SAINT XAVIER HIGH SCHOOL

PARENT/STUDENT HANDBOOK AGREEMENT FORM 2022-23

If you have received confirmation of receipt for the online version, it is not necessary to return this form.

STUDENT NAME:_____ STUDENT I.D. #_____

Last First Middle

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_____ X_____

Parent/Guardian Signature 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. If your son has asthma, diabetes or is on medication that is administered at school, the appropriate form must be completed, signed and returned. The forms may be found on our website at saintx.com/forms.

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

RETURN TO STUDENT SERVICES BY SEPTEMBER 1, 2022