



The Victor School, a school of Justice Resource Institute Inc.
2015 – 2016 Annual Consents Renewal

Student's Full Name: _____

Date of Birth: _____

Record Number: _____

I, _____ (parent/guardian) or (adult individual) hereby consent to the following for _____ (student) while enrolled at The Victor School.

Please complete or initial the following statements:

Known Allergies to food or medication drugs: _____

Known dietary considerations (regular, vegetarian, specific): _____

_____. I understand that the school requires copies of recent physical exams and immunization records, dental exams, hearing, vision, and postural exams. Dental exam is due annually. Physical exams are due upon admission to TVS and every three years thereafter. Vision and Hearing exams are due upon admission to TVS and then 1 additional time between the 9th and 12th grade. Students in 8th and 9th grades must also receive a Postural exam annually. TVS offers vision, hearing and postural screenings onsite.

_____. My student may continue to access the following OTC medications on campus: (please circle) Medications may be administered every 4-6 hours or as needed.

advil (650mg)

tylenol (400mg)

tums

coughdrops

_____. Should an emergency arise, it is important the school have updated medical information. I understand changes to medication or diagnosis should be communicated to Nurse, Krystyna McCann at extension 3872.

_____. I understand that prescription medications may only be distributed on campus with a written doctor's order, and must be maintained in original pharmacy packaging. TVS is not able to accept more than a 30 day supply of medication. Medication must be transported by parents or guardians; students are not permitted to transport medications to or from school. Medications may be retrieved from the school at any time; however, the medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

_____. I have received and reviewed the 2015 – 2016 TVS Student Handbook, Code of Conduct, and the Internet Safety/Computer Use Policy, located in the handbook.

_____. I have reviewed and received a written copy of The Victor School's Bullying Prevention and Intervention Plan which was updated in 2014, a copy of the school's curriculum used with students to help build skills to identify, intervene in, and prevent bullying, notification of how I can tell someone if I am concerned about bullying at the school, and the school's plan for response to all concerns of bullying.

_____. I have reviewed and received a written copy of The Victor School's Anti Hazing Policy, and a copy of the related Massachusetts Law, MGL 269, sections 17-19.

_____. I understand that The Victor School does not discriminate or exclude students on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, disability or homelessness. TVS provides all students with equal access to services, facilities, activities and benefits regardless of race, color, sex, gender identity, religion, national origin, sexual orientation, disability or homelessness. Students of The Victor School are all given the opportunity to participate in intramural

and interscholastic sports, activities, internships, and skill groups which are offered to students in select grades and skill level.

- _____ . I understand all policies and procedures are located in the TVS reception area and they are available for review upon request.
- _____ . I have received the school's Complaint and Grievance Notice, and the notice of Rights and Responsibilities of Individuals Served.
- _____ . I have received the school's policy regarding Family Education Rights and Privacy Act (FERPA), Massachusetts Student Records Regulations, JRI Notice of Privacy Practices, and the TVS Implementation and Protection of Pupil Rights Amendment.
- _____ . I consent to the above named student being transported by ambulance or JRI/TVS program vehicle or staff car for emergency medical treatment to Emerson Hospital, Concord, MA. I give permission for treatment by the staff at Emerson Hospital to treat my child/ward and grant permission for the release of medical/psychological information by JRI/TVS staff of the medical facility working to treat this student.
- _____ . In the event of an emergency, I consent for my above named student to be treated by The Victor School staff for emergency medical treatment such as emergency first aid or CPR/AED.
- _____ . I consent to the above named student to be transported/escorted to local (within 5 miles) areas of the school. Students may be transported in The Victor School vehicles, staff personal vehicles or escorted while walking for school related activities.
- _____ . I understand regulations require the school to maintain a policy on the use of physical restraint and to administer physical restraint in accordance 603 CMR 46.00. All staff at The Victor School are trained in BCC, Building Communities of Care. I consent to implementation of restraint as defined and aligned with TVS policy.
- _____ . The above named student may be photographed for the purpose of or have art / school work submitted for:
- Identification (student face sheet and student ID),
 - in-house programs (such as student of the week),
 - periodic publication of the school newspaper distributed internally,
 - annual yearbook, produced each June and distributed internally. The yearbook identifies students by first name, last initial only.
 - Local or education shows where work is presented, viewed and judged.

This release is considered valid for the 2015-2016 school year. Any aspect of this release may be rescinded at any time by written notification of the signee. Signature below indicates consent to the previous statements unless otherwise noted directly below section in contention. Due back signed by September 1st, 2015

Parent / Legal Guardian / Emancipated Student Signature

Date

Student Signature

Date