



TILLAMOOK ADVENTIST SCHOOL

# CONSENT TO TREATMENT

**PARENTS/GUARDIANS:** Complete a form (front and back) for each student. Please print clearly.

## CONTINUOUS CONSENT TO TREATMENT

We, the undersigned parent or guardian of (student's name) \_\_\_\_\_ a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of (student's physician) \_\_\_\_\_, M.D., at (physician's phone #) \_\_\_\_\_ or any physician the school may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Tillamook Adventist School or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment. This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school entrusted with the custody of said minor.

We would like to have our student go on all field trips. We recognize that the teacher and those assisting are to use their best judgment in caring for the children while on these trips. We absolve the school and the directing personnel from any legal liability.

The above named student  is  is not covered by health insurance.

Current Health Insurance Company: \_\_\_\_\_

Member #: \_\_\_\_\_ Group #: \_\_\_\_\_

Which hospital does your insurance cover? \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

## CONTACT INFORMATION

### Father/Guardian

Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

### Mother/Guardian

Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

**MEDICAL INFORMATION FOR STUDENT**

Medical Conditions and Medications Taken (such as asthma, heart, etc.):

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**Oral Medication Policy:**

Tillamook Adventist School is authorized to administer oral medication to students during school hours ONLY after a parent/guardian and/or physician has signed a permission form. It is our policy that such medication will only be administered when the failure to receive medication may result in the student being unable to attend school and/or be well enough to participate in learning activities. Please include original instructions with all medications still in their original containers. We define medication to include all drugs, whether prescription or over-the-counter.

I give permission to Tillamook Adventist School to administer any necessary medication according to their policy. I agree to include original instructions with all medications still in their original containers.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**ALLERGY INFORMATION FOR STUDENT**

**Medication Allergies:**       Yes     No

Explain: \_\_\_\_\_

**Bee Sting Allergies:**       Yes     No

Severity of Allergy: \_\_\_\_\_

Antidote Name: \_\_\_\_\_

**Food Allergies:**               Yes     No

Explain: \_\_\_\_\_

**Environmental Allergies:**     Yes     No

Explain (grass, cats, bandage materials, etc.) \_\_\_\_\_



TILLAMOOK ADVENTIST SCHOOL  
**COMPLIANCE FORM**

**HANDBOOK COMPLIANCE**

We, the undersigned, have read, understand, and are in agreement with the philosophy, policies, and procedures as outlined in the following section of the TAS handbook. We have also explained all of this to our student(s) who also understand(s) and will comply with the handbook.

<u>Check those you have read</u>	
<input type="checkbox"/> Attendance (pg. 5)	<input type="checkbox"/> Honor Roll (pg. 12)
<input type="checkbox"/> School Property (pg. 6)	<input type="checkbox"/> Academic Honesty (pg. 12)
<input type="checkbox"/> Lost or Damaged Books (pg. 7)	<input type="checkbox"/> Sports (pg. 12)
<input type="checkbox"/> Personal Property (pg. 7)	<input type="checkbox"/> Student Illness (pg. 13)
<input type="checkbox"/> Personal Technology Devices (pg. 7)	<input type="checkbox"/> Safety (pg. 15)
<input type="checkbox"/> Search and Seizure (pg. 7)	<input type="checkbox"/> Students Leaving School Grounds (pg.15)
<input type="checkbox"/> Dressing for Success (pg. 8)	<input type="checkbox"/> Bullying (pg. 16)
<input type="checkbox"/> Code of Conduct (pg.9)	<input type="checkbox"/> Sexual Harassment (pg. 17)
<input type="checkbox"/> Relationship Guidelines (pg. 10)	<input type="checkbox"/> Conflict Resolution Policy (pg. 18)

STUDENT SIGNATURE (ALL GRADES): \_\_\_\_\_ DATE: \_\_\_\_\_

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STUDENT SIGNATURE (ALL GRADES): \_\_\_\_\_ DATE: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# ACCEPTABLE USE POLICY

Grades 1 - 8

In order to use the computer network and Internet, I need to understand and agree to obey the following rules. If I do not use the Internet in the right way, my teacher may take away my privilege of Internet use and possibly computer as well.

## Use Rules

1. Time on-line is only for assignment work.
2. Go only to the sites assigned by your teacher.
3. Never download programs or files without your teacher's permission.
4. Never install any programs on the computer unless you are asked to by the principal.
5. I will not use any e-mail unless instructed to do so and supervised by TAS staff.
6. Never bring disks from home and put them in the school computers.
7. Never open any e-mail from someone you don't know.
8. Never print anything until you have followed the Printer Use Rules
9. Never share your password with anyone.
10. Never erase the history or cookies off of any school computer.

## Safety Rules

1. Never give out personal information about:  
Your name  
Your address  
Your telephone number  
Your personal e-mail address
2. Never give out personal information about someone else.
3. Always tell your teacher when someone asks you for personal information.
4. Do not put a picture of yourself on the Internet without your parents' permission.
5. Never meet people in person that you have contacted on the Internet, without your parents' permission.
6. Always tell your teacher if you come across information or messages that are dangerous, mean, embarrassing or that make you feel uncomfortable. Turn off the monitor, use the Back key to leave the site, then immediately and quietly tell the teacher.
7. Never e-mail someone for the first time without your teacher's permission.

## Legal Stuff

1. Teachers and staff may review documents and log files to ensure that you are using the system responsibly.
2. You will not copy information from the Internet or local network and give it to your teacher as your own work. You cannot use the words or pictures from an Internet site without giving credit to the person who owns the site.
3. You are not to open other students' folders or files.
4. Chat rooms are off limits unless the teacher has entered with you or provided a monitored site.
5. Never look at, send, or try to find any pictures or words that you would not want your parents or the teachers to see.

The school makes no guarantee that the functions or the services provided by or through the system will be error-free or without defect. The school will not be responsible for any damage you may suffer, including, but not limited to, loss of data or interruption of service. The school is not responsible for the accuracy or quality of the information obtained through or stored on the system. The school will not be responsible for financial obligations arising from un-authorized use of the system.

## ACCEPTABLE USE POLICY FOR INFORMATION TECHNOLOGIES

**STUDENT AGREEMENT:** I have read the Acceptable Use Policy, as outlined on the front side of this page, and understand it fully. I agree to follow the principles and guidelines it contains.

STUDENT SIGNATURE (ALL GRADES): \_\_\_\_\_ DATE: \_\_\_\_\_

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STUDENT SIGNATURE (ALL GRADES): \_\_\_\_\_ DATE: \_\_\_\_\_

**PARENT /GUARDIAN AGREEMENT:** As the parent or guardian of this student, I have read the Acceptable Use Policy. I understand that Internet access at school is provided for educational purpose only. I understand that employees of the school will make every reasonable effort to restrict accessible for materials my student(s) acquires or sees as a result of the use of the Internet from the school facilities. I give my permission to allow the student above to use the Internet on the computer system at school.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



TILLAMOOK ADVENTIST SCHOOL

# MEDIA USAGE CONSENT

**PARENTS/GUARDIANS:** Please complete this form (one per family) and submit to the school office.

## PHOTO, VIDEO, AUDIO, AND COMMENT CONSENT FORM

STUDENT NAMES: 1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

I understand that any and all comments (by audio recording(s) and/or transcription), photograph(s) or video taken of me and/or my child(ren) by agents, employees or representatives of Oregon Conference of Seventh-day Adventist shall be used in connection with the Oregon Conference of Seventh-day Adventist for any purpose, without compensation to me. The dissemination of information by its departments to the general public.

I hereby irrevocably authorize the Oregon Conference of Seventh-day Adventist to copy, exhibit, publish, distribute, copyright, and reproduce in whole or in part any and all such comments, images, video and audio of me or wherein I appear, in any or all media, including composite or artistic forms and media, as described above for use in promotional materials, whether the use of above materials be for public relations, advertising, or any other legitimate purpose of Oregon Conference of Seventh-day Adventist.

All content and formats collected and distributed on the mentioned mediums are owned by the Oregon Conference of Seventh-day Adventist and reserves the right to use these the collected content in any of its print or electronic publications.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears. Including but not limited to any liability arising by virtue of any blurring, distortion, alteration, illusion, editing, or use in composite form, whether intentional or otherwise, that may occur in the making or processing of the finished product.

I hereby hold harmless and release and forever discharge the Oregon Conference of Seventh-day Adventist from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

**Parent/Guardian's:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



TILLAMOOK ADVENTIST SCHOOL  
**RECORD RELEASE**

**PARENTS/GUARDIANS OF TRANSFER STUDENTS:** Please complete this form, submit to the school office, and we will mail it for you.

**AUTHORIZATION**

STUDENT'S LEGAL NAME: \_\_\_\_\_

NAME OF PREVIOUS SCHOOL ATTENDED: \_\_\_\_\_

SCHOOL'S STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL'S PHONE NUMBER: \_\_\_\_\_

We request the transfer of:

- All records      or      ONLY those records as checked below:
- Grade reports
  - Mental ability test results
  - Achievement test results
  - Health records
  - Clinical test results

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**RECORD REQUEST**

**Attention School Personnel:**

The student named above is transferring to Tillamook Adventist School.  
Please forward the records requested above to:

TILLAMOOK ADVENTIST SCHOOL  
4300 12<sup>th</sup> Street  
Tillamook, OR 97141

Thank you for sending these records as soon as possible. If you have questions, please call 503-842-6533.

Thank you for your consideration,

Teresa Shultz  
Administrative Assistant