** _____

Please check one:

White 2% Milk Lowfat Chocolate

Please copy and submit an additional form if you have more than 3 children attending SHS.

My check for \$ _____ is enclosed. (Please make check out to SHS.)

Parent Signature _____ **Date** _____



HOT LUNCH VOLUNTEER FORM

SCHOOL YEAR: _____

The Sacred Heart School Hot Lunch Program is a real benefit to our children. It is made possible only because parents and grandparents are willing to volunteer to make it happen.

SHS needs at least 4 parent or grandparent volunteers each day to serve the children.

**Volunteers can expect to stay for about two hours,
from 11:00 a.m. until about 1:00 p.m.**

SHS needs parents and grandparents to commit to the days and times that are best for them to volunteer.

SHS also needs substitutes who can be called when the assigned volunteer cannot come in.

Parents who volunteer to serve hot lunch have said that they enjoy seeing their children during the school day. It is also good for the children to be able to see their parents during lunch time.

There are a variety of ways to volunteer for the hot lunch program. Please review the options below and choose whatever is best for you. If grandparents would like to volunteer, please pass this form along to them.

Hot Lunch Volunteer Form

Name _____ Phone _____ Student's Last Name _____

Parent Grandparent Email _____

___ I can volunteer every week on the day(s) indicated below:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

___ I can alternate every other week with (Name) _____

___ I can volunteer for a few weeks each month. I've circled my preferences.

Week(s) of September	4 10 17 24	Week(s) of February	4 11 18
Week(s) of October	1 8 15 22 29	Week(s) of March	4 11 18 25
Week(s) of November	5 12 19 26	Week(s) of April	1 8 15 29
Week(s) of December	3 10 17	Week(s) of May	6 13 20 28
Week(s) of January	2 7 14 22 28	Week(s) of June	3 10

___ I am available only as a substitute. The best days are:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday