



ARCHBISHOP RIORDAN HIGH SCHOOL
 175 PHELAN AVENUE
 SAN FRANCISCO, CA USA 94112

Information Update and Emergency Release

Please take a few minutes to review this form to make sure our records are correct. Please cross out any incorrect information and note any changes. Please add any missing information.

Student Information

First: _____ Middle: _____ Last: _____ Preferred: _____
 Student Cell: _____ DOB: _____
 Student E-Mail: _____ Birthplace: _____ Grade: _____

Primary Parent/Guardian Information (Parents of student's primary residence)

Name 1/Father

First: _____ Last: _____ Preferred: _____
 Email: _____ Cell: _____

Name 1/Father Work

Employer: _____ Title/Position: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Work Telephone: _____ Work e-mail: _____

Name 2/Mother

First: _____ Last: _____ Preferred: _____
 Email: _____ Cell: _____

Name 2/Mother Work

Employer: _____ Title/Position: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Work Telephone: _____ Work e-mail: _____

Mailing Information:

Mailing Name: _____
 Mailing Address: _____
 City, State, Zip: _____

Telephone Numbers:

Home/Primary: _____

Physical address if other than mailing:

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Signature: _____ Date: _____



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Information Update and Emergency Release

Emergency Release Form - Please print legibly in blue or black ink.

Student Name: _____

Date of Birth: _____ Height: _____ Weight: _____

Emergency Contact Information (other than parent)

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Physician's Name: _____ Phone: _____

Physician's Address: _____ City, State, Zip: _____

Local Hospital Preference: _____

List Allergies: _____

List medication(s) and condition(s) being treated: _____

Other Pertinent Information: _____

Authorization to Consent to Treatment of a Minor

I (we), the undersigned, parent(s) or guardian(s) of the student listed below do hereby authorize Archbishop Riordan High School, its teachers, staff or administrators, to consent to the performance of any diagnostic testing, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by a licensed physician, hospital or licensed nurse practitioner, in the exercise of their best judgment, whether that diagnosis or treatment is rendered at the office of the physician or nurse practitioner, or at the hospital.

This authorization shall remain in effect for one year from the date of signature unless sooner revoked in writing to the school.

Print Student Name: _____

Parent/Legal Guardian Signature: _____ Date _____

Waiver for Dispensing Prescription Medication or Waiver for Dispensing Non-Prescription Medication

forms are available in school office and online at www.smschool.us/parents/forms. These release forms are necessary for any medication to be taken during the school day including the dispensing of aspirin, Tylenol, etc.



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Authorization for Medication Administration by School Personnel

Student Name: _____

DOB: _____

Grade: _____

Please bring all medications to the office for safe-keeping.

I am giving school personnel permission to administer medications to my child per the following:

Parent or Physician please complete:

Medication: _____

Non Prescription (i.e. Aspirin, Ibuprofen, Midol)

Dose (how much): _____

Prescription Rx Number

Tablets requiring cutting should be cut by the parent before being sent to school. Liquid medication requires dosage spoons, available from your pharmacist, to be supplied by parent.

Please allow my child to self-administer this medication
 (Requires self-medication agreement form to be signed by parent, school administrator, and if prescription, consent of physician.)

Route: (Circle one)

ALL MEDICATION MUST BE IN ITS NEWEST ORIGINAL CONTAINER WITH ACCURATE LABEL.

By: Mouth Ear Eye Nose Skin Inhalation

Time to be given @ school: _____

Duration: _____ Start date: _____ End Date: _____

Reason for Medication: _____

Special Instructions: _____

I understand I am responsible to provide this medication and maintain the supply as needed. I understand I am responsible to notify the school in writing of any changes. I understand I am required to pick up all unused medication by the last day of school. All medication left at the school will be discarded.

Parent/Guardian Signature: _____ Date: _____

This authorization applies only to the medication listed above and for the duration of treatment or school year. This also authorized an exchange of information, as necessary, between appropriate school personnel, and/or my child's health provider.

Physician Direction

I have prescribed the above medication for the student whose name appears at the top of this form. Instructions in the box are accurate.

Special instructions including adverse reactions and action required are: _____

Physician's Name (Please print /stamp): _____ Address: _____

Physician's Signature _____ Phone #: _____

Effective Date _____



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Authorization for Medication Administration by School Personnel

SELF-MEDICATION AGREEMENT FOR PRESCRIPTION INHALERS

STUDENTS WHO ARE DEVELOPMENTALLY AND/OR BEHAVIORALLY ABLE, WILL BE ALLOWED TO SELF-ADMINISTER

prescription inhalers, subject to the following:

1. Self-administration of prescription inhaler requires permission from parent, school administrator and physician. Physician consent is to be included on the prescription label or on the medication consent form.
2. The inhaler must be kept in its appropriately labeled, original container, as follows:
 - * Prescription inhaler label must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions. Physicians consent for self-administration is to be on the label or medication consent form.
3. **Sharing and /or borrowing of the inhaler with another student is strictly prohibited.**
4. **Permission to self-medicate may be revoked if the student violates school policy governing administration of non-injectable medication and /or these regulations.**

NOTE: IT IS THE PARENTS AND THE PHYSICIAN'S RESPONSIBILITY TO BE AWARE OF ANY POSSIBLE INTERACTIONS BETWEEN PARENT-SUPPLIED PRESCRIPTIONS AND OVER-THE-COUNTER MEDICATIONS.

I have read and agree to the above criteria and give permission for my child to carry

_____ (Name of Medication)

_____ Parent/Guardian Signature _____ (Date)

I agree to comply with the above criteria.

_____ (Student Signature) _____ (Date)

The student may carry and self-administer this medication as prescribed:

_____ (Student Signature) _____ (Date)

This completed form must accompany the completed Authorization for Medication Administration by School Personnel form and must be kept in the school office.



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Trip Information and Consent

Transportation

All School Transportation

Trip/Activity Leader: Faculty/Coaches/Staff of Archbishop Riordan High School

Mode of Transportation: School bus, school van or public transportation.

Please detach and return bottom section to school. Retain the top for you records

All School Transportation

Student name:

Address:

Parent home phone:

Parent work/cell phone

Family physician _____ Phone _____

Please list any current medications, food allergies, drug allergies, or chronic medical conditions:

My child named above has my permission to participate in all aspects of Archbishop Riordan High School's transportation service.

In a medical emergency involving my son named above, I understand that every effort will be made to reach me for instructions. If, in the judgment of the trip leader or medical professional, delay in reaching me might jeopardize my child's well-being, I hereby give my consent for the responsible leader or other Archbishop Riordan High School representative to authorize necessary hospitalization or treatment, including injections, anesthesia, surgery, and medication.

As parent or guardian, I agree that my son is responsible for following all the rules and expectations of the trips named above. Behavior expectations are clearly outlined in the Student Handbook.

I also agree to be responsible for all debts not covered by Archbishop Riordan High School which are incurred by the student during the trip/activity, for all expenses not covered by insurance that are incurred as a result of any accident, illness, or medical emergency involving the student, and for all transportation costs to prematurely return the student to San Francisco, CA, should the student's continued participation jeopardize the safety or health of other participants.

Signature of parent/guardian _____ Date _____



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Sports Permission and Acknowledgement of Risk of Injury

Print Student Name:

Grade:

Print Parent/Guardian Name:

I understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in the following sport(s):

(By checking the box(es) below, you are simply giving *permission* for your child to participate in the sport if they choose to do so. Your child will be asked to sign up for the sport at another time.)

<input type="checkbox"/> All Sports		
<input type="checkbox"/> Baseball	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis
<input type="checkbox"/> Basketball	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Track and Field
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Rugby	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Football	<input type="checkbox"/> Soccer	

I, _____ give my permission for my student to travel with the school's athletic program to and from games and tournaments. As a parent or guardian, I hereby give my consent for the responsible leader to authorize necessary hospitalization or treatment, including injections, anesthesia, surgery, and medication, should an accident or other medical emergency occur during a trip or activity and the responsible leader is unable to reach me.

As parent or guardian, I also agree to be responsible for all debts not covered by Archbishop Riordan High School that are incurred by the student during the trip or activity, for all expenses not covered by insurance that are incurred as a result of any accident, illness, or medical emergency involving the student, and for all transportation costs to prematurely return the student to San Francisco, CA, should the student's continued participation jeopardize the safety or health of other participants.

Parent/Guardian Signature: _____ **Date** _____

STUDENT ACKNOWLEDGEMENT OF RISK OF INJURY

I, _____ understand that by participating in any sport, I am exposing myself to the risk of serious injury and death. Having been so cautioned and warned, it is still my desire to participate in the above sport(s), and I acknowledge the risk of serious injury and death to which I am exposing myself by participating.

Student Signature _____ Date _____



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Computer/Internet Appropriate Use Contract

Print Student's Name:

Computer-Internet Appropriate Use Contract 2011/2012

Please read this document carefully. When signed by you and your parent/guardian, it becomes a legally binding contract. We must have your signature and that of your parent/guardian before we can provide you with Internet access. Listed below are the provisions of this contract. If any user violates these provisions, access to the information service will be denied, and the user will be subject to disciplinary action.

Terms and Conditions of this Contract

Use of any of the Archbishop Riordan High School computers, computer networks and Internet services is a privilege, which may be restricted or revoked at any time. All school rules for behavior and communication shall also apply to use of school computers, networks and the Internet. Anyone who uses school computers or computer services agrees to comply with school policies and regulations and the rules of any network accessed. Students must follow the directions of authorized teachers and school staff. School computers may never be used for commercial purposes to include offering, providing or purchasing goods or services for personal use.

Students who use equipment without permission, who access or attempt to access unauthorized databases, who procure inappropriate information or images, who use inappropriate or demeaning language or who damage or deface computer hardware or software will lose their computer use privileges and/or be subject to disciplinary action and held responsible for financial damage, if applicable. If the computer usage is required in the student's course work, misuse may affect the student's academic grade, and if the misuse is sufficiently severe or persistent as determined by the teacher and the school administration, the misuse may affect the student's ability to receive credit for the course.

- 1. Personal Responsibility.** As a student representative of this school, I will accept personal responsibility for reporting any misuse of the network to an appropriate staff member. Misuse may come in many forms, but is commonly viewed as any message sent or received that indicates or suggests pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, any form of plagiarism (not accurately crediting another author's work – including the work of other students) and other issues described below.
- 2. Acceptable Use.** The use of the Internet at school must be in support of educational goals and/or research. I understand that the school computers are not to be used for recreation, games, web logging or e-commerce of any kind. I also understand that sending or receiving information in violation of any class rule, school policy, state or federal regulation or this contract is prohibited. The following materials may not be sent or received by students: obscene or pornographic material, profanity or graphic pictures that may be offensive to others in our school community, material which promotes racial, ethnic or religious hatred, copyrighted material (without expressed permission and/or without proper crediting) or threatening, harassing, demeaning, or obscene material. I will be personally responsible for this provision at all times when using the Internet or other electronic information service. Messages relating to or in support of illegal activities will be reported by school officials to law enforcement authorities.
- 3. Privileges.** The use of any information system and its resources is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges as well as possible disciplinary action. Each student is to use his or her school assigned User ID (Login Name) and password. Use of someone else's user account is a violation of this contract. All parties involved will have access to the school network, computers and its resources denied; and in addition, the user will be subject to disciplinary action.
- 4. Services.** Archbishop Riordan High School makes no warranties of any kind, whether expressed or implied, for the service it is providing. Archbishop Riordan High School will not be responsible for any damages suffered while on this system. These damages include loss of data as a result of delays or service interruptions caused by the system or anyone's errors or omissions. Use of any information obtained via the computer information system is at your own risk. Archbishop Riordan High School specifically denies any responsibility for the accuracy of information obtained through allowing access to the Internet.



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Computer/Internet Appropriate Use Contract

5. Network Etiquette and Privacy. You are expected to abide by the generally accepted rules of network etiquette. These rules include, but are not limited to the following:

- a. APPROPRIATE LANGUAGE:** You are expected to use appropriate and considerate language. The use of profanity or abusive or demeaning language will result in disciplinary action.
- b. PRIVACY:** Do not reveal any personal information, your home address, personal phone numbers or any information about other students or staff.
- c.** Do not share your **USERNAME or PASSWORD** with anyone. You may be held liable for someone else's misconduct.
- d. DISRUPTIONS:** Do not use the network in any way that would disrupt the use of the network by others.

6. Security: Security on any computer system is a high priority because there are so many users. Archbishop Riordan High School reserves the right to monitor all use on these systems either electronically or by school personnel. If you identify a security problem, notify your teacher, the Librarian or the System Administrator at once. Never demonstrate the problem to other users. Never use another individual's account. Any incidence or hardware or software damage, including viruses, any attempt to use equipment without permission or access unauthorized databases will be cause for disciplinary action, and students will be held responsible for any financial impact. Any user identified as a security risk will be denied access to the computer information system.

Required Signatures

STUDENT:

I understand and will abide by the provisions and conditions of this contract. I understand that any violation of the above provisions may result in the revoking of my user account, and appropriate disciplinary and/or legal action. I also agree to report any misuse of the computer information system, as outlined above, to an appropriate staff member.

Student Signature _____ **Date** _____

PARENT OR GUARDIAN:

As the parent or guardian of this student, I have read this contract and understand that computer use at school is intended solely for educational purposes. I understand that it is impossible for Archbishop Riordan High School to restrict access to all controversial materials, and I will not hold the school responsible for materials acquired on the network. I also agree to report any misuse of the information system to an Archbishop Riordan High School staff member. Misuse may come in many forms, but may be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate or demeaning language, and other misuses as outlined above.

Archbishop Riordan High School makes no guarantee of any kind for Internet service provided to the student. Archbishop Riordan High School will not be held responsible for any damages claimed or suffered by any student or parent relating to the use of the Internet. This includes a child's exposure to materials that a parent would otherwise have a Right of Notice and/or Consent to, pursuant to state or federal law. Use of any information obtained via the Internet, email or message board is at the student's and parent's own risk.

I hereby give permission to issue Internet access for my Archbishop Riordan High School student.

 Print Parent or Guardian Name

 Parent or Guardian Signature

 Date



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Media Permission Form

Throughout the year, Archbishop Riordan High School publishes pictures and accounts of activities and accomplishment of our students in a variety of ways - through our internal and external publications, our web site, news releases, and, at times, television. We would like to be able to include your child in our media coverage, but we also want to be sensitive to our students' privacy. Please indicate your preferences below.

Student's Name: _____ Grade _____

I. Archbishop Riordan High School MEDIA COVERAGE (Check one option):

Yes, I give permission to include my child's name and picture in Archbishop Riordan High School media.

Please do not use my child's name or picture in St. Mary's School Publications.

Please be advised that through the course of conducting daily school business, your child's name and photo may appear in internal publications for distribution only within the school community (such as yearbook or student publications). If your child participates in sports, his name and photo will invariably be used in local media coverage over which we have no control. Your child may be pictured in a large group photo, especially as a sports or theatre participant (without his name), in any of the above media. Also, please be aware that from time to time, media companies and individuals over whom we have no control take pictures of the school and our students. The school is not liable for the use or misuse of any pictures so taken.

Parent or Guardian Name (please print) _____

Parent or Guardian Signature _____ Date _____

Please note any special limitations or requests:



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Handbook Agreement

The Student-Parent Handbook may be accessed online through the “Quicklinks” drop down menu on the school homepage under “Parents”

PARENT STATEMENT

I/We, _____ understand the Archbishop Riordan High School Student-Parent Handbook and acknowledge that these are the policies of Archbishop Riordan High School. By signing this form, I/we acknowledge the Student-Parent Handbook as a binding contact, and I/we explicitly accept its provisions as a condition of enrollment at Archbishop Riordan High School. I/we agree to uphold and comply with all school regulations and policies while my/our son is enrolled at Archbishop Riordan High School.

The signature of both parents is required unless a single parent household.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

STUDENT STATEMENT

I _____ understand the Archbishop Riordan High School Student-Parent Handbook and acknowledge that these are the policies of Archbishop Riordan High School. By signing this form, I acknowledge the Student-Parent Handbook as a binding contact, and I explicitly accept its provisions as a condition of enrollment at Archbishop Riordan High School. I agree to uphold and comply with all school regulations and policies while enrolled as an Archbishop Riordan High School student.

Student Signature _____ Date _____