

**Parental Consent
Medical & Code of Conduct
Form**

School: _____

Teacher: _____

Student: _____

Male____ Female____

The Undersigned, being a Parent or Guardian of _____ (insert name of minor) releases its representatives, agents, servants, and employees from liability for any injury to said minor, resulting from any cause whatsoever occurring to said minor at any time while attending Lloyd Preparatory School, Inc, including travel to and from school and any field trips, excepting only injury or damage resulting from willful acts of such representatives, agents, servants and employees. The Lloyd Preparatory School, Inc is also released of any expenses resulting from the injury.

This event is a school function. Students and parents are expected to be familiar with all school policies. To protect the safety of all students, the **Lloyd Preparatory School, Inc** has no-tolerance policies that could immediately result in students being sent home. These policies include but are not limited to:

1. Use of violence or possession of weapons
2. Use of alcohol or drugs
3. Excessive Use of Profanity or Obscenities
4. Leaving Campus w/out Approval

Parents or guardians of students who violate policies will be notified to pick up their child immediately.

During the event, we will be taking pictures of students that will be used in promotional material.

The School does not have a medical staff on site. In the event of an injury or illness, Students will be sent to one of the local Hospitals if necessary.

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

Medical

1. Student Name _____ School Code: 2609
2. Address _____
3. Date of Birth _____
4. Name and Phone Number of Family Physician

5. **LIST ALL ALLERGIES:**

6. **LIST ALL CURRENT MEDICATIONS:**

NOTE: ALL MEDICATIONS MUST BE IN ORIGINAL PACKAGE!

7. Student's Health History: (heart condition, diabetes, asthma, any injuries)

If you have ever been diagnosed with asthma by a physician and have ever had medication including tablets, nebulizers, or inhalers, you MUST bring such treatment with you to school or you will not be allowed to register!

8. Any restrictions/medical conditions the nurse needs to be aware: _____
9. Year of last immunization/immunity: Tetanus _____ MMR _____ Hepatitis _____
Varicella/Chicken Pox _____
10. In case of an emergency, provide contact information so that you can always be notified.

In case of an emergency, contact: _____
Relationship to the student: _____
Home Phone #: _____
Work Phone #: _____
Cell Phone #: _____

Secondary contact if above person can not be contacted.

Contact: _____
Relationship to the student: _____
Home Phone #: _____
Work Phone #: _____
Cell Phone #: _____

11. *WRITE YES OR NO* to the following medications your child *may* or *may not be given*:

Tylenol_____ Ibuprofen_____ Pepto Bismol_____ Tums_____ Sudafed_____
Benadryl_____ Maalox_____ Immodium_____ Tussin Cough Syrup_____ Glucose
Tabs_____ Visine_____ Neosporin_____ Hydrocortisone cream_____

I have read and understand the statements in this release form. I understand that should a health problem arise, I will be notified but if I cannot be reached by telephone I consent to emergency medical treatment, which may include surgery for my child as deemed necessary by competent medical personnel. I also consent to the release of information for medical purposes.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian (Please Print)_____

Code of Conduct

Student: If you agree and are willing to comply with all the expectations of the Code of Conduct, please sign at the bottom of the page.

Parent/Guardian: Please sign the bottom of this form to show your intent to support the implementation of this Code of Conduct regarding your child.

As a student attending Lloyd Preparatory School Inc, I agree that:

- I understand that I am attending a Private School and will conduct myself in a manner that positively represents me, my school, my home, and my community.
- I understand that any discrepancy between school policies and community policies, the strictest rule will apply.
- I will participate in the school activities, display a positive attitude, and always conduct myself appropriately.
- I will respect all students, advisors, and staff. I will follow instructions from all adults and school staff.
- I will not use a cell phone during school and school related activities.
- I will follow the dress code.
- I will not enter any other buildings that I am not assigned to.
- I will not bring highly valuable items to school. If I do bring valuables, I accept full responsibility for those items.
- I will not use language or behavior that is obscene, violent, or racially or sexually inappropriate.
- I will not use tobacco products, alcohol and/or drugs.
- I will not use firearms, weapons, pocket knives and/or firecrackers.
- I will not bring skateboards, scooters, or roller blades.

- I will respect school property by keeping the facilities clean, not creating graffiti, and not using items such as water balloons, shaving cream, and toilet paper for destructive purposes. I accept responsibility for damages I cause.

I understand that failure to meet with these standards will result in these steps:

1. I will call my parents/guardians and report my conduct not in compliance with these guidelines.
2. My school's administration may take further disciplinary action.
3. My parents will be billed for damages that I cause.

I also understand that if I fail to follow no-tolerance policies, including but not limited to use of violence or possession of weapons, use of alcohol or drugs, or harassment of another student or staff, then the following steps may be taken:

1. I will be removed from the school.
2. Law enforcement will be contacted.
3. A letter will be sent to my parents.
4. I will be suspended from all activities at Lloyd Preparatory School, Inc for up to one academic year.

Student Commitment:

I have read and understand the Code of Conduct above. I agree to abide by it for the safety and enjoyment of myself and of other students. I understand the consequences of failing to meet these guidelines.

Name of Student: _____ Date: _____

Signature of Student: _____ Date: _____

Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____