

**Bristol Bay Borough School District
2011/2012**

Student _____ **Birthdate** _____ **Grade** _____

PPD TUBERCULIN SKIN TEST CONSENT OR EXEMPTION

The signature below gives consent for my child to receive the PPD tuberculin skin test required for Kindergarten-12th grade. This is an intradermal injection of tuberculin antigen, PPD (purified protein derivative). You may choose to provide PPD results of the test given elsewhere.

Check ONE:

_____ **I consent to the PPD skin test for my child at school.**

_____ **My child has had a PPD test done and read within the past six months and I will provide that documentation within 30 days.**

_____ **My child is exempt from TB testing because of a previous positive/ PPD test with a reading of 10mm or more.**

I do _____ do not _____ (check one) give my permission in case of emergency to have my child treated at the local health authority. **Parents will be notified if at all possible prior to treatment.**

Please select one of the following: **Camai**_____ **Health Aide**_____

Parental Consent to Publish Child's Name and/or Photograph

As a parent or legal guardian of the above named child,
I do _____ do not _____ (check one) give Bristol Bay School District permission to publish the name and/or photograph of my child in any school publication. Examples include but are not limited to the following:

- Yearbook
- Honor roll lists
- School event programs
- On-line school newspaper
- Email attachments (as part of class assignments)
- Bay Cablevision's channel 17
- School's website

Signature of parent/guardian _____

Date _____

BRISTOL BAY BOROUGH SCHOOL DISTRICT
HIGH SCHOOL OPEN CAMPUS CONSENT/RELEASE FORM
2011-2012

I, _____, parent/legal guardian give authorization to Bristol Bay Borough School District to allow my child/student, _____, to leave the school grounds during the lunch period during the 2011/2012 school year and for the first two weeks of the **2012/2013** school year. Further, I fully understand and agree to the following:

- I will be responsible for my child during the lunch period when he/she leaves the school premises. Both my child and I understand that he/she will be in class for the period after lunch and tardies will not be accepted. Please refer to the student handbook regarding the tardy policy.
- I release Bristol Bay Borough School District and its agents from all liability for any personal injury that my child might sustain during the time he/she is off school grounds during the lunch period.
- I agree to indemnify and hold the District harmless against any claims that might arise due to any injuries or damages caused by my child while he/she is off school grounds.
- I understand the District has no responsibility to supervise my child once he/she leaves the school grounds in accordance with this consent.
- I understand that if I wish to nullify this consent/release agreement I must do so in writing.

Dated: _____

Parent/Guardian Signature: _____

Bristol Bay Borough Schools Kindergarten-12th Grade
Internet User's Licensing Agreement 2011/2012

In signing this licensing agreement I personally agree that:

- (1) I will follow the Bristol Bay Borough Schools' Technology Code of Responsibility as outlined.
- (2) I will follow the Bristol Bay Borough Schools' Internet Ethical Code as outlined in this licensing agreement. I understand that my access to the learning technologies requires personal responsibility, and, furthermore, I understand that if I violate this agreement, my user privileges will be restricted or taken away.

Bristol Bay Borough Schools Technology Code of Responsibility:

- (1) I will use all technology equipment and lab facilities as appropriate.
- (2) I will leave the system intact, abstaining from any hacking or other unlawful activities.
- (3) I will not violate the privacy of others or the system (to include data storage and e-mail). The only passwords I will use will be my own.
- (4) I will access only those areas of the Internet system that I am authorized to use. These areas do not include the following:
 - (A) Those areas that use profanity.
 - (B) Those areas that feature pornography and/or censored material.
 - (C) Any public "chat" (communications) areas or arenas, including game sites.
 - (D) Those that ask for personal information to include: address, phone number, fax number, social security number, credit card numbers, account numbers or personal information of other people or institutions.
 - (E) Any other areas that the staff at Bristol Bay Borough School deem inappropriate.
- (5) I will not download any software.
- (6) I will not print (without prior permission).
- (7) I will promptly report any problems to the supervising staff person.
- (8) I will not bring into or consume food or beverages in the computer lab.
- (9) I will help keep the technology and technology areas clean.
- (10) I will not access the Internet unless a supervising adult is present.

Bristol Bay Borough Schools Internet Ethical Code:

Ethical responsibilities governing my Internet privileges:

- (1) I will accept responsibility for the privilege of using the Internet.
- (2) I will access only those areas of the Internet that I am authorized by staff to use.
- (3) I will not access any unauthorized sites.
- (4) I will follow the guidelines and directions of the supervising staff.

Student First and Last Name (please print): _____ Current Grade: _____

Student Signature: _____ Today's Date: _____

I have read and discussed this licensing agreement with my child. I understand my child's responsibility while using the schools' computer network to access the Internet.

Parent/Guardian Signature: _____ Today's Date: _____

Access Update:

To the extent possible, technology protection measures (Internet filters) are in place to block or filter access to inappropriate information. Our Internet service with GCI uses "Cyber Patrol" (a site blocking service). This service denies access to certain sites and certain undesirable word search results. Although this is not a foolproof answer, it does provide some security. This service and vigilant adult supervision of Internet use will provide safety for our students.

BRISTOL BAY BOROUGH SCHOOL DISTRICT
PARENT/GUARDIAN TRAVEL PERMISSION FORM

Student's Name _____ Date of Birth _____

I hereby give my consent for the above named student to travel under the Bristol Bay Borough School approved activity of 2011/2012 fieldtrips, and for the school to have authority to control said student under the approved guidelines for students traveling from the school.

Furthermore, I understand that the Bristol Bay Borough School District does not carry activity insurance and will not assume responsibility for injuries sustained in the travel activities.

I the undersigned, consent to have the group sponsor seek emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named student, by a physician, qualified nurse, and or hospital during all periods of the time the student is away from home as a member of an approved school activity.

Student's health and/or accident insurance company: _____

Pre-existing medical condition(s): _____

Current medications that student will need while traveling: _____

Known allergies – especially to medication: _____

The chaperone/medical provider has my permission to administer:
_____ Aspirin _____ Tylenol _____ Other, please list

Parent/Guardian Signature: _____ Date _____

Home Phone # _____ Work Phone # _____

Emergency Contact Person:

Name: _____ Relationship: _____

Home Phone# _____ Work Phone# _____