



A TRADITION of TODAY-A VISION for TOMORROW

MEMORANDUM

TO: Parents of Lee County School Students

FROM: Dr. Stephen Nowlin
Superintendent

SUBJECT: Technology Resources

To ensure the safety and privacy of our students, it is necessary for every student's permanent record to include a signed acknowledgement of having received and read the Lee County Schools Policies and Master Discipline Plan. The *Lee County Schools Student Personal Responsibility Agreement for the Use of Technology Resources* is part of this plan. By implementing the attached *Lee County Schools Guidelines Regarding the Legal and Ethical Use of the Internet and Technology Resources for Students*, we can provide a secure and educational learning opportunity for your child.

In addition, we have implemented regulatory procedures to protect our students during any photography or video camera activities. By signing the acknowledgement of having received and read the Lee County Schools Policies and Master Discipline Plan, you are also agreeing to the *Lee County Board of Education Student Media Release and Web Publishing Agreement Form* so that we can also include this information in your child's permanent record.

Having these policies and agreements in place will assist our efforts in providing the safe and private learning environment we all desire for our students. If you object to your child following any of these policies as stated, please submit a written request to your school's Principal as outlined in the following agreements.

**Lee County Schools
Student Personal Responsibility Agreement for the
Use of Technology Resources**

USER: By signing the “Student – Parent(s) / Guardian Acknowledgement” form, I state that I understand and will Abide by the Lee County School Guidelines regarding the Legal and Ethical Use of Internet and Technology Resources.

Furthermore, I understand that any or all of the following sanctions may be imposed if I violate any of the guidelines regarding the use of Lee County School Technology resources, including the Internet.

1. Loss of access
2. Additional disciplinary action to be determined in line with existing practice regarding inappropriate language or behavior.
3. Legal action when applicable.

PARENT OR GUARDIAN:

By signing the “Student – Parent(s) / Guardian Acknowledgement” form I state that I have read the Lee county Schools Guidelines Regarding the Legal and Ethical Use of Internet and Technology Resources, and hereby give permission for my child to independently access the Internet.

**** If you object to this Agreement for the Use of Technology Resources, you must submit a written request to your school’s Principal asking that your child not be allowed to access the Internet other than mandatory curriculum and instructional sites.***

Lee County Board of Education
Student Media Release and Web Publishing Agreement Form

Media Release Agreement

By signing the “*Student – Parent(s) / Guardian Acknowledgement*” form Included with the *Policies and Master Discipline Plan*, I hereby grant the Lee County School System permission to use my child’s name and/or voice and any or all of the audio or video footage in any of the Lee County School System’s media based productions and /or affiliated media based productions.

**** If you object to this Media Release Agreement, you must submit a written request to your school’s Principal asking to remove your child from all public media releases.***

Web Publishing Agreement

By signing the “*Student – Parent(s) / Guardian Acknowledgement*” form included with the *Policies and Master Discipline Plan*, I hereby grant permission for my child’s work, which may or may not be accompanied by the child’s first name and/or photographs, to be electronically displayed and produced by the Lee County School System on the Lee County School’s Internet website (<http://www.lee.k12.al.us>) and/or affiliated websites.

**** If you object to this Web Publishing Agreement, you must submit a written request to your school’s Principal asking to remove your child from being published on the Lee County and School Web Pages in one or all of the following ways:***

- **Permission to publish student’s first name in school Internet publishing**
- **Permission to publish student’s photograph(s) in school Internet publications**
- **Permission to publish selected student work in school Internet publications**



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Dear Parent or Guardian,

Communicable diseases are those that may be transmitted from person to person and are the most common cause of school absenteeism. If your child wakes up and is not feeling well and/or has a temperature please keep them home. Not only are they not at their best to learn, but they may infect their peers, teachers and other staff. Here are a few guidelines to follow during the school year.

Student should stay home from school if they have more than:

- Fever of 100.5 degrees or more
- An undiagnosed rash
- Vomiting, nausea or abdominal pain
- One or more episodes of diarrhea
- Complains of severe earache, with or without fever
- Severe sore throat with symptoms including possible strep throat
- Conjunctivitis (Pink Eye)
- Head lice
- Persistent cough
- Any sore oozing fluid or pus

Student should remain home:

- For 24 hours after their temperature returns to normal
- For 24 hours after vomiting and diarrhea has ended
- Until a physician has determined the results of a throat culture for strep
- For 24 hours after the first dose of medications with a diagnosis of strep throat or conjunctivitis (Pink Eye)

It is important that these symptoms be recognized quickly and steps taken to prevent spreading of communicable diseases along with safeguarding the health of all students and staff. If you have any questions or concerns you may contact your school's nurse.

Sincerely,

Brenda Lindahl RN
Lee Roberson RN, MSN
Lead Nurses
Lee County Board of Education



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Medications in the School Setting

Dear Parent,

Many children need medications during the course of the school year. In order to assist you in the safe delivery of these medications, we need your cooperation. The following guidelines have been established for the delivery of these medications at each school.

When a medication needs to be delivered to your child during the school day, complete the following steps:

1. Complete the "Student Information and Prescriber Authorization" section of the attached *School Medication Prescriber/Parent Authorization* form.
2. Have the doctor, or nurse practitioner that prescribes the medication complete the prescriber section of the *School Medication Prescriber/Parent Authorization* form. The potential side effects of the medication must be listed if the medication is to be administered for more than thirty days. A computer print out of side effects may be provided by your pharmacist. For non-prescription medications the authorization form must still be completed but a physician's signature is not required as long as the dosage of medication is in accordance to the indications for use on the package. The use of non-prescription medications at school should be limited to those absolutely necessary. Sick students should be kept at home.
3. Deliver the completed authorization form to school with the medication in its **original** pharmacy or manufacturer's labeled container. Controlled substances (narcotics), such as Ritalin, must be delivered to _____ at your child's school by you or a responsible adult that you designate. This is for the safety and protection of your child. A pharmacy label must be placed on all asthma inhalers, not the box the inhaler comes in.
4. The first dose of all medications and the first dose after a change in medication must be given at home.
5. In order for a student to give his/her own medication, the physician must indicate on the authorization form that self-administered is recommended. The parent must also complete the self-administration parent authorization section. Your child must demonstrate that he/she is knowledgeable of the purpose and proper administration of the medication. Self-administration of controlled substances (narcotics), such as Ritalin, is not permitted. This is for the safety and protection of your child.
6. Unused medications will be returned to the parent/guardian. Medications not picked up after the completion of the school year will be destroyed. Every effort will be made to return medications to you.

This process is intended to promote safe delivery of necessary medication to your child, not to add unnecessary burden. We will make every effort to assist you with this process. Thank you for your cooperation!

Sincerely,

Brenda Lindahl RN
Lee Roberson RN, MSN
Lead Nurses
Lee County Board of Education

SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION

STUDENT INFORMATION			
Student's Name _____	Date of Birth _____		
School _____	Grade _____	Teacher _____	School Year _____
List any known drug allergies/reactions _____	Height (inches) _____	Weight (lbs) _____	

PRESCRIBER AUTHORIZATION			
Name of Medication _____	Reason for Taking _____		
Dosage _____	Route _____	Frequency/Time(s) to be given _____	
Begin Medication _____	Stop Medication _____		
	Date	Date	
Special Instructions:			
Does medication require refrigeration? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is the medication a controlled substance? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is self-medication permitted and recommended for this student? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, do you recommend this medication be kept "on person" by the student? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Potential Side Effects/Contradictions/Adverse Reactions _____			
Treatment Order in the event of an adverse reaction: _____			
<i>(Attach additional sheet or use the back of this form if necessary)</i>			
I hereby affirm that this student has been instructed in the proper self-administration of the prescribed medication (s).			
Signature of Prescriber <i>(please print)</i> _____	Date _____	Phone _____	Fax _____

PARENT AUTHORIZATION			
I authorize the School Nurse, the registered nurse (RN) or licensed practical nurse (LPN) to delegate to unlicensed school personnel the task of assisting my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the School Nurse to talk with the prescriber or pharmacist should a question come up about the medication. Medication must be registered with the principal, his/her designee, or the school nurse. It must be in the original, unopened, sealed container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.			
Signature of Parent _____	Date _____	Phone _____	Cell _____

SELF-ADMINISTRATION AUTHORIZATION			
I authorize and recommend self-medication by my child for the above medication. <i>I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the school, the agents of the school, and the local board of education against any claims that may arise relating to my child's self-administration of prescribed medication(s).</i>			
Signature of Parent _____	Date _____	Phone _____	Cell _____

**STUDENT-PARENT(S) / GUARDIAN
ACKNOWLEDGEMENT**

Please, detach this page after signing the appropriate areas and have your son/daughter return it to his/her teacher.

I, _____, enrolled in _____
(Name of Student) (Name of School)

and my parent(s) or guardian hereby acknowledge by our signature that we have received and read, or have had read to us, the foregoing Policies and Master Discipline Plan.

Student Signature: _____

Parent or Legal Guardian Signature(s): _____

Date: _____

***Note: The student is to sign the above statement. If the student lives with both parents, both parents are also to sign the statement. If the student lives with only one parent or guardian, only one is to sign with the student.**

I have read the Student Personal Responsibility Agreement for use of Technology Resources, the Media Release Agreement, and the Web Publishing Agreement contained in this booklet. I understand that I must submit in writing to the principal any objections to these agreements.

Parent or Legal Guardian Signature(s): _____

2009-2010 TEST DATES

DIBELS Assessment Window	Tuesday, August 18 – Friday, August 31, 2009
AHSGE	Monday – Friday, September 21-25, 2009
DIBELS Assessment Window	Monday, December 7, 2009 & Tuesday, December 8, 2009
AHSGE	Monday – Friday, December 7-11, 2009
ACCESS Assessment Window	Monday, February 8 – Friday, March 19, 2010
Alabama Direct Assessment of Writing (5th, 7th & 10th Grades)	Thursday, February 18, 2010
ADAW (make-ups)	Friday, February 19, 2010
AHSGE	Monday – Friday, March 1-5, 2010
AAA Window	Monday, March 1 – Friday, March 19, 2010
SAT-10 Window	Monday, March 29 – Monday, April 5, 2010
Alabama Reading & Math Test Window	Monday, March 29 – Monday, April 5, 2010
AL Science Assessment (5th & 7th Grades)	Monday, April 5 – Wednesday, April 7, 2010
DIBELS Assessment Window	Monday, April 19 – Friday, April 30, 2010

Subject to Change