

CONSERVATORY LAB

CHARTER SCHOOL

Summer 2013

Dear Parent(s)/ Guardian(s):

We are excited to have begun another successful year at Conservatory Lab Charter School and we look forward to partnering with you again in your child's education. Below is a list of forms for returning students that had been previously mentioned in Family Notes, and that we need to receive in order to keep our files updated on each student. If you are a returning family, please return these forms to the school by **Wednesday, September 4th, 2013. Please complete all forms in their entirety. Thank you.**

The following must be completed for each student for the 2013-2014 school year:

- _____ Family Learning Agreement
- _____ Emergency Contact Information Form
- _____ Permissions Forms
- _____ Student Health Information Form
- _____ Copy of Annual Physical Exam
- _____ Permission to Administer Medication (if applicable)

The above items are due by Wednesday, August 28th, 2013.

We thank you for your cooperation. If you have any question or need assistance, please feel free to contact the school at (617) 254-8904.

Family and Student Learning Agreements 2013-2014

The Conservatory Lab Charter School believes that a strong parent/school partnership is critical to every child's success, in both academic and social/emotional development. In building this partnership, we believe that making a commitment to the following actions is crucial, and we ask that you join us in doing so.

I, parent of _____, commit to my child's education by agreeing to the following:

Learning Agreement: Together, our overarching goal is to support student learning. Our most important job is to ensure that our students are fully engaged in learning, both in school and at home. Therefore, I pledge that:

- My child will attend school regularly, arriving to school on time, in full uniform, ready for the day ahead. My child will, to the best of our abilities, spend the entire day in school, reserving early dismissal for doctor's appointments and emergencies.
- My child will participate fully in the El Sistema program, attend all concerts, and perform to their full potential. I will support the school if asked to pick up my child from the program due to non-compliances, non-participation, or ongoing behavioral issues (*see El Sistema policies*).
- My child will receive help and support at home in all possible ways so that s/he will be prepared for each school day, including support with instrument practice and homework. I will provide a quiet, distraction-free space for homework and practice.
- My child and I will read together every day for at least 20 -30 minutes.
- If my child is experiencing difficulty with homework or practice at home, I will contact my child's teacher and ask for support.
- I will limit excessive TV watching and other screen related activities, such as video games, in our home.
- I will set long range goals for my child that include completing high school, entering college, completing college, and creating life long standards of excellence.

Discipline Agreement: Children learn best when they are fully able to access the academic curriculum, make solid connections in the community, and feel good about their behavior. With this in mind, I pledge that:

- I will support the school's policies and procedures, including the Code of Conduct, drop off and pick up policies, good attendance, and safe bus behavior. I will support the school if asked to pick up my child from the program due to non-compliances, non-participation, or ongoing behavioral issues (*see Code of Conduct*).
- I will communicate joys and concerns to the school, the teachers, and administration. I will also listen and seek to understand when school personnel call to express joys and concerns about my child's behavior in school.
- I will seek solutions with the school that will best support my child as they develop into productive, capable citizens of the world.

Partnership Agreement: A child cannot develop joyfully on his or her own. They need help and guidance when exploring the many aspects of their worlds. Because I am my child's mentor, I pledge that:

- I will take an active role in the school and being our partner. This includes prompt communication about your concerns as well as responding to the school's requests and concerns.
- I will participate in *all* parent/teacher conferences and student portfolio reviews. I will join Parent Advisory Council (PAC) and other school meetings and activities, as I am best able.
- I will volunteer my gifts, talents, and strengths to the school and in my child's classroom.
- I will read The Family Notes, delivered electronically to your email, each week.

I understand that by signing this document I am accepting the above-listed responsibilities. By supporting these responsibilities I will help my child excel academically, musically, and socially.

Parent/Guardian Signature

Child's Signature (if able)

Date

CONTACT INFORMATION AND EMERGENCY PERMISSION—2013-2014

Current addresses and phone numbers are required.

Student's Name: _____ *Grade:* _____ *Home Phone:* _____

Address: _____ *City* _____ *Zip code:* _____

Parent/Guardian Information:

Name: _____ **Relationship to child:** _____

Address: _____

Phone 1: _____ **Employer:** _____

Phone 2: _____ **Work Phone:** _____

E-Mail Address: _____

Name: _____ **Relationship to child:** _____

Address: _____

Phone 1: _____ **Employer:** _____

Phone 2: _____ **Work Phone:** _____

E-Mail Address: _____

EMERGENCY CONTACT NUMBERS

In case we are unable to reach you, provide phone numbers of other responsible adults we can call.

Name: _____ **Relationship to child:** _____

Phone 1: _____ **Phone 2:** _____

Name: _____ **Relationship to child:** _____

Phone 1: _____ **Phone 2:** _____

PERMISSION FOR EMERGENCY TREATMENT

I give permission for the Conservatory Lab Charter School to consent for treatment in the event of a medical emergency. I understand that all effort will be made to reach a Parent/Guardian before authorizing treatment. I understand that I will be responsible for the cost of any emergency medical care provided to my child.

Health Insurance Name: _____ **Health Insurance Number** _____

Health Care Provider (Drs Name): _____

Preferred Hospital in Case of Emergency: _____

Parent/Guardian Signature

Date

Standard Permission and Release Forms, 2013-2014
PLEASE BE SURE TO SIGN ALL 6 SEPARATE PERMISSIONS. THANK YOU.

Playground Permission Slip

I give permission for my child to walk to and use an outdoor playground within close proximity to the Conservatory Lab Charter School. I understand that on such excursions CLCS students will be under the supervision of CLCS teachers or staff. I also understand that the students are expected to adhere to the school behavior policies while walking to, from, and at the playground.

Signature

Date

Your child's name

Your relationship to the child

Field Work/Field Trip Permission Slip

I give permission for my child to go on all field trips planned and led by Conservatory Lab Charter School. On all such trips, students will take public transportation or private buses hired by CLCS. In advance of every field trip, the CLCS will contact parents to give them information about the trip, to request funds to help pay for the trip, and to ask for volunteers to chaperone. At that time, parents may indicate that they do not want their child to participate in the particular field trip. On all field trips CLCS students will be under the supervision of CLCS teachers or staff. Students are expected to adhere to the School behavior policies while on field trips.

Signature

Date

Your child's name

Your relationship to the child

Family Handbook Information Release Permission Slip

Yes, I give permission for my personal information to be released in the CLCS Family Handbook. This information includes home address, home phone number, child's bus number, neighborhood we live in, and email. This handbook will be distributed to all families as a way to build community.

(If you do not want your information released, please do not sign.)

Signature

Date

Your child's name

Your relationship to the child

CLCS Standard Permission and Release Forms, p. 2

Health Screening Notification

I understand that during the year my child will participate in health screenings, including screenings for hearing, vision, head lice, and scoliosis. I understand that I will be contacted with the results of the screenings only if my child's results are out of the range of normal. Questions can be directed to the School at 617-254-8904.

Signature

Date

Your child's name

Your relationship to the child

Research Permission Slip

I give permission for my child to participate in research concerning the "Learning Through Music" model. This participation may include observing, photographing and videotaping my child for research purposes, and the sharing of my child's work, assessment scores, and school records. Such information will be shared only with those involved in research studies authorized by CLCS, and will be treated as confidential, in accordance with state and federal law. For example, no child's identity will ever be revealed. In the advance of any specific research study, the School will contact parents and guardians with the details of the study.

Signature

Date

Your child's name

Your relationship to the child

Permission to Photograph, Record, and Videotape

I consent to the taking and use of still pictures, sound recordings, and digital or video film of my child, myself, and my child's school work by Conservatory Lab Charter School in connection with the production of CLCS publications and website. I further consent to the release of my child's photograph, videotape, and school work to CLCS for use in connection with any media releases designed to promote and publicize the School. Please check one of the following:

(If you do not want your information released, *please do not sign.*)

Signature

Date

Your child's name

Your relationship to the child

STUDENT HEALTH INFORMATION-- 2013-2014

Child's Name: _____ Date of Birth _____

Doctor/Health Center: _____ Telephone#: _____

May we contact your child's physician/health center for health related questions? YES / NO
Preferred hospital in case of emergency:

Health Insurance: _____ Insurance #: _____

Dentist: _____ Telephone#: _____

Allergies to Medications: _____ Kind of Reaction: _____

Allergies to Food: _____ Kind of Reaction: _____

Are there any significant health problems in the household or with family members that you would like the school to know about? YES / NO. If yes, describe or call us at 617-254-8904.

MEDICAL-SURGICAL HISTORY

Has the student been treated by a professional, or diagnosed with problems in any of the following areas?

	YES	NO
Accidents		
Hospitalizations		
Surgeries		
Birth defects		
Seizures		
G6PD		
Sickle cell		
Anemia		
Allergies		
Asthma		
Respiratory		
Heart		
Rheumatic fever		
Tuberculosis		
Diabetes		

	YES	NO
Skin		
Ear/throat		
Dental		
Bowel		
Neurological		
Urinary / Kidney		
Frequent headaches		
Learning difficulties		
Emotional / Social		
Lead poisoning		
Weight (over or under)		
Growth / Development		
Bone / Joint		

Describe in detail if YES to any of the above.

HEARING-VISION-SPEECH

	YES	NO
Frequent ear infections		
Hearing evaluation		
Needs hearing supports		
Vision evaluation		
Wears glasses (distance, reading, all the time)		
Requires preferential seating for vision or hearing problem		
Speech difficulties		
Is receiving / has received speech therapy		

Please give more information on any questions answered YES.

Are there any special needs that the School Health Program should be aware of? YES / NO

Is there any need to limit activity? YES / NO

Is this student taking any medication on a daily basis? YES / NO

Does this student have an inhaler at home? YES / NO

Students at CLCS DO NOT carry any medication in school. If a child is to receive medication in school we require a written *doctor's order* and written *parent permission* for each medication. This applies to all medications including inhalers, Tylenol, and allergy medications.

The school does not have a school nurse on site; rather, we partner with St. Columbkille's school nurse in case of emergency. We cannot, therefore, dispense prescription medication at school. If your child has a medical condition that requires medication, please contact the school principal to discuss the best way to properly care for your child's health.

Parent/Guardian Signature

Date



MEDICATION POLICY

If medications cannot be given at home and your child must take medication in school, CLCS requires a written doctor's order with written parent permission for each medication. It is the parent's responsibility to get this information to the school. Telephone permission is not acceptable for any medications.

For each medication we require the following information from the doctor's office:

(1) diagnosis; (2) name of medication; (3) exact dose; (4) exact time of school dose; (5) duration of prescription; (6) signature of physician and parent; (7) side effects of medication relevant to school setting; (8) any medication allergies; (9) parent and physician contact numbers.

In addition, the following policies must be observed regarding administration of medications, including inhaled medications:

1. New medication forms must be in the health office at the beginning of each school year.
2. The school nurse is the only staff member authorized to give medications to students, (exceptions may be made in emergency situations).
3. All medications must be supplied by parents, including Tylenol.
4. Over the counter medications will be treated as prescription medications. An order from the child's physician will be required to distribute such medications.
5. Children do not carry medications in school. Parents must deliver and pick-up medications to and from the health office. Children with inhalers are not to carry the inhalers in school.
6. Parents should keep track of the supply of medication in the health office in order to replenish supply.
7. Medications must be delivered to the school nurse in the original pharmacy labeled container. No makeshift containers, such as plastic baggies, envelopes, or containers for different medications will be accepted.
8. Arrangements must be made with your pharmacy to have separate medication for school. Medication must be left in school at night and not carried home.
9. Medications will be kept in a locked drawer or will be refrigerated as necessary.

Conservatory Lab Charter School
25 Arlington Street, Brighton Massachusetts 02135
617-254-8904, fax 617-254-8909

Physician Order / Parent Permission Form - Medication Administration in School
This form must be completed by parent and physician for any medication (prescription or over the counter) to be administered at school.

PHYSICIAN must fill out this section completely and sign for both prescription and over the counter medicines.

Student Name _____ Medication Allergies _____

Physician Name _____ Telephone No. _____

Diagnosis _____ Date of order _____ Length of Order _____

Name of Medication _____ Dose _____

Route _____ Time to be given at school _____

Contraindications to use at school _____ Side Effects _____

May the child self administer if school nurse determines it is safe and appropriate? Yes No

Physician Signature _____ **Date** _____

PARENT/GUARDIAN must fill out this section completely and sign if the medication is to be given in school. Please note: The school does not have a school nurse on site; rather, we partner with St. Columbkille's school nurse in case of emergency. We cannot, therefore, dispense prescription medication at school. If your child has a medical condition that requires medication, please contact the school principal to discuss the best way to properly care for your child's health.

Student Name _____ Date of Birth _____ Grade _____

Medication _____ Dose _____ Time to be given in school _____

Parent/guardian name _____ Day Time Phone _____

Alternate Emergency Contact _____ Telephone _____

Additional Comments:

I give permission for the school delegate to administer medication as prescribed by my child's physician, to share information relevant to the prescribed medication as she/he determines appropriate for my child's health and safety, and to determine if self-administration of medication is safe and appropriate for my child's health.

Parent Signature _____ Date _____