

**Lemont-Bromberek Combined School District 113A
Code of Conduct and
Handbook for Students and Parents
2018-2019**

Parent/Guardian Signature Page

*Please sign, date and return this form to the school office by
FRIDAY, August 24, 2018. Thank you.*

Student Name

Grade

My signature below confirms that I have received and read a copy of the Lemont-Bromberek Combined School District 113A *Code of Conduct and Student Information Handbook* and have discussed the guidelines and rules with my child named above. Additionally, my signature confirms receipt of and consent for the following items which appear in their entirety in the handbook and which are required by Board of Education policy:

Authorization for Electronic Network and Resource Use: Board Policy 6:235

_____ **Sign here to authorize electronic network and resource use for your child for the 2018-2019 school year.**

Use of Student Work or Images: Board Policy 7:340

_____ **Sign here to allow the district to identify an image or photograph of your child by full name and/or the school he/she attends, as described in the handbook; consent applies for the 2018-2019 school year.**

_____ **Sign here to allow the district to identify work of your child by full name and/or the school he/she attends, as described in the handbook; consent applies for the 2018-2019 school year.**

Administration of Epi-Pen by School Personnel in Emergency: Board Policy 7:285

_____ **I acknowledge I have been notified that while the school district is not required to keep a supply of and administer its own epinephrine auto-injectors, the school district is authorized under standing protocols from a physician to allow the administration of an epinephrine auto-injector to any student that the school nurse or trained personnel in good faith believes is having an anaphylactic reaction.**

Administration of Opioid antagonist in an emergency: Board Policy 7:270

_____ **I acknowledge I have been notified that while the school district is not required to keep a supply of and administer its own opioid antagonist, the school district is authorized under standing protocols from a physician to allow the administration of an opioid antagonist to any student the nurse or trained professional believes in good faith is experiencing an opioid overdose.**

I understand that if requested, the school administration will make itself available to clarify, explain or discuss items covered within the handbook.

I also understand that the provisions of this handbook are not to be considered as irrevocable contractual agreements between student and school. Rather, this handbook reflects the current status of the rules, practices and procedures as currently practiced in Lemont-Bromberek Combined School District 113A and are subject to change as determined to be necessary.

Parent/Guardian Signature _____ Date _____