



SAINT XAVIER HIGH SCHOOL STUDENT/PARENT HANDBOOK AGREEMENT FORM 2017-2018

ALL THREE SECTIONS OF THIS FORM MUST BE COMPLETED, SIGNED AND TURNED IN TO YOUR SON'S HOMEROOM TEACHER NO LATER THAN FRIDAY, AUGUST 25, 2017.

STUDENT NAME: (PRINT): Last First Middle STUDENT I.D. #

SECTION 1: STUDENT/PARENT HANDBOOK AGREEMENT

Failure to become informed will not be an acceptable excuse for violations

I have read and agree to be governed by all rules and policies as specified in the Saint Xavier High School Student/Parent Handbook, found on the school's website.

X Parent/Guardian Signature X Student Signature

SECTION 2: PARENTAL CONSENT / PERMISSION TO TREAT

The parent/guardian(s) signatures that you provide below are required for the school nurse and/or trainer to administer any necessary medical treatment or medication (including Tylenol, Advil, etc.) to your son during the school day.

In the event of an injury or illness during the school day or at a school event, I give permission for my son, to receive proper/necessary care from the Saint Xavier team physician, certified athletic trainer, school nurse, or staff member.

In addition, I authorize treating physicians and/or their representatives to release medical information to the Saint Xavier Sports Medicine Department, coaching staff, representatives of the Athletic Department and Administration.

X Parent/Guardian Signature Date

In case of emergency during the school day or at a school event, I give permission for my son, to be transported to the appropriate medical facility for treatment. Furthermore, I give permission for the staff at the medical facility to render any and all treatment that is necessary for the well-being of my child.

X Parent/Guardian Signature Date

Some insurance companies require treatment by specific physicians and/or specific hospitals. If your insurance requires this, or if you prefer specific treatment arrangements in the event of an emergency, indicate your instructions below.

I prefer that my son be treated according to the guidelines below. I understand that treatment may be delayed while the doctor is contacted.

Physician Name Phone Hospital

X Parent/Guardian Signature Date

SECTION 3: PRIMARY EMERGENCY CONTACT INFORMATION

If the emergency contact information for your son has changed, please provide the updated information below. If you have any information changes during the school year, fill out the Contact Change form online at saintx.com/forms so that you can be reached in an emergency.

NO CHANGE FROM 2016-17 SCHOOL YEAR

Name Relationship to Student

Home Phone # Cell Phone #

Address Email