

Student Name \_\_\_\_\_

**Corporal Punishment**

Lindsay Elementary School includes corporal punishment as a form of disciplinary action. You have the right to either deny or provide permission to the school to administer corporal punishment to your child. If you consent to corporal punishment, it will be administered only by the principal or assistant principal when she/he determines that your child's behavior warrants such actions. No more than three swats will be administered at any given time. If corporal punishment is not effective, short or long term suspensions may be utilized. **Parents or guardians will be contacted before corporal punishment is administered.** If you deny permission, the administrator may impose a two day suspension for your child in lieu of corporal punishment.

- I **grant permission** to Lindsay School to administer corporal punishment to my child as described above.
- I **do not grant permission** to Lindsay School to administer corporal punishment to my child.

**School Sponsored Field Trips**

Your child may be involved in several school sponsored field trips throughout the course of this school year. Classroom teachers will inform parents/guardians in advance of bus trips. **Individual trip permission slips will not be issued.** Walking trips may be incidental and permission for your child to participate is assumed by you signing this form.

- I **grant permission** for my child to attend all sponsored field trips.
- I **do not grant permission** for my child to attend any sponsored field trips.

**Publication of Student Photo or Video Image**

\*Please note that any student whose parent selected they **do not grant permission, will not** appear in the yearbook, on the school web site or be pictured in any school related publication in the newspaper. If a student is attending/participating in any school function open to the public and/or media (pep rallies, band concerts, sporting events, etc.) they will be subject to being photographed/videotaped regardless of status of parental waiver. Any student, whose parent/guardian does not want their child's picture taken, shall step out of any group picture that is being taken.

- I **grant permission** to Lindsay School District to use or publicly display my child's photograph or video image.
- I **do not grant permission** to Lindsay School district to use or publicly display my child's photograph or video image.

**Authorization for Medical Care of a Minor**

I DO HEREBY AUTHORIZE LINDSAY PUBLIC SCHOOLS TO CONSENT TO any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Oklahoma. **IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND** that in situations where the named minor requires immediate medical or hospital care it may not be possible to contact me, and that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health or safety of the minor.

Parent/Guardian Signature \_\_\_\_\_ Minor's Birth Date: \_\_\_\_\_ Physician \_\_\_\_\_ Physician's phone \_\_\_\_\_

Allergies: \_\_\_\_\_ Medicine Minor is taking: \_\_\_\_\_ Known Medical history \_\_\_\_\_

**Authorization for Self-Administration of Asthma/anaphylaxis Medication**

- My child **has Asthma** and uses an inhaler.
- My child **does not** have Asthma

I do hereby authorize my student to self-administer asthma and/or anaphylaxis medication. I agree to supply the school with an emergency supply of student's medication. Signing this statement hereby acknowledges I have been informed that the school district shall incur no such liability as a result of any injury arising from the self-administration of medication by the student.

**District Technology Plan Acceptable Use Policy**

Use of the Internet provides great educational benefits to all. Unfortunately however, some material accessible via the Internet may contain items that are illegal, defamatory, or potentially offensive to some people. Access to the Internet is given as a privilege to those who agree to act in a considerate and responsible manner. We require that students and parents or guardians read, accept and sign the following rules for acceptable online behavior.

1. All users are responsible for good behavior on the Internet just as they are in the school building. General school rules for behavior and communications apply.
2. Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly. Users should not expect that files would always be private.
3. The following **are not permitted**: \*Sending or displaying offensive message or pictures \*Using obscene language \*Harassing, insulting, or attacking others \*Damaging computers, computer systems or computer networks \*Violating copyright laws \*Using another's password \*Trespassing in another's folders, work, or files \*Intentionally wasting limited resources, including the use of "chain letters" and messages broadcasted to mailing lists or individuals \*Employing the network for commercial purposes \*Revealing the personal address or phone number of yourself or any other person without permission from your teacher
4. Violations may result in a loss of access as well as other disciplinary or legal action.

As the parent or legal guardian, I grant permission for my student to access networked computer services such as electronic mail and the Internet. I understand that some materials on the Internet may be objectionable. I also recognize it is impossible for the Lindsay Public School system to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. I accept responsibility for providing guidance to my student on internet use both inside and outside of school setting and conveying standards for the student to follow when selecting, sharing or exploring information and media.

**My signature acknowledges that I have read and been informed of LPS policies. I grant/deny permission as noted on this form.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Lindsay Elementary**  
**2020-2021 Pick Up Sign Request Form**

Vehicles must have a school-issued sign displayed on rearview mirror to use the pickup lane. No children will be released to anyone who does not display a school-issued sign. No photocopies or handwritten signs will be accepted. **Two signs will be issued per family.**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

**If you will pick up other students from time to time, please list them below.**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

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

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

Phone \_\_\_\_\_