

## P.K. Yonge DRS Computer and Network Use – Student Agreement

I certify that I have received a copy of the P.K. Yonge Developmental Research School Computer and Network Acceptable Use Policy. I understand the expectations and rules for using computer resources at P.K. Yonge and **understand that my parent/guardian will be financially responsible for damage to equipment for which I am responsible.** I understand my responsibilities and rights, behaviors that are infractions of the rules, and the possible consequences for infractions of the rules.

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Computer and Network Use – Parent Agreement

I certify that I have received a copy of the P.K. Yonge Developmental Research School Computer and Network Acceptable Use Policy. I understand the expectations and rules for using computer resources at P.K. Yonge **and accept financial responsibility for damage to equipment for which my child is responsible.** I have reviewed with my child the responsibilities and rights, behaviors that are infractions of the rules, and the possible consequences for infractions of the rules and hereby grant consent for my child to use computer and network resources at P.K. Yonge.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Personal Equipment/Devices – Parent Agreement

I certify that I have received a copy of the P.K. Yonge Developmental Research School Computer and Network Acceptable Use Policy. With regard to the use of personal digital devices on campus, I **understand that P.K. Yonge may not be held responsible for the loss or damage of my child's personal digital device** (laptop, iPod, iPad, cellular phone, etc.).

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## P.K. Yonge DRS Photo Video Release

### **Student/Parent or Guardian Authorization to Release Information: Photos, Video and/or Digital Recordings**

In signing this waiver/release, I give access to and permission to discuss or share information from my child's educational records, specifically, photographs, video and/or digital recordings. I hereby consent that P.K.Yonge and the University of Florida may use the photographs for any legal purpose, including but not limited to school publications or productions, illustration, advertising, marketing, trade or promotion, without any payment or compensation to me in any form and without my prior approval or viewing of any specific photograph.

I understand this waiver/release remains in effect until I revoke this authorization in writing.

I have carefully read the forgoing waiver/release and fully understand the meaning of this waiver/release form. I affirm that I have given this authorization voluntarily and signed this waiver/release voluntarily.

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Student Name (please print)

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Parent or Guardian Name (please print)

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Parent/Guardian Signature

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Date

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Grade

## P.K. Yonge DRS Parent and Student Acknowledgement

The Student Code of Conduct has been created to help guide students to increased success in school. We recognize that students determine their own behavior and strong parent-school communication can lead students toward making positive choices concerning how they present themselves to the school community.

Supervision is provided between 7:30 am and 3:10 pm on the days school is in session. Please be reminded that Elementary students must be picked up or sent to the After School Program fifteen (15) minutes after school is out. Supervision for Middle and High School students (who are not in a teacher-directed tutorial or extracurricular program) is provided one half hour before school begins and one half hour after final dismissal. Middle School students must be in the After School Program or picked up by parents/guardians. **STUDENTS SHOULD NOT BE LEFT UNATTENDED ON THE SCHOOL CAMPUS. Students are not to arrive on campus before 7:30 am or remain on campus 30 minutes after the release of school unless in a teacher-directed tutorial or extracurricular program. Supervision is not provided before or after these times.**

Please read and discuss this document with your P.K. Yonge student. After you have read the document, please sign the acknowledgement of receipt. Failure to return this acknowledgement will not relieve a student of the responsibility to know the contents of and to act appropriately while in school and in attendance at school-related functions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Elementary students should return the signed form to the classroom teacher. Middle and High School students must return the signed form to their grade-level team leader.

## P.K. Yonge DRS Student Health Services

### CONSENT FOR SERVICES AND TREATMENT

I hereby give consent for my child to participate in the School Health Services Program and to receive emergency care and treatment at school if needed. Screening and appraisals for problems in the areas of vision, hearing, growth and development, Scoliosis, and communicable diseases will be accomplished at various grade levels as part of the School Health Program. In the event of an illness or injury, the school will contact the parents and/or emergency contacts as listed for the child in Skyward. In the event of a serious illness or injury requiring immediate medical treatment, I hereby request designated school personnel to call EMS/911 for transport to the hospital designated below, and consent to have the named hospitals, doctors, or emergency agencies bill me for the expense incurred. In the event of an illness or injury where immediate medical treatment is NOT indicated, but where my child is unable to remain in school, I agree to arrange for my child to be picked up from school within 30 minutes of being contacted. If I am unable to be reached, I hereby consent for the school to contact my listed emergency contacts to arrange for pick up of my child.

### MEDICATION ADMINISTRATION

All student medications must be administered by the school nurse or other authorized school personnel. I agree to complete a medication authorization form and confer with the school nurse about any prescription medications and doses that need to be administered to the student during the school day. It is the responsibility of the parent to provide all over the counter medication that they wish to be administered. I understand that all medication must be provided in its original unopened packaging, or in its original prescription bottle with label. It is the student's responsibility to come to the clinic for their scheduled doses. The clinic also offers the following topical agents: Anti-Itch cream, (Calamine), Triple Antibiotic Ointments, burn relief spray, and first aid cleansers.

I hereby request and give permission to the school nurse or other authorized school personnel to administer medication(s) to my child as indicated in this document.

Please keep your student's health information up-to-date through the School Nurse or the Skyward Family access.

Preferred Hospital:  North Florida Regional       Shands

Student Name: First \_\_\_\_\_ Last \_\_\_\_\_ Gr\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_