

Please complete and return this page only of the Social Communications Policy.

Parental/Guardian Statement of Intent for the use of Social Communications

CERTIFICATION, ACKNOWLEDGEMENT AND AUTHORIZATION FOR CONSENT AND RELEASE FORM FOR SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATION INVOLVING MINORS AND INDIVIDUALS AT RISK

I am the parent or legal guardian of _____
(full name of minor/individual at risk).

I have been made aware of the Safe Environment Social Communications Policy for the Diocese of Green Bay and any related local practices and guidelines concerning social communication.

Permission for ministry representatives to digitally communicate with your minor/individual at risk

_____ Yes, I authorize...

communication with my minor/individual at risk electronically, including via social media or other digital means, in accordance with the Safe Environment Social Communications Policy for the Diocese of Green Bay by staff ministry representatives of or diocesan-affiliated ministry representatives of the Diocese of Green Bay.

_____ No, I do not authorize...

If I choose to rescind my consent to the Authorization, I agree that I will inform the appropriate responsible party of the Parish / School / Faith Formation/ Ministry Program in writing and that my rescission will not take effect until it is received. I understand however that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I have read this certification, acknowledgement, statement of intent and if indicated, release, and have had the opportunity to consider its terms, and understand it. I execute it voluntarily and with knowledge of its significance.

Parent/Guardian Name (please print): _____

Email address: _____

Address: _____

Phone number: _____

Signature of Parent/Guardian: _____

Date: _____

PARENTAL INSURANCE WAIVER

Dear Parent,

We wish to emphasize that Assumption BVM School does not provide any type of health or accident insurance for injuries incurred by your child at school.

Since children are particularly susceptible to injuries, we encourage you to review your present health and accident insurance program to determine if your coverage is adequate.

Please sign and return the waiver below if you already have adequate insurance and return it to the school office.

Thank you!



PARENTAL INSURANCE WAIVER

Student's Name: _____

We have adequate insurance to protect our son/daughter in case of an accident.

Parent Signature: _____

Date: _____

CLIMBING WALL LIABILITY WAIVER
PARENT/GUARDIAN CONSENT FORM

Child(ren)'s Name(s): _____

Birth Date: _____ Sex: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Alternate Phone: _____

I, _____ grant permission for my child(ren),
Parent or Guardian's Name

_____ to participate in climbing wall activities.
Child(ren)'s Name(s)

These activities will take place under the guidance and direction of a qualified instructor from Assumption BVM School & Parish. As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor participant.

I would like my child(ren) to participate in climbing wall activities. As a parent and/or legal guardian, I agree to defend and fully indemnify Assumption BVM School & Parish against any claim which results from the intentional or negligent actions taken by my child(ren) during climbing wall activities.

I further agree to fully indemnify and hold harmless Assumption BVM School & Parish against any claim or cause of action whatsoever brought by my child(ren) or his/her parent/legal guardian against Assumption BVM School & Parish, its employees or volunteers, or the negligence of individuals or companies not a party to this agreement.

I certify that I understand this agreement and the risks and hazards associated with the climbing wall activity that my child(ren) will be participating in, as described above. I further understand that I had the opportunity to fully discuss this agreement with a representative of Assumption BVM School & Parish to clarify any concerns or questions about the activity or this agreement that I may have had.

Signature: _____

Date: _____

NETWORK ACCESS ACCEPTABLE USE FORM

Assumption BVM School/Religious Education

(Ref. Policy 5025)

Adapted from NCEA'S From the Chalkboard 10 to the Chat room 2001

User

I understand and will abide by the Acceptable Use Policy, along with the Rules and Code of Ethics. I further understand that any violation of these regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, disciplinary action may be taken, and/or appropriate legal action initiated.

User (Student) Name (please print): _____

User (Student) Signature: _____

Date: _____

Parent/Guardian

As the parent of this student, I have read the Acceptable Use Policy and the Rules and Code of Ethics. I understand that this access is designed for educational purposes. I am aware that it is impossible for the school/catechetical program to restrict access to all controversial materials and I will not hold them responsible for materials acquired in use. I also hereby indemnify and hold harmless the Diocese of Green Bay and Assumption BVM School/Religious Education from any claim or loss resulting from any infraction by the student of the policy or any applicable law.

I am the primary authority responsible for imparting the standards of ethical and legal conduct that my child should follow. Further, I accept full responsibility for supervision, if and when my child's use of school's/catechetical program's technology resources are not in a school/catechetical program setting. I hereby give permission for my child to use the school's/catechetical program's technology resources and certify that I have reviewed this information with my child.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

*Please return to the school/catechetical office by the **first week of September**.
Network access will not be given until this form is signed.*

Walking Field Trip Consent Form

This form will be used for all field trips within walking distance of the school. We will utilize this one form for the entire year. We will send an additional field trip form home if we are taking a bus to a destination.

Student(s) _____ Grade(s) _____

Teacher(s) _____

The child and the parent will be informed prior to the field trip of where the class is going, what is needed, and the departure and return arrival times.

Parent/guardian ~ please sign the consent form. Signature indicates that parents/guardians have health/accident insurance and that parents assume full responsibility for any expenses incurred.

I request that Assumption BVM School allow my child to participate in the field trips. I give permission for my child to participate in the field trips. I hereby release and save harmless Assumption BVM School from any and all Liability and from any and all injury occurring as a result of the field trips. I also release the employees and volunteer chaperones.

_____ Yes, _____ has my permission to go
Name of child/ren
on walking field trips.

Parent/Guardian: _____

Date: _____

HANDBOOK VERIFICATION FORM

You can find the Parent & Student Handbook on the website www.abvmeducation.org under the Resources tab, Forms & Links in the first column.

Please review the handbook, then complete and return this form, along with the other forms that need to be on file in the school office, by the **first week of September**.

We have read and agree to be governed by this handbook.

Student signature(s): _____

Parent/Guardian Signature: _____

Date: _____