

# APPENDIX A

LIAL SCHOOL  
5700 DAVIS ROAD  
WHITEHOUSE, OHIO 43571

## "Missing Children Act"

### --Parent Notification Policy

On April 9, 1985, the Missing Children Act became law in Ohio. This act is a comprehensive measure designed to address the missing child problem and it mandates various actions required for school-parent communications. In summary, the law reads:

When the school receives no advance notice of a child's absence, a designated school employee will notify the student's parent(s), custodial parent, guardian or other person responsible for the child of that child's absence from school. A reasonable effort will be made to notify such persons by telephone, at home or at work. If telephone contact cannot be made, notice will be given in writing.

The following policy regarding attendance and the procedure to follow for absenteeism or tardiness has been adopted by Lial School:

- I. At the time of initial entry to school, there is required for each student a copy of the birth certificate as well as copies of school records from the school most recently attended. Without such information, the school administration must notify the proper law enforcement agency of the possibility that the student may be a missing child.
- II. Parents are obligated by law to provide the school with accurate and current home and emergency telephone numbers. The primary responsibility of communication of a child's absence rests with the parent.
- III. When the parent, guardian, etc. determines that their child will be absent or tardy, this may be communicated to the school in any of the following ways:
  - A. A phone call to the school at least within the first half hour of school. Please identify yourself when calling.
  - B. A written notice signed by the parent or guardian
  - C. Personally stopping in BEFORE school to inform the teacher, secretary, or principal

In any case, the notice is to come from the parent or guardian, not a sibling, neighbor child, or friend.

- IV. If a parent does not contact the school, the principal or designee will attempt to notify the parent by phone or written notice. The school may contact the appropriate law enforcement agencies if there is concern for the child's safety.
- V. In case of sequenced days of absenteeism, notifying the school on the first day will suffice IF a projected date of return to school can be given at that time. If the child is absent longer than the projected date, the entire process begins again.
- VI. If a child will be going home with someone other than the parent or legal guardian, a note or call is required.
- VII. If a parent will be out of town for any length of time during the school year, please advise the school office as to who will be staying with your child or where your child will stay during your absence.
- VIII. No child will be released from school during the school day without a written note, call, or direct contact with the parent or guardian. If picking up a child during the school day, report to the office before going to the classroom. The person picking up the child needs to sign the record of name, date, and time. The children will not wait for rides during the school day at entrances or in the parking lot.
- IX. When your child will be coming to school late, please notify the school office. Upon arrival, the child should check in at the office to obtain an "Admit to Class" slip.

# APPENDIX B

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## APPLICATION FOR A STUDENT PERSONAL CONVENIENCE ABSENCE

Absence from school is excused only in the case of personal illness, illness in the family, quarantine of the home, death in the family or observance of a religious holiday. Absence for any other reason is not provided for under the school attendance laws of the State of Ohio. Though some family vacations have educational value, absence from school for purposes of vacations is an 'Unexcused Absence' and is strongly discouraged.

Students who accumulate ten or more absences, of any kind, in any one trimester without a doctor's signed excuse are required to report for advisory sessions and to receive tutoring outside of school equaling the total hours of class for all missed days. If absence continues, the school will require a plan of action and appropriate consequences.

Every parent or guardian has the obligation of seeing that their child is in attendance during all school calendar days, except for the reasons stated above. The parent's/guardian's signature upon this statement signifies they accept full responsibility for the unexcused absence for the child for the days indicated below.

Likewise, it must be understood that the signature of staff members does not indicate approval of the absence, but only of being aware of the absence.

Student's Name: \_\_\_\_\_

Date of last class day before leaving: \_\_\_\_\_ Date Returning: \_\_\_\_\_

Total Days Absent: \_\_\_\_\_

State clearly the nature of this absence and the reason why the leave must be taken during the school year.

\_\_\_\_\_  
\_\_\_\_\_

We understand that absence from school for the reason listed above is not provided for under the school attendance laws of the State of Ohio. We also understand that the school can assume no responsibility for a lapse in progress suffered by a student who is absent due to personal convenience. Completing paperwork related to classes a student misses can never substitute for the interaction and hands-on experiences of the classroom. Teachers are not required to prepare a student's work prior to the unexcused absence.

Upon returning from a personal convenience absence, it is the responsibility of the student to arrange make-up assignment times with the teacher/s. Though make-up work is required on the student, teachers are not required to grant credit for any work missed by a student with an unexcused absence.

Parent's Signature: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

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

Teachers needing to know about this absence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This statement should be presented to the school office prior to the absence.

Principal's signature: \_\_\_\_\_

# APPENDIX C

LIAL SCHOOL  
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## LIAL CYO AGREEMENT

To help insure a successful CYO experience, the staff and coaches have established the following guidelines for all students who are participating.

### Student Contract for Success

I, \_\_\_\_\_, promise that from this date, \_\_\_\_\_, I will use the following behaviors while participating in the Lial CYO program. I agree to keep my academic responsibilities which include:

- \*handing in assignments on time
- \*finishing classroom work on time
- \*using appropriate language/behavior
- \*maintaining a satisfactory status [at least 70%] in each content subject area(Religion, Language Arts, Math, Science, SocialStudies).

I, \_\_\_\_\_, understand that if I fail to meet these guidelines, I will not be permitted to participate in games until my status meets the 70% status. Even if I am not permitted to play, I will participate in practice and will attend the games in uniform with the team. Every other week, a classroom check on the above status will be reviewed.

\*\*\*\*\*

I have reviewed the Lial CYO Contract with my child.

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

I understand my obligations. I will keep this agreement.

Student Signature: \_\_\_\_\_

This form is to be given to the coach by the time of the first practice.

# APPENDIX D

LIAL SCHOOL  
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WHITEHOUSE, OHIO 43571

## EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_  
Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

School Year 20\_\_\_\_-20\_\_\_\_

Purpose--to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured

under school authority, when parents or guardians cannot be reached.

### Residential Parent or Guardian:

Mother's Name \_\_\_\_\_ Daytime

Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime

Phone \_\_\_\_\_

Other's Name \_\_\_\_\_ Daytime

Phone \_\_\_\_\_

Name of Relative or Childcare Provider: \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_ Daytime

Phone \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

### PART I OR II MUST BE COMPLETED

**PART I: TO GRANT CONSENT** (The separate authorization to Administer Medication or Carry Inhaler form must be completed if

applicable.)

I hereby give consent for the following medical care providers and local hospital to be called:

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Medical Specialist \_\_\_\_\_

Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_ Emergency Room

Phone \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

\*Facts concerning the child's medical history including date of last tetanus shot, allergies, medications being taken, and any physical

impairments to which a physician should be alerted:

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Date \_\_\_\_\_ Signature of

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

**PART II: REFUSAL TO CONSENT**

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment,

I wish the school authorities to take the following action:

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Date \_\_\_\_\_ Signature of

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

# APPENDIX E

LIAL SCHOOL  
5700 DAVIS ROAD  
WHITEHOUSE, OHIO 43571  
FAX- 419-877-9385  
Phone - 419-877-5167

## PHYSICIAN'S REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Written permission must be obtained from a physician and parent before any medication (prescribed or over-the-counter) can be administered during school hours. Medication must be in the original, labeled container in which it was dispensed. Medication is to be brought to school by an adult.

### PHYSICIAN'S STATEMENT:

\_\_\_\_\_ is under my care and should receive  
(Name of Student)

\_\_\_\_\_  
(Name of Drug, Dosage, and Route)

At the following times: \_\_\_\_\_

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

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

Specific Instructions for Administration or Storage: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_  
(Physician's Signature) (Date)

\_\_\_\_\_  
(Physician's Address) (Physician's Phone Number)

\*\*\*\*\*  
**PARENT'S STATEMENT:** In consideration of the overseeing and dispensing of the above referenced child, I hereby release and discharge the Toledo Catholic/Private Schools, the Principal of the responsible school, his/her designees, and any other persons connected with the overseeing and dispensing of medication or drugs herein described, from all claims, demands, actions, judgments, and executions which may arise from the overseeing and dispensing of the medication. We (I) agree to notify the school personnel immediately if there is any change in either the child's treatment regime or the authorizing physician. The undersigned have read this form and understand all of its terms.

\_\_\_\_\_  
(Parent or Guardian Signature) (Date)

# APPENDIX F

LIAL SCHOOL  
5700 DAVIS ROAD

WHITEHOUSE, OHIO 43571  
Fax: 419-877-9385  
Phone: 419-877-5167

## SELF MEDICATION FOR ASTHMA INHALERS (Authorization Form)

**MUST BE READ AND COMPLETED BY PARENT/GUARDIAN AND STUDENT**

\_\_\_\_\_ has been instructed in the proper use of  
(name of student)

\_\_\_\_\_ inhaler. We request that he/she be permitted to carry this inhaler  
(name of medication)

on his/her person or keep in his/her book bag, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use of this inhaler. He/she also understands this inhaler is not to be shared or used by others. I also understand that my child will not be monitored when using this inhaler nor will a specific record of its use be kept.

I authorize school personnel to allow use of this above medication to the above named child as ordered by our health care provider. I also authorize the school nurse to consult with the health care provider about my child's medication needs. I will see that my child's inhaler is properly labeled with the name of the medication and my child's name.

I understand that the student is responsible for the proper maintenance and use of the medication. I understand that if the student is found to have shared his/her inhaler with other students, or otherwise abused the medication or device, the student will not be permitted to carry his/her inhaler at school and disciplinary action may also occur. I understand, and have informed the student, that he/she must immediately notify the school bus driver, school principal, school nurse, or teacher if his/her inhaler is lost or taken from him/her by another person.

In consideration of the administration of medical services as requested and authorized by this form, I/we, or myself/ourselves, and my/our heirs, executors, administrators and assigns, do hereby waive, release and forever discharge and agree to indemnify and defend the School and the Diocese of Toledo, their members, officers, administrators, employees, servants and agents from and against all claims, demands, or causes of action by any person or entities, for loss, cost, injury, or damage whatsoever arising from or claimed to arise from or in any way connected with the administration of authorized medical services to the student named above.

As parents/Guardians of the child named above I/We acknowledge that I/We have read and understand the above statements. As the student named above, I have read and understand the above information and the responsibility I assume in keeping the above named medication on my person.

PARENT/GUARDIAN \_\_\_\_\_  
(Signature) (Date)

STUDENT \_\_\_\_\_  
(Signature) (Date)

(OVER)

**INFORMATION TO BE PROVIDED BY PHYSICIAN WHEN  
STUDENT IS AUTHORIZED TO CARRY AN INHALER AT SCHOOL**

**STUDENT'S NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**STUDENT'S ADDRESS** \_\_\_\_\_

**NAME OF MEDICATION IN INHALER:** \_\_\_\_\_

**DOSAGE AND TIME TO BE TAKEN:** \_\_\_\_\_

**DATE to Begin Administration:** \_\_\_\_\_

**DATE to Cease Administration:** \_\_\_\_\_

**SPECIFIC Instructions for use:** \_\_\_\_\_

\_\_\_\_\_

**ADVERSE reactions, if any, that might occur to the student using the inhaler** \_\_\_\_\_

\_\_\_\_\_

**INSTRUCTIONS to follow if medication does not produce expected relief from student's asthma attack:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**POSSIBLE ADVERSE reactions to an unauthorized user:** \_\_\_\_\_

\_\_\_\_\_

The above named student knows and understands the proper use of his/her inhaler and should be allowed to carry it on his/her person. He/she also understands this inhaler is not to be shared or used by another person.

YES \_\_\_\_\_ NO \_\_\_\_\_

**Physician Name:** \_\_\_\_\_

**Physician's Emergency Number** \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**A new form must be completed whenever the prescription changes and at the beginning of each school year.**

(OVER)

**APPENDIX G**

**LIAL SCHOOL  
5700 DAVIS ROAD**

**WHITEHOUSE, OHIO 43571  
Fax: 419-877-9385**

The following is a copy of the diocesan permission form. If the permission form sent home for a particular field trip is misplaced, please copy this form. Verbal permission for a field trip is not acceptable. Any note that does not include the text below is not acceptable.

When buses are used:

**DIOCESAN SCHOOL -- FIELD TRIP PERMISSION FORM**

(Student) \_\_\_\_\_ has my permission to take part in Lial's (date) \_\_\_\_\_

(purpose) \_\_\_\_\_ field trip. As this student's parent/guardian, I release Lial Catholic School, Catholic Youth and School Services, and any associated person or agency from any claims of ordinary negligence, in consideration for the opportunity to participate in this program.

Date \_\_\_\_\_ Parent/guardian's signature \_\_\_\_\_

When cars are used:

**DIOCESAN SCHOOL -- FIELD TRIP PERMISSION FORM**

(Student) \_\_\_\_\_ has my permission to take part in Lial's (date) \_\_\_\_\_

(purpose) \_\_\_\_\_ field trip. Everyone transporting our school's students is required to have his/her own personal liability insurance and to be responsible for the care of our students. As this student's parent/guardian, I release Lial Catholic School, Catholic Youth and School Services, and any associated person or agency from any claims of ordinary negligence, in consideration for the opportunity to participate in

this program.

Date \_\_\_\_\_ Parent's/guardian's signature \_\_\_\_\_

I am able to drive for this field trip and have \_\_\_\_\_ (#) seat belts for passengers.

I understand that:

- A child under 4 years of age or weighing fewer than 40 pounds is to be secured by an approved car seat. A booster seat is recommended, but not required, until age 6.
- The driver and all passengers must wear both the shoulder harness and the lap belt.
- It is required that the back seat be used for children under 12 years of age if the vehicle has a passenger air bag.
- It is recommended that the back seat be used for children under 12 years of age even if there is no air bag.

bag.

I understand that as a driver:

- I am not to give the students any treats.
- I am not to make any stops other than that/those defined as part of the trip by the teachers.
- I will need to find other arrangements for younger sibs. They will not accompany me on this trip.

Parent's/guardian's signature \_\_\_\_\_

# APPENDIX H

LIAL SCHOOL  
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## Internet Acceptable Use Agreement

Read this document carefully before signing it.

The Internet offers vast, diverse, and unique resources. The Internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. Lial's goal in providing this service to is to promote educational excellence by facilitating resource sharing, innovation, and communication.

With access all over the world also comes the availability of material that may not be considered of educational value in the context of the school setting. Lial School has taken precautions to restrict access to inappropriate materials. On a global network it is impossible to control all materials and an industrious user may discover inappropriate information. Lial School firmly believes that the valuable information and interaction available on this worldwide network far out weighs the possibility that users may procure material that is not consistent with the educational goals of Lial School.

Internet access is coordinated through a complex association of government agencies, and regional and state networks. In addition, the smooth operation of the network relies upon the proper conduct of the end users who must adhere to strict guidelines. These guidelines are provided here so that parents are aware of the responsibilities soon to be acquired. In general this requires efficient, ethical and legal utilization of the network resources. If a Lial School user violates any of these provisions, future access will be denied for a specific time period.

The signatures at the end of this document are legally binding and indicate the parties who signed have read the terms and conditions carefully and understand their significance.

## Internet -- Terms and Conditions of Use

- 1) **Acceptable Use** - The purpose of the backbone networks making up the Internet is to support research and education in and among academic institutions by providing access to unique resources and the opportunity for collaborative work. The use of Internet access must be in support of education and research and consistent with the educational objectives of Lial School. Transmission of any material in violation of any national or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening or obscene material, or material protected by trade secret.
- 2) **Privileges** - The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges for a specific period of time. Each student or teacher who receives access will be part of a discussion with a Lial School staff member pertaining to the proper use of the network.
- 3) **Network Etiquette** - Students are expected to abide by the generally accepted rules of network etiquette. These are outlined in the "Lial School Online Rules."
- 4) **Lial School makes no warranties of any kind, whether expressed or implied, for the service it is providing. Lial School will not be responsible for any damages suffered by the student. This include loss of data resulting from delays, nondeliveries, miss-deliveries, or service interruptions caused by it's own negligence or the user's errors or omissions. Use of any information obtained via the Internet is at one's own risk. Lial School specifically denies any responsibility for the accuracy or quality of information obtained through Internet services.**
- 5) **Security** - Security on any computer system is a high priority, especially when the system involves many users. If a student can identify a security problem on the Internet, he/she must notify the Technology Coordinator. Do not demonstrate the problem to other users.
- 6) **Vandalism** - Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet, or any of the above listed agencies that are connected to any of the Internet backbones. This includes, but is not limited to, the uploading or creation of computer viruses.

\*\*\*Sign and return the following page\*\*\*

# APPENDIX H

LIAL SCHOOL  
5700 DAVIS ROAD  
WHITEHOUSE, OHIO 43571

## Lial School Internet Use Agreement (Cont.)

- PERMISSION FORM FOR INTERMEDIATE AND MIDDLE SCHOOL STUDENTS:

I understand and will abide by the above Internet Use Agreement. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action and/or appropriate legal action will be taken.

Student's Signature: \_\_\_\_\_ Unit: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Unit: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT OR GUARDIAN

As the parent or guardian of this student, I have read the Internet Use Agreement. I understand that this access is designed for educational purposes. Lial School has taken precautions to eliminate inappropriate material. However, I also recognize it is impossible for Lial School to restrict access to all inappropriate materials and I will not hold Lial School responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to allow Internet access for my child and certify that the information contained on this form is correct.

Parent or Guardian's Signature: \_\_\_\_\_

Parent or Guardian's Name (please print): \_\_\_\_\_ Date \_\_\_\_\_

- PERMISSION FORM FOR READINESS AND PRIMARY STUDENTS:

### PARENT OR GUARDIAN

As the parent or guardian of \_\_\_\_\_, I have read the Internet Use Agreement. I understand that this access is designed for educational purposes. Lial School has taken precautions to eliminate inappropriate material. However, I also recognize it is impossible for Lial School to restrict access to all inappropriate materials and I will not hold Lial School responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to allow supervised Internet access for my child(ren) and certify that the information contained on this form is correct.

Parent or Guardian's Signature: \_\_\_\_\_

Parent or Guardian's Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

\*Return this form to School with the registration materials.

# APPENDIX I

LIAL SCHOOL  
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WHITEHOUSE, OHIO 43571

## HANDBOOK COMMITMENT

This Lial Parent Handbook includes the policies and procedures about which every Lial parent/guardian need to know. The signatures here of the parents /guardians indicates that these parents/guardians have read and will support these policies and procedures. This signed form is required for valid registration.

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

\_\_\_\_\_  
Signature of both parents/guardians is required except if the child is living with only one.

## Permission to Use Pictures

I hereby grant permission for the use of pictures, video, etc. which may be taken of Lial Catholic School in which my child/children may appear, for education and public relations purposes, e.g., articles in paper, magazines, films, website etc.

Family name: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Permission Denied for everything except Yearbook, and classroom usage:

\_\_\_\_\_ (signed)

Comment:

\*Return this form to School with the registration materials.