



BISHOP SEABURY ACADEMY

4120 Clinton Parkway • Lawrence, KS 66047 • (785) 832-1717 • Fax (785) 832-1919

Dear Parents & Guardians:

Welcome to Summer!

COVID19 has changed so much about our lives. I know it will change what we do for summer vacations, too. One thing it hasn't changed, though, is the need for updated forms for next year.

In this big packet of forms are the following:

- Contract for Off Campus Code of Conduct 2020-2021
- BSA Online Consent Form
- BSA Extracurricular Transportation Permission Form 2020-2021
- Student Medical Information Update 2020-2021
- *Authorization for Dispensing of Nonprescription/Over-the Counter Medications
- *Authorization for Self-Carry/Administration of Medicine at School & After-School Activities
- *Authorization for Student to Carry Epipen

****We will also need an updated immunization record.**

The first 4 forms above must be completed by everyone. The 3 forms with * only need to be completed by parents of students who will be needing to take medications while at school. **Please note that there is a new form for the dispensing of over-the-counter medications as well.** If you know your child will need ibuprofen, Tylenol, Benadryl, etc., you must sign that form and return it to me. If I don't have that form on file, I will not be able to give your child any of those medications. As indicated, we will also need an updated immunization record.

This is where COVID19 may cause you some frustrations. Those last 3 forms and the immunization record all need to come from your child's doctor's office. The 3 authorization forms have to be signed by the student's physician. I am not sure what access you all have to your doctors right now. Normally I would like to have all of these forms in to me by August 1st. I realize that may not be possible. I just ask that you complete them when it is possible and get them in to me upon completion.

The top 4 forms can be returned to me when we are back in school. I do not want you to feel like you have to mail these back to me. They can be dropped off to me when the students return.

Please shoot me an email at betsyalford@seaburyacademy.org if you have any questions about the forms.

Have a FABULOUS summer! I know when I take my vacation I won't be looking at a computer screen 😊

Please stay safe and well.

Betsy



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CONTRACT FOR OFF CAMPUS CODE OF CONDUCT 2020-2021

As a student of Bishop Seabury Academy, I promise to abide by the policies and expectations set forth in the Community Handbook and any directives from BSA staff members when participating in off-campus activities.

I agree to demonstrate appropriate sportsmanship at all times at off campus sporting events. I understand that any inappropriate behavior from me will result in consequences immediately or the next school day.

On any and all day field trips, I will demonstrate respect and cooperation with all drivers and chaperones.

I also understand that, while on any off-campus school activity, if I participate in any behavior deemed by the chaperones to be inappropriate or unsafe either to myself or to those around me, I may be sent home immediately and will be subject to disciplinary consequences as outlined in the Community Handbook, including suspension and expulsion.

For overnight or international trips I also agree to the following:

I agree to adhere to the Seabury Dress Code at all times, including during transportation, unless instructed otherwise by the faculty. "Dress down" clothes must fit properly and contain no inappropriate language or innuendo.

I understand that I may bring portable electronic devices (iPads, cell phones, etc.) for use during transportation and in the hotel only. I agree not to use these at other times unless permission is given by the faculty. I assume responsibility for keeping track of these items if I choose to bring them.

I understand that each night the chaperones will determine a curfew by which time I must be in *my* hotel room, and I agree to abide by this curfew.

I agree to be considerate of other students and guests who are staying in the hotel. I understand that my violation of this agreement will result in consequences immediately and/or upon my return home.

I agree not to leave the hotel without an adult. I also agree not to wander off from or intentionally separate myself from the group at any time.

I will neither possess nor use illegal drugs, tobacco, or alcoholic beverages on the trip. I understand that possession of these substances is a serious offense and can result in my expulsion.

I also understand that if I participate in any behavior deemed by the chaperones to be inappropriate or unsafe either to myself or to those around me, I may be sent home immediately at my parents' expense.

By signing this document, I agree that I have read, understood, and will adhere to all of these directives.

Signature of Student

Date

Signature of Parent

Date



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BSA ONLINE CONSENT FORM

Dear BSA Parents,

As part of BSA's increasing use of online technology, your child will receive a school-managed Google email account. This account will provide access to digital educational tools and services that are commonly employed by schools and are an essential aspect of our curriculum and content-delivery.

Teachers will be using various web-based programs with students, and some will require students to log in, usually with their name and email address. Under the federal law called the Children's Online Privacy Protection Act (COPPA), many of these web based programs will require parental approval before gathering such information from students *under the age of 13*. For more information about COPPA, you can visit the following website: goo.gl/eiHRyn.

According to law, schools can obtain approval from parents or guardians to provide consent to the websites on their behalf. This means you do not need to provide consent for each and every web-based program that requires parental permission – the school will do that for you.

Unfortunately, if you do not provide this consent, your student will not be able to participate in these online programs. If you have any questions about the online tools employed at BSA, please contact Steve Kellogg at stevekellogg@seaburyacademy.org.

Additionally, on the occasions when we do need to utilize video conferencing platforms for online classes, teachers will often record class sessions to share with students who are absent. Recordings will necessarily include student images and discussion and will be shared exclusively with other students or staff members, as necessary.

Please complete the form below, sign, and return to your child's school.

Parent Consent - Access to BSA Student Technologies

Student Name: _____

_____ (*for parents of children under 13 years*) I want my child to have access to the online programs as part of the school's curriculum

_____ (*all parents*) I give my permission to have my student involved in online classroom recordings for educational purposes.

Parent/Guardian Name (PLEASE PRINT): _____

Parent/Guardian Signature: _____

Date: _____



**Bishop Seabury Academy Extracurricular Transportation
Permission Form 2020-2021**

Throughout the year, students may have opportunities to participate in extracurricular activities, some of which involve travel to off-site events. Transportation options vary; the leader of each activity will provide you with details regarding the transportation status of specific events as they become available. In the meantime, please complete the following steps to help us prepare for addressing transportation needs.

- Step 1: Complete the Student Information section in full.
- Step 2: Review the Transportation Permissions listed.
- Step 3: Complete the Parent/Guardian Signature section in full.
- Step 4: Initial **all** Transportation Permissions for which you give your approval.
- Step 5: Return your completed form by _____.

Student Information	
Full Name	
Grade	

Parent/Guardian Signature	
Full Name	
Signature	
Date	

Transportation Permissions	Initials
I give my student permission to ride on a school van, or comparable transportation, under the supervision of administrators, faculty, or staff.	
I give my student permission to ride on public transportation under the supervision of administrators, faculty, or staff.	
I give my student permission to ride in a vehicle driven by administrators, faculty, or staff.	
I give my student permission to ride in a vehicle driven by another student's parent or guardian.	
I give my student permission to ride in a vehicle driven by a licensed student.	
I give my licensed student permission to drive other students as passengers.	
I give my licensed student permission to drive alone.	



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Student Medical Information Update 2020-2021

New home address:

New email address:

New phone number:

New Insurance Co. Name:

Policy #:

Group #:

	New Emergency Contact Name	Contact's phone number
1		
2		
3		
4		

Child	Name	Treat injuries at nearest hospital?: yes no (circle one)	Med. conditions:
Child 1			
			Allergies:
Child 2			
			Allergies:
Child 3			
			Allergies:
Child 4			
			Allergies:

This form is necessary for all new students and any returning families that have new information to pass along.



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AUTHORIZATION FOR DISPENSING OF NONPRESCRIPTION MEDICATIONS

Students' name: _____ DOB: _____

Medication _____	Dose _____
Medication _____	Dose _____
Medication _____	Dose _____
Medication _____	Dose _____
Medication _____	Dose _____
Medication _____	Dose _____
Medication _____	Dose _____
Medication _____	Dose _____

(Examples: Tylenol, Ibuprofen, generic allergy medication, Tums, Pepto-Bismol, etc.)

Has the first dose of this medication been given? YES NO

BSA personnel are not allowed to give the first dose of any medication.

I hereby release Bishop Seabury Academy and its personnel from any liability for damages as a result of an adverse reaction to this medication, and acknowledge that the school bears no responsibility for ensuring the medication is administered. I authorize the disclosure of information regarding this medication from _____ to Seabury Academy

(Health Care Provider)

from the records of Seabury to _____.

(Health Care Provider)

I understand that the information thus obtained will be treated in a confidential manner.

Signature of parent/guardian _____

Date _____

Note: A confidential record will be kept on file for each student who receives nonprescription medications. If a student is given a nonprescription medication for five days in a row, the parent/guardian will be notified so that a decision can be made about further dispensing of the medication.



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AUTHORIZATION FOR SELF-CARRY/ADMINISTRATION OF MEDICINE AT SCHOOL AND AFTER-SCHOOL ACTIVITIES

Bishop Seabury policy permits a responsible, trained student to carry and/or self-administer medication for asthma (wheezing), severe allergic (anaphylactic) reaction, or diabetes on his/her person for immediate use in a life-threatening situation with written order of physician, parent request, and Head of School approvals.

PHYSICIAN/PRESCRIBING HEALTH CARE PROVIDER

Student's Name _____ DOB _____

Condition for which the medication is administered _____

Name of medication, dose and method administered _____

Time or indication for administration _____

Is this a controlled drug _____ Yes _____ No

Side effects to be noted/reported _____

Other recommendations _____

Duration (dates) of administration: From mo/yr _____ to mo/yr _____ (limit of one school year)

IN MY OPINION, THIS STUDENT SHOWS CAPABILITY TO CARRY AND SELF-ADMINISTER THE ABOVE MEDICATION.

Physician's printed name _____

Physician's signature _____

Date _____

PARENT/GUARDIAN AUTHORIZATION

I request that my child, named above, be permitted to: ___ carry ___ self-administer the above ordered medication. I take responsibility for this permission. I understand that the medication must be in the original pharmacy container, labeled with name of student, prescribing health care provider, and medication; date of original prescription; strength and dose of medication; and directions for use. No more than a 45 school day supply of medication will be kept at school. This medication will be destroyed unless picked up within one week after the end of the school year or end of the medical order.

Parent Signature _____

Date _____

Student Signature _____

Date _____

We accept the parent request and physician statement. We will permit and assist the student to be responsible, but reserve the right to revoke the privilege if the student shows signs of irresponsible behavior or there is a safety risk. We will contact the parent/guardian as soon as possible in this event.

Head of School Signature _____ Date _____



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AUTHORIZATION FOR STUDENT TO CARRY EPIPEN

Student's name: _____ Date: _____

Health care provider: *(Physician, Physician Assistant, Nurse Practitioner)*

Name: _____

Address: _____

Phone: _____ FAX: _____

Medication: Name/Route/Dosage: _____

Frequency/Time of administration/assistance: _____

Diagnosis: _____

Any special side effects, contraindications, adverse reactions to be observed: _____

Any severe reaction that may occur if a pupil other than the above-named received an Epipen injection: _____

HEALTH CARE PROVIDER'S STATEMENT

I request that the above-named student be allowed to carry _____ at school. I have verified the student's knowledge and skill to safely possess and use the medication, as required by law.

Provider's Signature

Date

PARENT'S STATEMENT

I request that my child carry his/her medication at school. I will provide the school with an extra Epipen to keep in the office.

Parent's signature

Date

Emergency parent contact phone number: _____