

**Forms that need to  
be filled out and  
returned to the  
office by the first  
day of school:**



# PARENT REQUEST FOR ASSISTANCE WITH MEDICATION

I authorize the Office Personnel of \_\_\_\_\_ School to assist my child, \_\_\_\_\_ Grade \_\_\_\_\_ with the following medication(s) as directed below:

## DAILY MEDICATION

Medication	Dose	Time Given
_____		

## AS NECESSARY MEDICATION

Medication	Dose
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As is necessary to control \_\_\_\_\_  
Symptoms

but not more often than every \_\_\_\_\_ hours.

## OTHER DIRECTIONS OR INSTRUCTIONS TO BE OBSERVED:

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



If prescription medication, the medication shall be provided in a bottle showing the name of the pharmacy, student's name, physician's name, and the **dosage** of the medication to be given. I will notify the school if the dosage changes and will bring a new prescription bottle within 24 hours. If not prescription medicine, the medication shall be provided in the original medicine bottle.

I absolve the school personnel of all responsibility for any unforeseen development or reaction attributable to the administration of the above named medication. **It is the responsibility of the child to come to the office to take his/her medication.**

I understand that I am responsible to pick up unused medication on or before the last day of school or one week after the last dose is given. If the medication is not picked up, it will be destroyed.

\_\_\_\_\_  
(Date of Authorization)

\_\_\_\_\_  
(Parent/Guardian Signature)



**\*\*DETACH THIS FORM AND RETURN IT IMMEDIATELY\*\***

Leola School District has established a tradition of excellence in both academic and extracurricular activities. Together we can continue that tradition. You've just read the guidelines to help you to a successful year. If you have any constructive suggestions that could improve the conditions in our school, please bring them to the attention of the principal. If you have any problems, feel free to discuss them with the staff.

**Please read and sign below:**

I have read and understand the rules in the STUDENT HANDBOOK and the FERPA Information and will abide by them.

I have read, understand and agree to comply with this Acceptable Network and Internet Use Policy. I agree to follow the rules contained in this policy. I understand that if I violate the rules my account can be terminated and I may face other disciplinary measures. I hereby release the District, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the district system. Including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District Acceptable Use Policy. I will emphasize to my child the importance of following the rules for personal safety.

I gave permission to issue an account for my child(ren) and approve of the use of the internet. I certify that the information contained in this form is correct.

**Device Damage**

If a device is damaged and determined to be from student negligence, parent/student will be responsible for replacement cost.

**Media Permission Form**

Throughout the year, teachers will be updating their website with photographs of the class or examples of student work/projects. The school's website can be viewed at <http://www.leola.k12.sd.us/>

Please read through the following options and circle yes or no for each.

Yes            No            My child's picture may be displayed on the teacher's or school's website. I understand that they may be identified using first name and last initial. Example: LifeTouch

Yes            No            My child's work samples, art work, or pictures of their completed projects may be displayed on the teachers or school's website.

Yes            No            My child's name and photo can be published in the newspaper or used by TV stations. Examples: Santa letters, class activities, field trips, recognition, etc.

Yes                      No                      My child's (**grades 9-12 only**) directory information can be shared with the South Dakota Board of Regent's for the purpose of distributing postsecondary opportunities from the various institutions.

I give permission to have my child's school information shared with:

\_\_\_\_\_

**I agree to the stipulations set forth in the above documents including the Laptop Policy, Procedures, and Information; the Acceptable Use Policy; Laptop Protection Plan, the Student Pledge for Laptop Use, and Web Page Publications**

**Signature required for all Pre-12 students in family.**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signatures: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_