

Holy Cross Catholic School Student Information Form 2017-2018 SY

Last Name:		First Name:		M.I.	Date of Birth	Sex	Race	Grade	
Religion:		Parish:	Parish Envelope No.		Voting Precinct No.		Public School District		
		Student's Birthplace		School Last Attended (City, State)		Date Last Attended			
Father's Name (Last, First, MI)		Is student living with this person? Yes <input type="checkbox"/> No <input type="checkbox"/>		Mother's Name (Last, First, MI)		Is student living with this person? Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Legal Guardian of student? Yes <input type="checkbox"/> No <input type="checkbox"/>				Legal Guardian of student? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Father's mailing address:				Mother's mailing address:					
_____				_____					
_____				_____					
E-Mail Address:				E-Mail Address:					
_____				_____					
Home #		Cell #		Home #		Cell #			
_____		_____		_____		_____			
Name of Employer (Father)			Work Phone #		Name of Employer (Mother)			Work Phone #	
_____			_____		_____			_____	
Father's Children: Name of All School Age Children:		School	Grade	D.O.B.	Mother's Children: Name of all School Age Children		School	Grade	D.O.B.
_____		_____	_____	_____	_____		_____	_____	_____
_____		_____	_____	_____	_____		_____	_____	_____
_____		_____	_____	_____	_____		_____	_____	_____
Person/s with whom student lives (if other from above)		Relationship	Legal Guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>	Work Phone#		Home Phone #			
Address: _____				_____		_____			
						Cell Phone #			

-COMPLETE FORM ON OTHER SIDE-

CHECK BELOW IF YOUR CHILD HAS HAD ANY OF THE FOLLOWING;
*PLEASE SPECIFY IF THE CONDITION IS ONGOING AS WELL AS DATES OF OCCURRENCE.

- | | | |
|---|--|--|
| <input type="checkbox"/> CHICKEN POX | <input type="checkbox"/> TIRES EASILY | <input type="checkbox"/> MEASLES |
| <input type="checkbox"/> MUMPS | <input type="checkbox"/> PNEUMONIA | <input type="checkbox"/> GERMAN MEASLES |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> FREQUENT COLDS | <input type="checkbox"/> SHORTNESS OF BREATH |
| <input type="checkbox"/> SEASONAL ALLERGIES | <input type="checkbox"/> FREQUENT COUGH | <input type="checkbox"/> FREQUENT STREP THROAT |
| <input type="checkbox"/> RHEUMATIC FEVER | <input type="checkbox"/> FREQUENT NOSEBLEEDS | <input type="checkbox"/> VISION PROBLEMS |
| <input type="checkbox"/> FOOD ALLERGIES | <input type="checkbox"/> HEART PROBLEMS | <input type="checkbox"/> DIZZINESS OR FAINTING |
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> FREQUENT URINATION | <input type="checkbox"/> FREQUENT STOMACH ACHES |
| <input type="checkbox"/> CEREBRAL PALSY | <input type="checkbox"/> FREQUENT EYE INFECTIONS | <input type="checkbox"/> KIDNEY/BLADDER PROBLEMS |
| <input type="checkbox"/> FREQUENT STYES | <input type="checkbox"/> HEARING DIFFICULTY | <input type="checkbox"/> EMOTIONAL PROBLEMS |
| <input type="checkbox"/> CONVULSIONS | <input type="checkbox"/> HEPATITIS (TYPE) | <input type="checkbox"/> WEIGHT PROBLEMS |
| <input type="checkbox"/> SPEECH DIFFICULTY | <input type="checkbox"/> ABNORMAL BLOOD PRESSURE | <input type="checkbox"/> MUSCULAR WEAKNESS/PARALYSIS |

SURGERIES? FOR WHAT? _____ WHAT AGE? _____

HOSPITALIZATIONS? FOR WHAT? _____ WHAT AGE? _____

**COMMENTS REGARDING THE ABOVE CONDITIONS: _____

- IS YOUR CHILD ALLERGIC TO ANY MEDICATIONS? YES LIST MEDICATION: _____
 NO
- IS YOUR CHILD ON ANY MEDICATION AT THIS TIME? YES NO
- MEDICATION NAME & DOSE: _____
- MEDICATION IS FOR: _____

**DUE TO RESTRICTIONS IN NURSE PRACTICE ACT, WE ARE NOT ABLE TO GIVE STUDENTS UNDER AGE 18 ANY PRESCRIPTION MEDICATION AT SCHOOL WITHOUT SIGNED PERMISSION SLIP FROM PARENTS AND A DOCTOR. IF YOUR CHILD REQUIRES NON-PRESCRIPTION MEDICATION AT SCHOOL, A FORM MUST BE COMPLETED AND SIGNED BY A PARENT/GUARDIAN.

ARE THERE ANY RESTRICTIONS IN PHYSICAL ACTIVITY? YES NO

WHEN WAS YOUR CHILD'S LAST EXAM? _____

WHEN WAS YOUR CHILD'S LAST VISION EXAM? _____

HAS YOUR CHILD EVER BEEN INFORMED OF THE NEED FOR ANTIBIOCTIC THERAPY PRIOR TO TREATMENT? YES NO

IF YES, PLEASE SPECIFY: _____

ARE THERE ANY OTHER HEALTH ISSUES YOU WOULD LIKE TO DISCUSS WITH THE TEACHER OR SCHOOL AUTHORITY?

YES NO IF YES, PLEASE SPECIFY: _____

Parish Subsidy Form
Archdiocese of Santa Fe

Part 1 Information to be provided by parent/guardian

Name of School Holy Cross Catholic School School Year 2017 - 2018
School Address 1331 State Rd. 76 Santa Cruz, NM 87567
Parent/Guardian full name _____ Parent Guardian
Address _____ City/State _____ Zip _____
Phone _____ Transferring from another diocese/state? Y N
Parish where you are registered _____ City _____ Envelope# _____
Name of Student #1 _____ Grade _____
Name of Student #2 _____ Grade _____
Name of Student #3 _____ Grade _____
Parent/Guardian signature _____ Date _____
Principal Signature* _____ Date sent to parish _____

Note to parent/guardian: It is your responsibility, not the schools, to ensure that subsidy payment is made. You should deal directly with the parish office for any questions about payment. If for any reason your parish does not pay the subsidy, you must do so. Subsidy payments are due, in full, at the time your child's tuition is due. If your school allows installment payment of tuition, the subsidy payment is due, in full, with the first tuition installment. Your signature on this form indicates you agree to comply with this policy.

Part 2 Information to be provided by parish

"Since tuition does not cover the full costs borne by the school to educate the student, each parish (whether the parish has a school or not) will pay \$500 subsidy per student for registered parishioners. The subsidy is to be paid directly to the appropriate school... All subsidy payments are due by December 31 of the school year."

Handbook of Policies and Regulations, FIN-303

The above-named persons are registered members of this parish: Yes No

Payment due to school: subsidy of \$500 X (number of students) = \$(total due)

Signature of Pastor or Representative* _____ Date _____

Note to parish: Complete within 30 days of receipt, retain a copy for parish, and return original to school. Failure to return this form within 30 days of receipt indicates you agree to pay the subsidy for this student.

HCCS COMMITTEES

2017-2018

Name of student: _____

Grade: _____

- Fall Festival
- Parish Fiesta (Bazaar)
- Fundraising
- Technology
- Office
- Alumni
- Red Ribbon
- Science Fair
- HCCS-Box Tops/Campbell Labels
- Yearbook
- Book Fair
- Christmas Play

CATHOLIC SCHOOLS OFFICE

Archdiocese of Santa Fe

4000 St. JOSEPH PLACE NW
ALBUQUERQUE, NM 87120-1714
PHONE (505) 831-8173
FAX (505) 831-8107

Susan M. Murphy
Superintendent

Authorization Form
for Use of Child/Youth Name, Likeness, and/or Photographic Image

This authorization form shall serve as parental permission for the use of name, likeness, and/or photographic image of a child/youth where such permission is required.

I grant permission to

Holy Cross Catholic School

to use my child's/youth's name, likeness, and/or photographic image in the production of the following:

- Newsletter Brochures Flyer Yearbook Web Field Trips
- Videotaping of specific lessons Classroom Activities In-School & After School Activities

I understand that if, for whatever reason, at any point in time, I decide to revoke this agreement, and I so notify School in writing, all references to my child/youth (i.e., name, likeness, and/or photographic image) will no longer be used. I understand that web page references and web page photographic images will be removed within thirty (30) days of the written notification. I understand that the Archdiocese of Santa Fe, Holy Cross Catholic School and parish are not responsible for access to the internet information or downloads made by users using the web prior to this removal of web references (i.e., name, likeness, and/or photographic image). I further understand that my child's/youth's name, likeness, and/or photographic image may continue to be used in any publication already printed or published prior to my revocation of the consent provided herein.

Name of Child (Please Print)

Grade Level

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

This Authorization Form to be kept in student's permanent record for twelve years from date of signature.

Revised September 2006

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Susan M. Murphy
Superintendent

**Guidelines for Use of Photographic
Images of Children and Youth**

The following guidelines will be adhered to and authorization form obtained when required, for use of photographic images of school-age children and youth by Archdiocese of Santa Fe Catholic Schools.

Parent permission (attached release form) must be obtained for any photographic images of children that are used for publicity, brochures, newsletters, web sites, etc.

If photographic images are used to cover "news" or a specific event, the use of identifiable photographic images is allowed. Examples of this include but are not limited to sports games\championships, Boy or Girl Scout jamborees, award services, and Youth Ministry Rallies\events. Permission (release form) from parents is strongly recommended.

If identifiable photographic images are used as a marketing or development item, permission (release form) must be obtained from the parents to use an identifiable picture. Examples of this include flyers, brochures and web sites that advertise services, schools, programs, etc. In other words, if the project is "planned," the youth are being used as "models" and the photographic images are identifiable, then permission (release form) is required.

If photographic images on a web site are merely to enhance the site and are not being used to report news or a specific event, then permission (release form) is required to use identifiable photographic images.

Parental permission (release form) is required to include any type of video (VHS or streaming) which shows children in a classroom doing "work" or answering questions - this video is considered an "educational record" and cannot be included without parental permission.

The safest photographic images to use of all school age children/youth for enhancement/marketing are "unidentifiable" photographic images - photographic images taken at a distance, from the side, from the "top", of large group activities, etc.

This Authorization Form to be kept in student's permanent record for twelve years from date of signature.

Revised September 2006

OVER

HOLY CROSS CATHOLIC SCHOOL INTERNET/NETWORK ACCESS USE

We are very pleased to bring Internet access to Holy Cross Catholic School and believe the Internet offers, vast, diverse, and unique resources to both the students and the teachers. Our goal in providing this service to teachers and the students is to promote educational excellence in schools by facilitating resource sharing, innovation, and communication.

Students and staff are responsible for their behavior, actions, and communications when using the school's network and computer technology. They are responsible for the appropriateness and content of material they store, transmit, or publish on the system. General school rules for behavior and communication apply. Technology resources that are covered by this agreement include, but are not limited to, computers, servers, thumb drives, printers, scanners, video and audio devices, cameras, software, telephones, electronic science probes, and other electronic computing resources.

Students will participate in a training class prior to being allowed to access the network, Internet or use the email system. During this training class, the students will learn the proper use of technology as well as the laws that govern email and Internet use.

I. Internet/Network Use

- a. The student will access the Internet and Network services at the direction of the teachers and for educational purposes only.
- b. The student will never access others' folders or files.
- c. The student will not post or distribute any pictures or documents that are considered defamatory, inaccurate, abusive, obscene, threatening, offensive, or contrary to the teachings of the Catholic Church.
- d. The student will not access sites that are deemed obscene, constitute pornography, or are contrary to the mission of the school. In the event that the student accesses an inappropriate site accidentally he/she will notify the teacher immediately.
- e. The student agrees never to use the Internet for any activity that is considered illegal, criminal, or contrary to the teachings of the Catholic Church.
- f. The student will abide by all laws regarding copyright and plagiarism.
- g. The student agrees never to tamper with or vandalize the property of the school or other users.
- h. The student agrees never to download or upload any file, application or resource to or from the school's network without prior permission of a teacher or system administrator.
- i. The student agrees to report any misuse too the teacher or system administrator.
- j. The school is not responsible for loss of data stored on the school computers or network.

II. Email Uses

- a. The student will be assigned an email address to be used for educational purposes. Email will be used for teacher-sponsored activities.
- b. The student will be polite in all communications. The use of inappropriate language, which includes vulgarity, obscenities, threats or suggestive statements, is strictly prohibited.
- c. The student agrees to keep his/her password and passwords of others confidential.
- d. The student should never reveal personal information about themselves or others. This includes name, age, gender, photo, address, phone and other information that could allow a person to locate you.
- e. The student agrees to never arrange a meeting with any person while using the schools email system.
- f. The student agrees to notify a staff member if a request for personal information, harassing or threatening statements, or any transmission that causes the receiver to feel uncomfortable is received through the school account.

III. Consequences

- a. The use of the Internet is a privilege, not a right, and inappropriate uses will result in a cancellation of those privileges. Violation of any part of this policy can result in the following actions depending on the severity of the action. The school administration will determine the appropriate consequence.
 - a. Temporary suspension of privileges.
 - ii. Permanent suspension of privileges.
 - iii. Suspension from school.
 - iv. Expulsion from school.
 - v. Report to local, state, or federal officials.

IV. Privacy

- a. There is no absolute Right to Privacy when using the school's computer resources. Network administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly. School administration, faculty, and other authorized persons will have the right to review any and all material saved, transmitted, accessed, or momentarily in use by the student in accord with the policy set by the school's administration. This right is extended to the student's parents and/or legal guardian in accord with the school's policy for review of student records and/or work. Users should not expect that files will be private.

V. Disclaimer

- a. With access to computers and people all over the world also comes the availability of material that may not be considered to be of educational value in the context of the school setting. Holy Cross Catholic School has taken precautions to restrict access to controversial materials. However, on a global network it is impossible to control all materials and an industrious user may discover controversial information.

Student: I, _____ have read the NETWORK ACCESS, USE AND SUPERVISION STATEMENT, and agree to abide by its provisions. I understand that violation of these provisions may result in suspension or revocation of network access and related privileges, and could lead to school disciplinary actions.

Student Signature	Date
Printed Name of Parent/Guardian	
Signature of Parent/Guardian	Date
Printed Name of Parent/Guardian	
Signature of Parent/Guardian	

HOLY CROSS CATHOLIC SCHOOL

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. In no case may any health, school, or staff member administer any medication outside the framework of the procedures outlined here.
2. Schools do NOT provide medications for student use.
3. Medications should be taken at home whenever possible. The first dose of any new medication must be given at home to ensure the student does not have a negative reaction.
4. Medication forms are required for each Prescription and Over the Counter (OTC) medication administered in school.
5. All medication taken in school must have a parent/guardian signed authorization. No medication will be accepted by school personnel without the accompanying completed medication authorization form.
6. The parent or guardian must transport medications to and from school.
7. Medication must be kept in the school health office, or other location approved by the Principal, during the school day. All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel, unless the student has prior written approval to self-carry a medication (inhaler, Epi-pen). If the student self carries, it is advised that a backup medication be kept in the clinic.
8. Parents/guardians are responsible for submitting a new medication authorization form to the school at the start of the school year and each time there is a change in the dosage or time of medication administration.
9. A Licensed Health Care Provider (LHCP) may use office stationery, prescription pad or other appropriate documentation in lieu of completing Part II. The following information written in lay language with no abbreviations must be included and attached to this medication administration form. Signed faxes are acceptable.
 - a. Student name
 - b. Date of birth
 - c. Diagnosis
 - d. Signs of symptoms
 - e. Name of medication to be given in school
 - f. Exact dosage to be taken in school
 - g. Route of medication
 - h. Time and frequency to give medications, as well as exact time interval for additional dosages
 - i. Sequence I which two or more medications are to be administered
 - j. Common side effects
 - k. Duration of medication order or effective start and end dates
 - l. LHCP's name, signature and telephone number
 - m. Date of order
10. All prescription medications, including physician's samples, must be in their original containers and labeled by an LHCP or pharmacist. Medication must not exceed its expiration date.
11. All Over the Counter (OTC) medication must be in the original, small, container, with a label. Medication sent in Baggies or unlabeled containers will not be administered.
12. The student is to come to the clinic or a predetermined location at the prescribe time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will be given no more than one half hour before or after the prescribed time.
13. Students are NOT permitted to self medicate. The school does not assume responsibility for medication taken independently by the student. Exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life saving medications (e.g. inhaler, Epi-pen_

14. Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.

I hereby request that school personnel give the medication specified above to the above named student. I understand that the school's agreement to allow the medication to be given is for my benefit and the student's benefit. Such agreement by the school is adequate consideration of my agreements contained herein. In consideration of the school's agreement to allow the medication to be given to the student as requested herein, I agree to indemnify and hold harmless the Archdiocese of Santa Fe, its servants, agents, and employees, including, but not limited to the parish, school, the principal, and the individuals giving the medication, of and from any and all claims, demands, or causes of action arising out of or in any way connected with the giving of medications of willing to give the medication to a student. Further, for said consideration, I, on behalf of myself and the other parent of the student, hereby release and waive any and all claims, demands, or cause of action against the Archdiocese of Santa Fe, its agents, servants, or employees, including, but not limited to the parish, the school, the principal, and the individual giving or failing to give the medication.

Name of Student _____

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____

**ARCHDIOCESE OF SANTA FE
STUDENT ALLERGY EMERGENCY INFORMATION FORM**

Student Name: _____ D.O.B. : _____ Grade: _____

Weight: _____ Asthma: No Yes (if YES is it triggered by the allergy?) _____

Allergic to: (list all): _____

A. Medication/Dose

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other medications (inhaler, etc.): _____

B. Permissions

Student can carry medication: Yes No Comments: _____

Student can self administer medication: Yes No Comments: _____

C. Physician Certification (if Yes in "B" above)

1) There would be a risk to the student if the student were not able to personally carry the medication;

Yes Comments: _____

2) The student has been instructed on the indications for use of the medication, on the administration of the medication, on the possible side effects, on the student's responsibility not to share the medication with anyone, and the student's responsibility to notify the teacher of the use immediately after such use.

Yes Comments: _____

3) Physician's emergency orders for school personnel: _____

Physician's signature: _____ Date: _____

D. Emergency Contacts

1) Physician: _____ Phone: _____

2) Parent: _____ Phone: _____

Parent/Guardian's Signature: _____ Date: _____

ARCHDIOCESE OF SANTA FE
STUDENT ASTHMA EMERGENCY INFORMATION FORM

Student Name: _____ D.O.B.: _____ Grade: _____

Health Care Provider: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Allergies to medication: _____

Asthma Severity:

Intermittent -OR-
 Persistent: Mild Moderate Severe

Asthma Triggers Identified:

exercise colds smoke (tobacco, fires, incense)
 Seasonal:
 Fall Winter Spring Summer

Inhaler is kept:

with student (See Health Care Provider section below)
 in the classroom
 in the Health/School office
 other _____

A. Medication/Dose

Medications (inhaler, etc.)/Dose: _____

B. Permissions

Student can carry medication: Yes No Comments: _____

Student can self administer medication: Yes No Comments: _____

C. Physician Certification (if Yes in "B" above)

1) There would be a risk to the student if the student were not able to personally carry the medication; Yes comments: _____

2) The student has been instructed on the indications for use of the medication, on the administration of the medication, on the possible side effects, on the student's responsibility not to share the medication with anyone, and the student's responsibility to notify the teacher of the use immediately after such use. Yes comments: _____

3) Physician's emergency orders for school personnel: _____

Physician signature: _____ Date: _____

I approve of this asthma action plan. I give my permission for school personnel to follow this plan, administer medication(s) and contact my provider if necessary. I assume full responsibility for providing the school with the prescribed medications and delivery and monitoring devices. I give my permission for the school to share the above information with school staff on a need to know basis.

Parent/Guardian Signature: _____ Date: _____

ARCHDIOCESE OF SANTA FE MEDICATION AUTHORIZATION
Release and Indemnification Agreement

PART I TO BE COMPLETED BY THE PARENT OR GUARDIAN

I hereby request designated school personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless the designated school personnel, or agents from lawsuits, claim expense, demand or action, etc., against them for helping this student use medication, provided the designated school personnel comply with the Licensed Healthcare Provider (LHCP) or parent or guardian orders set forth in accordance with the provision of part II below. I have read the procedures outlined on the back of this form and assume responsibility as required.

Medication _____ ? Renewal? New (If new, the first full dose must be given at home to assure that the student does not have a negative reaction.)

First dose was given: Date _____ Time _____

Student Name (Last, First, Middle)

Date of Birth

Allergies

School

School Year

Parent or Guardian Signature

Daytime Telephone

Date

PART II LICENSED HEALTH CARE PROVIDER (LHCP) MUST COMPLETE AND SIGN FOR ALL MEDICATIONS AND OTC'S ADMINISTERED FOR 4 OR MORE DAYS.

The school discourages the use of medication by students in school during the school day. Any necessary medication that possibly can be taken before or after school should be so prescribed. Injectable medications are not administered in schools except in specific situations with appropriate forms that comply with LHCP orders and are signed by parent or guardian. School personnel will, when it is absolutely necessary, administer medication during the school day, while participating in outdoor education programs and school crisis situations, according to the procedures outlined on the back of the form. Information should be written in lay language with no abbreviations.

DIAGNOSIS:

SIGNS / SYMPTOMS:

MEDICATION:

ROUTE:

DOSAGE TO BE GIVEN AT SCHOOL:

TIMES OR INTERVAL TO BE GIVEN:

EFFECTIVE DATE:

Start: _____ End: _____

If the student is taking more than one medication at school, list sequence in which medications are to be taken

COMMON SIDE EFFECTS:

Licensed Health Care Provider (Print or Type)

Licensed Health Care Provider (Signature)

Telephone or Fax

Date

Parent or Guardian Name (Print or Type)

Parent or Guardian (Signature)

Telephone

Date

PART III TO BE COMPLETED BY THE PRINCIPAL OR REGISTERED NURSE

Check as appropriate:

? Parts I and II above are completed including signatures. (It is acceptable if all items in part II are written on the LHCP stationery or a prescription pad.)

? Medication is appropriately labeled.

Date by which any unused medication is to be collected by the parent (Within one week after expiration of the physician order or on the last day of school).

Signature

Date