

Lakeview Christian School

EMERGENCY MEDICAL PROCEDURE INFORMATION

Please complete (**front and back**) the following important information for our files. This form will be carried on all field trips.

Student Name _____ Grade: _____ Age: _____

Address _____

Family Physician's Name _____

Address _____ Phone _____

First Emergency Contact (Parent Information): _____

Home Phone _____ Mom's Cell _____ Dad's Cell _____ Work _____

Email address: _____

Second Emergency Contact (Other Than Parent): _____

Relationship to Student _____

Home Phone _____ Cell _____ Work _____ Pager _____

My child is allergic to the following substances:

My child has the following limitation or health consideration (include chronic health conditions /medical history):

Vision _____ Hearing _____ ADD/ADHD _____

Allergies _____ Other _____

Does your child take prescription medication regularly? Yes or No

If you answered yes, please list medication, frequency, and the condition requiring it.

(Continue on Back)

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

I understand that my child will be participating in a number of activities for the school year of 2024-2025 which carry with them a certain degree of risk including the playground and field trips. I consent for my child to participate in school activities.

I understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

I authorize the staff to give basic first aid when appropriate.

It is my understanding that Lakeview Christian School will attempt to notify me in case of a medical emergency involving my child. However, if I cannot be reached, I hereby authorize the school to transport my child or call 911 to have my child transported to the nearest medical care facility and to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary for the safety and protection of my child. I will pay for any medical expenses so incurred.

Medical Insurance Information (if available):

Name and DOB of Policy Holder: _____

Insurance _____ Policy/Group# _____

Company:

Print Parent Name: _____

Signature of Parent or Guardian: _____

Sworn to and subscribed before me this

_____ day of _____, 20____.

ID Type Number

Notary Public, State of Florida

County of _____

My commission Expires _____



LAKEVIEW CHRISTIAN SCHOOL

Established 1985

Print Child's/ Children's Name/s (one per family required):

I have read the Parent – Student Handbook for Lakeview Christian School for the School Year 2024 - 2025 and I agree to abide by the policies stated therein.

* I understand that policies may be added or amended at any time by the administration throughout the school year, and that I will be notified in writing of said additions or changes

Parent's or Guardian's Signature

Date

Print Name



Statement of Cooperation
School Year 2024-2025
(Only one per family needed)

Lakeview student's names:

Grades:

Statement of Cooperation

In making an application for my child to attend Lakeview Christian School, it is my desire to have him/her complete the school year 2024 - 2025. It is also my understanding that the policy of the school is to make no refunds on registration fees. I also give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. Should legal action for any reason be taken against Lakeview Christian School or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Lakeview Christian School or its agent should incur to defend itself against such action.

I have read the Lakeview Christian School Fee Schedule for the Year 2024 - 2025 and I agree to the terms and fees.

As a parent or guardian, I agree to follow the guidelines set forth in the civility policy which promotes mutual respect, civility, and orderly conduct between school staff, families, students, and the public. We all strive to be positive role models in the lives of our students. I also understand the importance of following all volunteer guidelines including Child Protection Policy training, Necessary background checks, and agree to follow the procedures set forth by the school and staff regarding field trip driving and supervision. I realize that I am acting on behalf of Lakeview Christian School when I am supervising children during a school event and will therefore act in such a manner that will show good judgment and Godly characters.

Lakeview Christian School admits students of any race, color, and national or ethnic origin.

Print Parent/Guardian Name

Parent/Guardian Signature

Date



PERMISSION FORM 2024-2025
(Only 1 required per family)

While your child is enrolled in Lakeview, he/she will be involved in a number of special activities for which we need your permission. Please read the following information carefully. You are encouraged to ask questions about anything which is unclear to you. You, of course, have the option of withdrawing permission at any time by sending us a written note.

Child/ Children's Name/s: _____

(Please circle either do or do not in each sentence below.)

A. I DO DO NOT give permission for my child to participate in vision and hearing screenings.

B. I DO DO NOT give permission for my child to participate in school approved contests (for example: Caladium Festival poster contest, arts and crafts country fair, Law Day etc.).

C. I DO DO NOT give permission for my child's photograph and/or name to be used in newspaper articles, the school website, yearbook, and other publications for publicity and educational purposes or to announce contest winners.

As part of this program, your child's records may be used to evaluate the value of the school program. In all cases, the confidentiality of individual children's records will be maintained.

Parent's Signature _____

Date: _____

Print Name: _____



Computer/iPad Parent Contract (All Students)

Parent Computer/iPad User Agreement

Student Name: _____ Student Cell Number: _____

Parent Name: _____ Parent Cell Number: _____

- I agree to expect my child to comply at all times with LCS's iPad and Acceptable Use Policy.
- I understand that my child's failure to comply with the above listed documents may terminate his/her rights to use a Computer/iPad at school and put him/her at risk of disciplinary consequences.
- I understand that any inappropriate use of my child's Computer/iPad will result in disciplinary action.
- I understand that my child's Computer/iPad is subject to inspection at any time without notice and can remain in the possession of LCS overnight should it be deemed necessary.
- I understand that the school's network will monitor my child's digital activities.
- I understand that my child is fully responsible for my Computer/iPad including any theft and damage.
- I understand that while at school my child may only use the Computer/iPad for educational purposes; he/she may not play games or use any social media networks.
- I understand that it is my child's duty to have my Computer/iPad in class every day fully charged in the morning. (Middle School Students Only)
- I understand that Computer/iPad malfunctions are not excuses for my child being unprepared for class.
- I understand the importance of having my child back up all of my information.
- I understand that my child must comply with teacher directions at all times and that my teacher has sole discretion as to what is deemed appropriate during class time.
- I agree to uphold the expectation that my child practice digital citizenship, netiquette, and responsible social networking.

I understand and will abide by the above rules and all other policies set forth in Lakeview Christian School's Computer/iPad and Acceptable Use Policy, and Student Handbook. I further understand that any violation is unethical and may result in disciplinary consequences for my child. Disciplinary consequences include, but are not limited to: warnings, suspensions, loss of iPad privileges, loss of Computer/iPad applications, loss of privileges, parent phone calls and/or meetings, and/or expulsion.

Printed Parent Name: _____

Device# _____

Parent Signature: _____

Date: _____



Computer/iPad Student Contract (Grades 2nd - 8th)

Student Computer/iPad User Agreement

Student Name: _____ Student Cell Number: _____
Parent Name: _____ Parent Cell Number: _____

- I agree to comply at all times with LVCS's Computer/iPad and Acceptable Use Policy.
- I understand that any failure to comply with the above listed documents may terminate my rights to use a Computer/iPad at school and put me at risk of disciplinary consequences.
- I understand that any inappropriate use of my Computer/iPad will result in disciplinary action.
- I understand that my Computer/iPad is subject to inspection at any time without notice and can remain in the possession of LVCS overnight should it be deemed necessary.
- I understand that the school's network will monitor my digital activities.
- I understand that I am fully responsible for my Computer/iPad including any theft and damage.
- I understand that while at school I may only use my Computer/iPad for educational purposes; I may not play games, watch videos, or use any social media networks without the consent of my teacher.
- I understand that it is my duty to have my Computer/iPad in class every day fully charged in the morning. (Middle School Students Only)
- I understand that Computer/iPad malfunctions are not excuses for being unprepared for class. I understand the importance of backing up all of my information.
- I understand that I must comply with teacher directions at all times and that my teacher has sole discretion as to what is deemed appropriate during class time.
- I agree to practice digital citizenship, netiquette, and responsible social networking.

I understand and will abide by the above rules and all other policies set forth in Lakeview Christian School's Technology Acceptable Use Policy, and Student Handbook. I further understand that any violation is unethical and may result in disciplinary consequences. Disciplinary consequences include, but are not limited to: warnings, suspensions, loss of Computer/iPad privileges, loss of Computer/iPad applications, loss of other privileges, parent phone calls and/or meetings, and/or expulsion.

Printed Student Name: _____ Device # _____

Student Signature: _____ Date: _____