

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

If I cannot be reached to make arrangements for emergency medical care for my child at the time of illness or accident, I give my permission for The St. Anthony School staff to take my child to the nearest medical facility for treatment.

Name of Child: _____ Date of Birth: _____

Name of Physician: _____ Physician Telephone: _____

Address of Physician: _____

I give my consent for necessary emergency treatment when my child is in the care of a Physician, hospital, or clinic.

Signature of Parent or Guardian _____

Date _____

Telephone: Home: () _____ [SEP]

Work: () _____ [SEP]

Cell: () _____



FIELD TRIP AUTHORIZATION

I give permission for my child, _____, to go on any and all trips, and participate in any and all activities, along with other students of The St. Anthony School. In consideration of such child being permitted to make such trips, I hereby release The St. Anthony School, its staff and its sponsors, together with any volunteer carrier of such child without compensation, from any and all liability and responsibility in connection with such trips and activities, and hereby release all of said parties from all liability by reason of any accident or injury suffered by said child while on said trips or engaged in such activities.

Signature of Parent/Guardian

Date

PHYSICIANS/THERAPISTS/CONSULTANTS

Student: _____ **Date of Birth:** _____ **Grade:** _____

My child is currently a patient or has recently been a patient of the following Physician/Therapist/Consultant.

Please know that we at St. Anthony's utilize the team approach to student care. A waiver must be signed before contacting professionals.

NEUROLOGIST: _____ Telephone: _____
PSYCHIATRIST: _____ Telephone: _____
PSYCHOLOGIST: _____ Telephone: _____

(Individual Therapy _____; Family Therapy _____; Social Skills Group _____)

OCCUPATIONAL THERAPIST: _____ Telephone: _____
SPEECH THERAPIST: _____ Telephone: _____
EDUCATIONAL CONSULTANT: _____ Telephone: _____

Signature of Parent/Guardian

Date



NOTICE FOR RELEASE/CONSENT TO REQUEST CONFIDENTIAL INFORMATION

___ Request ___ Release

Student's Name: _____ DOB: _____
Campus: _____ Grade: _____ Age: _____

We are asking that you authorize the person or agency named below to release/ to request specified records containing confidential information regarding the above named student.

TO:

Name & Position of Staff Person

Name of School District or Agency

Address

City/State/Zip

Phone Number

Email

FROM:

AJ Limoges - TSAS Admin Team

Name & Position of Staff Person Making Request

The St. Anthony School - TAAPS

Name of School District or Agency

2040 N Denton Dr.

Address

Carrollton, TX 75006

City/State/Zip

214.443.1228

Phone Number

aj@thestanthonschool.com

Email

Records To Be Released/Requested

Purpose of Disclosure

___ Education Placement ___ Other: _____

___ Comprehensive Individual Assessment Report ___ ARD/IEP ___ Medical Reports _____

Other _____

Check **Yes** only if you agree that the statements are correct. If the statements are not correct, check **No**. If you wish to have more information or if you have any questions, please call **(214) 443-1227** and ask for _____.

___ Yes ___ No I have been fully informed and do understand the school's request for my consent for release of my child's records, as described above. This information will be released upon receipt of my written consent.

___ Yes ___ No I understand that my consent is voluntary and may be revoked in writing at any time before records are sent.

Signature of Parent, Guardian, Surrogate Parent, or Adult Student

Date



PARENT REQUEST FOR ADMINISTRATION OF MEDICATION

Prescribed medication will be administered by the St. Anthony staff. Medication must be brought to school in the original container appropriately labeled by the pharmacy. Parents may request that the pharmacy dispense two bottles of medication, one for home and one for school.

This information is current until new information is received.

Student _____ Birth Date _____

Condition for which treatment is required:

Name of Medication _____ Dosage _____

Administration instructions (include time of administration):

Precautions, unfavorable reactions:

Date of request _____ Date of termination _____

Physician _____ Telephone _____

Signature of Parent/Guardian

Date



THE ST. ANTHONY SCHOOL TECHNOLOGY PROTOCOL

Effective Date: August 9, 2023

1. Purpose:

The purpose of this technology protocol is to establish guidelines for The St. Anthony School to ensure a focused and safe learning environment by prohibiting the use of personal electronic devices, including but not limited to iPads/tablets, laptop computers, gaming devices, and cell phones on campus.

2. Scope:

This protocol applies to all students of The St. Anthony School while on campus premises.

3. Policy:

3.1. Personal electronic devices, including but not limited to iPads, laptop computers, gaming devices, and cell phones shall not be permitted for use on campus during school hours, unless explicitly authorized for educational or operational purposes by the school administration.

3.2. All members of the school community must adhere to this policy, respecting the campus as a device-free environment during instructional hours.

3.3. The school will provide necessary technology resources and devices for educational purposes within the school premises to complete assignments and engage in learning activities.

3.4. Faculty and staff may use personal devices for work-related tasks as deemed necessary for their roles, with the understanding that personal use should be minimized and remain within appropriate boundaries.

4. Enforcement and Compliance:

4.1. The school administration, faculty, and staff are responsible for enforcing this technology protocol and ensuring compliance.

4.2. Any personal electronic devices brought to campus in violation of this protocol may be confiscated temporarily. Parents or guardians will be notified and informed of the necessary steps for device retrieval.

4.3. Repeated violations of this protocol may result in disciplinary actions in accordance with the school's code of conduct.

5. Educational Awareness:



THE ST. ANTHONY SCHOOL TECHNOLOGY PROTOCOL CONT.

5.1. The school will conduct regular awareness campaigns and educational initiatives to promote understanding of the reasons behind this technology protocol and its benefits to the learning environment.

5.2. Students, parents, and staff will be provided with information on the responsible use of technology and the importance of maintaining a focused and distraction-free atmosphere on campus.

6. Review and Amendments:

6.1. This technology protocol will be reviewed periodically by the school administration to ensure its effectiveness and relevance. Amendments may be proposed if necessary. Any proposed amendments to this protocol will be communicated to the school community in advance.

By adhering to this technology protocol, The St. Anthony School aims to create a conducive and productive learning environment that fosters academic growth, social interaction, and personal development.

7. Chromebook Issuance:

7.1. To support the educational objectives of The St. Anthony School, each student will be issued a school-provided Chromebook for use during classes on campus.

7.2. Chromebooks are considered essential tools for enhancing classroom instruction and facilitating interactive learning experiences. They are to be used exclusively for educational purposes as directed by teachers and school staff.

7.3. Chromebooks remain the property of The St. Anthony School and are not permitted to leave the campus at any time.

7.4. Students are expected to take care of their assigned Chromebooks and use them responsibly. Any damage or malfunction should be reported promptly to the designated school personnel. Parents or guardians are responsible for any damages or repairs to the Chromebook. Please see the Technology Contract and Computer Loan Agreement for more details.

8. GoGuardian Technology Monitoring:

8.1. The St. Anthony School employs the GoGuardian system to monitor student activity on campus-issued Chromebooks.

8.2. GoGuardian is used to ensure that students are actively engaged in learning and to maintain a safe and productive digital environment.

8.3. The monitoring system may include features such as website filtering, content monitoring, and screen sharing for educational purposes.

THE ST. ANTHONY SCHOOL TECHNOLOGY PROTOCOL CONT.

8.4. All monitoring activities are conducted in alignment with student privacy rights and applicable laws and regulations.

8.5. Students should be aware that their on-campus activity on Chromebooks is subject to monitoring to promote responsible and focused use of technology for academic purposes.

9. Student Responsibilities:

9.1. Students are expected to use their assigned Chromebooks responsibly and exclusively for educational activities during class hours.

9.2. It is the responsibility of students to adhere to the acceptable use guidelines provided by the school and to conduct themselves in a respectful and appropriate manner while using technology on campus.

9.3. Any attempts to bypass or tamper with monitoring systems or use Chromebooks for unauthorized purposes will be considered a violation of the school's technology protocol and may result in disciplinary actions.

10. Training and Support:

10.1. The school will provide necessary training to students on the proper use of Chromebooks, the GoGuardian system, and the importance of responsible digital citizenship.

10.2. Teachers and staff will be available to offer guidance and support to students as they navigate their technology-enhanced learning experiences.

11. Review and Communication:

11.1. The effectiveness of Chromebook issuance and technology monitoring will be periodically reviewed by the school administration to ensure their alignment with educational goals and the maintenance of a positive learning environment.

11.2. The school will maintain open communication with students, parents, and guardians about the use of Chromebooks, technology monitoring, and any updates or changes to this aspect of the technology protocol.

12. Cell Phone Usage and Restrictions:

12.1. The St. Anthony School maintains a strict policy regarding cell phone usage on campus. Cell phones are not permitted on campus during school hours, including breaks and lunchtime, unless specified for a specific purpose or emergency situation.

13. Exceptional Situations:



THE ST. ANTHONY SCHOOL TECHNOLOGY PROTOCOL CONT.

13.1. Situations may arise where a student needs to have their cell phone with them or on campus for specific reasons, such as medical conditions or other valid concerns.

13.2. Parents or guardians must contact the school administration in advance to request permission for a student to carry a cell phone on campus in such exceptional circumstances.

13.3. If approved, the student must follow specific guidelines outlined by the school administration regarding the use and storage of the cell phone.

14. Consequences of Unauthorized Cell Phone Use:

14.1. If a student is found using a cell phone on campus without proper authorization, the phone will be immediately confiscated by a school teacher, director, or other staff member.

14.2. The confiscated cell phone will be securely stored by a school director until the end of the school day.

14.3. Parents or guardians will be notified of the cell phone confiscation and informed that they must come to the school building to retrieve the phone during designated hours.

15. Review and Amendments:

15.1. This cell phone policy will be reviewed periodically by the school administration to ensure its effectiveness in maintaining a focused and productive learning environment.

15.2. Any proposed amendments to this policy will be communicated to the school community in advance, and feedback may be sought before finalizing changes.

By adhering to this cell phone policy, The St. Anthony School aims to minimize distractions, promote responsible technology use, and create an atmosphere conducive to effective teaching and learning.

I have read and understand the policy and terms stated in this Technology Protocol.

Student Printed Name

Date

Student Signature

Date

Parent Signature

Date

CHROMEBOOK CONTRACT: LOAN AND USE

An Acer Chromebook laptop is being loaned to your Student for academic purposes. It is the Student's responsibility to care for the equipment and ensure it is maintained in a safe environment throughout the school day. If the computer is lost, stolen or damaged, Parents/Guardians/Students should immediately notify the homeroom teacher who will notify Administration regarding action to be taken.

The laptop and laptop charger are the property of The St. Anthony School, and are herewith being loaned to the Student for educational purposes only, and only for use on campus each school day during the academic school year. Students may not deface or destroy this property in any way. Inappropriate material on the machine may result in the Student losing their right to use this computer. The equipment will be returned to the school's charging station at the end of each school day. Computers should **never** leave the St. Anthony School premises.

If the laptop equipment is lost, stolen or damaged while in the Student's possession, the Student or Student's Parent/Guardian is responsible for the replacement or repair. The replacement cost of the laptop is approximately \$150. Repair costs will be determined on an individual basis if necessary.

The Student may not install or utilize any software other than software owned by TSAS and made available to the Student in accordance with this receipt and agreement. The Student agrees not to make any unauthorized use of or modifications of such software.

By signing below, the Student and Student's Parent/Guardian acknowledge and agree to the terms of use as spelled out in this TSAS Technology Contract and Computer Loan Agreement. Additionally, they agree that Student's use of TSAS Property is a privilege, and that by Student's agreement to the terms hereof, Student acknowledges their responsibility to protect and safeguard the School Property and to return the same in good condition and repair each day.

Continued on next page →

CHROMEBOOK CONTRACT: LOAN AND USE CONT.

Student Responsibilities

Your laptop is an important learning tool and is for educational purposes only. In order to use your laptop at school each day, you must be willing to accept the following responsibilities:

- I know this computer is on loan to me. All school policies, procedures, applicable laws and the Network and Internet Policy must be followed. I understand that any violation could result in loss of the computer for my use.
- I will treat the laptop with care and will be responsible in using the laptop.
- I will not loan the laptop to others, it will stay in my possession at all times.
- I will return my laptop to my assigned cubby in the laptop charging station when instructed to by a teacher, and at the end of each school day.
- I will not bring my laptop home with me or take it off campus.
- I will not load or delete any software from the laptop and I will comply with all copyright laws.
- I will not remove or alter the laptop label or the ID inventory number.
- I will not make changes to the laptop such as writing on it, putting stickers on, decorating in any way, etc.
- I will not give out personal information when using the Internet.
- I will notify my homeroom teacher immediately if my laptop is broken and/or needs a repair.
- I will not attempt to make any repairs to the laptop.
- I understand that misuse or inappropriate use as determined by school personnel may result in any and/or all of the following:
 - Student conference
 - Parent conference
 - Cancellation of access privileges and/or loss of computer privileges
 - School disciplinary actions

I acknowledge that I have read and agree to the above stated terms and responsibilities.

Student Printed Name

Date

Student Signature

Date

Parent Signature

Date

PHYSICAL EXAMINATION

Student _____

Date of Birth _____

Date of Examination _____



I have examined _____ and found him/her to be free of communicable disease.

This child ___ **is** ___ **is not** physically and/or emotionally able to participate in a regular school activity program. This child's educational and/or physical activity program requires the following limitations/modifications:

Results of physical examination:

Physician Signature



BEFORE/AFTER-SCHOOL PROCEDURE

Student's name: _____ Date: _____

Parent's name: _____

Please check the box that pertains to your child:

☐ I will personally pick up my child each day in the carpool line.

☐ My child will carpool with:

* Please complete "Carpool Permission/Release" form in Enrollment packet

☐ My child will personally drive to and from school each day.

☐ My child will attend the Before Care and/or After Care Program at the St. Anthony School.

Please complete "Before/After Care Information & Payment Details" form in Enrollment packet with payment information

☐ Other School Pickup/Drop-Off Procedure:

Additional information: _____

PLEASE NOTE: All students must have this form on file in the school office. If there are changes throughout the year, please notify the school office IN WRITING.



CARPOOL PERMISSION/RELEASE

Student _____ Date of Birth _____

Parent/Guardian _____

Home telephone: _____

Work telephone: _____

Cell #1 _____

Cell #2 _____

My child will be participating in a carpool for arrival and dismissal from school. I, as parent or guardian, give permission for my child, _____, to be released to the following adults:

_____	TX DL # _____
_____	TX DL # _____
_____	TX DL # _____
_____	TX DL # _____

For and in consideration of my child's participation in the above activity, I hereby agree to hold harmless The St. Anthony School and its teachers, officers, agents, staff members, and any chaperon from all claims arising out of my child's participation in the above described activity, including transportation to and/or from such activity, and including the negligence of any of the above-mentioned persons.

Signature of Parent/Guardian

Date



BEFORE CARE/AFTER CARE INFORMATION & PAYMENT DETAILS

If choosing to utilize our Before Care and/or After Care services, we will need a current credit card on file. At the beginning of each week, will charge the card on file for the corresponding hours your child was in Before/After Care the week prior. Students do not need to come every day or on a consistent schedule to enroll in these services. It is flexible from week to week so long as you have a payment method on file.

Before/After care is \$10 per hour. Before Care begins at 7:30am. After Care is available until 4:30pm. A late fee of \$20 will be charged to the card on file for every 15 minutes past 4:30pm that your child is still in After Care. Please note there is a small service fee of 2.6% on all payments.

Please provide your credit card information below for us to store in our secure system. If you would prefer to disclose your credit card information over the phone, please call our Financial Director, J'Nell Green, at 214-443-1237.

By signing this form, you give us permission to charge your account for Before/After Care services utilized by your child. This is permission for Before/After Care transactions only and does not provide authorization for any additional unrelated charges to your account.

I, _____ authorize the St. Anthony School to charge my
(Full Name)
credit card account indicated below for Before Care and/or After Care service payments for
my child _____ on or after _____.
(Student's Name) (Today's Date)

Account Type: ___Visa ___MasterCard ___AMEX ___Discover

Cardholder Name: _____

Card Number: _____

Exp. Date: _____ **CVV Code:** _____

Billing Address: _____ **City, State, Zip:** _____

Phone Number: _____ **Email:** _____

Signature: _____ **Date:** _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form.



PHOTO USE AUTHORIZATION

Dear Parents:

We would like to use photos of our students on our school website and in promotional material for The St. Anthony School. Please sign below and return this form if you authorize us to use photos of your child for promotional purposes.

Thank you.

Student's Name: _____ Date: _____

Parent or Guardian Signature: _____

Updated Medication Sheet

Today's Date: _____

Name of Student: _____
 Father: _____
 phone: _____
 Person(s) completing form: _____
 Signature(s): _____

Teacher: _____
 Mother: _____
 phone: _____

Prescribing MD: _____
 phone: _____ fax: _____
 Current Working Diagnosis: _____

Psychologist: _____
 phone: _____ fax: _____

Current Symptoms

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Age of Onset

- _____
- _____
- _____
- _____
- _____
- _____

Frequency

- _____
- _____
- _____
- _____
- _____
- _____

Intensity

- _____
- _____
- _____
- _____
- _____
- _____

Current Medications

1. _____
 Symptoms treated by this Med: _____
2. _____
 Symptoms treated by this Med: _____
3. _____
 Symptoms treated by this Med: _____
4. _____
 Symptoms treated by this Med: _____
5. _____
 Symptoms treated by this Med: _____

AM dose & time

- _____
- _____
- _____
- _____
- _____

Noon dose & time

- _____
- _____
- _____
- _____
- _____

PM dose & time

- _____
- _____
- _____
- _____
- _____

Current Functional Issues:

- _____
- _____
- _____
- _____
- _____

Total Usual Sleep: _____ hours/night
 Usual Sleep Times: Bedtime: _____ Awaken: _____
 Time(s) of Day Most Stressed: _____
 Current Activities in Free-Time at Home: _____

_____ hrs/day
 _____ hrs/day
 _____ hrs/day