

**YUTAN PUBLIC SCHOOLS  
TECHNOLOGY USE POLICY FORM  
2014-2015**

I have read pages 20-22 the rules for acceptable online behavior, understand the rules, and agree to comply with those stated rules. Should I violate the rules, I understand that I may lose network privileges at my school. As the parent or legal guardian of the minor student, I grant permission for my children to access networked computer services, such as electronic mail and the Internet. I understand that some materials on the Internet may be objectionable, but I accept responsibility for providing guidance to my child(ren) on Internet use both inside and outside of school and setting and conveying standards to follow when selecting, sharing, or exploring information and media.

Child's Name _____	Grade _____	Teacher _____
Child's Name _____	Grade _____	Teacher _____
Child's Name _____	Grade _____	Teacher _____
Child's Name _____	Grade _____	Teacher _____
Child's Name _____	Grade _____	Teacher _____
Child's Name _____	Grade _____	Teacher _____

**Parent's/Guardian's Signature** \_\_\_\_\_

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**Yutan Elementary School  
Media Publication  
Permission Form  
2014-2015**

From time to time your child's picture or work may appear on the Internet. With the new iPad teachers have, it is a lot easier to upload pictures, movies, & other multimedia projects to the Internet. Teachers could also send an email to parents showing all the fun activities going on during the school day. First names are sometimes used with the child's picture or project. Please sign the permission form and return it to school.

\_\_\_\_\_ Yutan Public Schools has my permission to use my child's first name, picture, movie, or other multimedia projects on the Internet.

\_\_\_\_\_ Yutan Public Schools does not have my permission to use my child's first name, picture, movie, or other multimedia projects on the Internet.

Child's Name _____	Grade _____	Teacher _____
Child's Name _____	Grade _____	Teacher _____
Child's Name _____	Grade _____	Teacher _____
Child's Name _____	Grade _____	Teacher _____
Child's Name _____	Grade _____	Teacher _____
Child's Name _____	Grade _____	Teacher _____

**Parent's/Guardian's Signature** \_\_\_\_\_

**APPLICATION FOR STUDENT FEE WAIVER**

NOTE: Parents or students who **qualify for free or reduced lunches** may complete this fee waiver form. Applications for fee waivers may be made at any time; but must be renewed each school year. Yutan Public Schools will treat this application and the application process as any other student record and student confidentiality and access provisions will be followed. Denials of this waiver may be appealed to the Superintendent. Fines or charges assessed for damage or loss to school property are not fees and will not be waived.

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**STUDENT FEE WAIVER APPLICATION**

Date: \_\_\_\_\_ School year: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade and School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade and School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade and School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade and School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade and School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade and School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade and School: \_\_\_\_\_

Name of Parent, Guardian, or Legal/Actual Custodian: \_\_\_\_\_

Box #: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Does the student or the student's family meet the financial eligibility criteria for **free or reduced price meals** offered under the Child Nutrition Program?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Signature of Parent, Guardian, or Legal/Actual Custodian\*: \_\_\_\_\_

\*Your signature is required for release of information regarding the student or the student's family's financial eligibility for the U.S. Department of Agriculture Child Nutrition Program.

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Application Accepted: \_\_\_\_\_

Application Denied: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

YUTAN ELEMENTARY SCHOOL  
PRESCRIPTION MEDICATION PERMISSION FORM  
2014 – 2015

Must Be Accompanied Physician Signature Prior to Administration!

DATE \_\_\_\_\_

YOU HAVE MY PERMISSION TO GIVE THE FOLLOWING PRESCRIBED  
MEDICATIONS TO \_\_\_\_\_

MEDICATION NAME: \_\_\_\_\_

PRESCRIBED BY: \_\_\_\_\_

IT IS TO BE TAKEN AS DIRECTED: \_\_\_\_\_  
(directions)

\_\_\_\_\_  
(to terminate on)

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Signature of Parent/Guardian	Date	Phone Number
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Physician Signature	Date	Phone Number
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**ALL MEDICATION MUST BE IN THE ORIGINAL BOTTLE & CLEARLY  
LABELED WITH THE STUDENT'S NAME & DIRECTIONS ON THE OUTSIDE.**

Please keep this medication permission slip; under no circumstances will we give any prescription medication without it being accompanied by this permission slip; including a physician signature. A student must come to the office for any kind of medication, including cough drops.

MEDICATION: When a student is to take medication during school hours, it is the parent or guardian's responsibility to make arrangements with the principal's office.

- 1) Parents who come to school to administer medication to a student must go to the principal's office and ask that the student be called to the office.
- 2) No students are allowed to administer their own medication.
- 3) If the school is to administer the medication, the following procedure is to be used:
  - a) Pick up a parent permission form to take medication from the office. Sign and return to office prior to scheduled administration.
  - b) Take medication to the office upon arriving at school in original bottle labeled by the pharmacist or physician. Medications in a "baggie" are unidentifiable and will not be administered.
  - c) The physician should provide written orders, the name of the drug, dose, time interval – when medication is to be taken, and diagnosis or reason for the medication being needed.
  - d) The parent or guardian should provide a written request that the school comply with the physician's orders.
  - e) At the approximate time the school nurse, principal or his/her designee will administer the medication.
  - f) It is the student's responsibility to come to the office at the time necessary to take the medication.

YUTAN ELEMENTARY SCHOOL  
OTC MEDICATION PERMISSION FORM  
2014 – 2015

DATE \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_

\_\_\_\_\_ YES, YOU HAVE MY PERMISSION TO GIVE THE FOLLOWING OVER THE COUNTER MEDICATIONS TO THE ABOVE NAMED STUDENT.

\_\_\_\_\_ YES, YOU HAVE MY PERMISSION TO GIVE THE FOLLOWING OVER THE COUNTER MEDICATIONS TO THE ABOVE NAMED STUDENT AFTER I HAVE BEEN NOTIFIED.

\_\_\_\_\_ NO, PLEASE DO NOT GIVE ANY OVER THE COUNTER MEDICATIONS TO THE ABOVE NAMED STUDENT.

**MEDICATION NAME:**

\_\_\_\_\_ Tylenol / Acetaminophen    \_\_\_\_\_ Motrin / Ibuprofen    \_\_\_\_\_ Cough Drops  
\_\_\_\_\_ 0.1% Hydrocortisone Cream    \_\_\_\_\_ Other \_\_\_\_\_

(please check those you would like to allow us to give to your student)

\*\* Unless otherwise indicated by parent/guardian, any over the counter medication named above will be given according to age and/or weight of the student as recommended by the manufacturer. \*\*

PLEASE GIVE SPECIFICALLY AS DIRECTED: \_\_\_\_\_  
(directions)

\_\_\_\_\_  
**Signature of Parent/Guardian                      Date                      Phone Number**

**ALL MEDICATION MUST BE IN THE ORIGINAL BOTTLE & CLEARLY LABELED WITH THE STUDENT'S NAME & DIRECTIONS ON THE OUTSIDE.**

MEDICATION: When a student is to take OTC medication during school hours, it is the parent or guardian's responsibility to make arrangements with the principal's office.

- 1) Parents who come to school to administer medication to a student must go to the principal's office and ask that the student be called to the office.
- 2) A student must come to the office for any kind of medication, including cough drops. No students are allowed to administer their own medication.
- 3) If the school is to administer the medication, the following procedure is to be used:
  - a) Pick up a parent permission form to take medication from the office. Sign, and return to office prior to scheduled administration of medication. Sending a note, email, or phone call
  - b) Take medication, in the original container, to the office upon arriving at school. Medication in a "baggie" is unidentifiable and will not be administered.
  - c) At the approximate time the school nurse, principal or his/her designee will administer the medication.
  - d) It is the student's responsibility to come to the office at the time necessary to take the medication.