

Dedicated to middle school girls



Dear Girls' School Families,

We hope this mailing finds you all relaxed and enjoying your summer.

You will find the student supply list for 2017 – 2018, along with important forms that need to be completed. Forms are available for download on our website: www.santafegirlsschool.org. We ask that returning and new families complete the enclosed forms and return them to the school no later than **Tuesday, August 1, 2016.**

- Authorization Form (1 page)
- Liability Waiver & Medical History/Consent Form (4 pages)
- Addendum to Medical History/Consent Form (1 page)
- Immunization Record (2 pages)
- Student Dress and Code of Conduct (2 pages)
- Family Information Update: returning students only (1 page)
- Optional:* Bus Transportation Form (1 page)

All parents must complete these forms, even if the student is returning. Thank you.

Enjoy the rest of your leisurely, summer days!

Warm regards from the Santa Fe Girls' School Administration

AUTHORIZATION FORM 2017-2018

Daughter's Name: _____

PHOTO CONSENT:	
<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>I give my consent for my daughter to be photographed at the Santa Fe Girls' School during regular school activities. These stills, slides, or videos may be used for parent education, school displays, media reports or photo albums, and other school related purposes. Your child's name and identity will be strictly confidential.</p>
OBSERVATION CONSENT:	
<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>I give my consent for my daughter to be observed at the Santa Fe Girls' School during regular school activities, by prospective parents, students/interns, newspaper reporters, etc. I understand that the observer is on the premises to see the school, understand its function, and observe how the girls interact in our single-gender environment.</p>
QUOTATION CONSENT:	
<p><input type="checkbox"/></p> <p>YES NO</p> <p><input type="checkbox"/></p>	<p>I give my consent for my daughter to be quoted about school activities. These quotes may be used in press releases, promotional material, and for other school-related purposes. My daughter's name and grade will be used in the context of the quotation, and not in connection to any photographic imagery of her.</p>
RELEASE OF INFORMATION CONSENT:	
<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>I give my permission for the Santa Fe Girls' School to release personal information (such as parent's names, addresses, phone numbers, student's name and birth date) in the form of a telephone/address list that will be distributed only to enrolled families of the school.</p>

Parent's Signature: _____ Date: _____

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**LIABILITY WAIVER AND RELEASE
MINOR CHILD WITH CONSENT OF PARENT OR LEGAL GUARDIAN**

For Field Trips (in and out of town) and Off-Campus Educational Programs (in and out of town), Academic Year 2017/2018

In consideration for being accepted by the Santa Fe Girls School, Inc. for participation in field trips and off campus educational programs and activities whether in town or outside the city limits, I, being 21 years of age or older, do for myself, and for and on behalf of my child-participant do hereby release, forever discharge and agree to hold harmless the Santa Fe Girls School, Inc. (SFGS), its directors, agents, affiliates, volunteers, officers, or employees from any and all liability, claims or demands for personal injury, sickness or death, including property damage and consequential expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating or as a consequence of such participation in the above described field trips and off-campus educational programs.

We (parent/guardian/child) hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or other conduct of the directors, agents, affiliates, volunteers, officers, or employees of the Santa Fe Girls' School, Inc., or by any other person.

I, on behalf of myself and my named minor child, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the SFGS and its directors, agents, affiliates, volunteers, officers, or employees from any and all claims actions or losses that may arise out of my child's actions or participation in SFGS field trips and off-campus educational programs and activities.

Further authorization and permission is hereby given to the SFGS to furnish any necessary transportation, food, and lodging for this participant. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the SFGS.

The undersigned further hereby agrees to hold harmless and indemnify said SFGS and its directors, agents, affiliates, volunteers, officers, or employees, for any liability sustained by the SFGS the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

Name of Minor: _____ Age of named minor: _____

Parent or Legal Guardian Signature: _____

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership.

Participant's Signature: _____

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Santa Fe
Girls' School



Grades 6 – 8

MEDICAL HISTORY AND CONSENT FORM

For Field Trips and Off-Campus Educational Programs, Academic Year 2017/2018

Student Name: _____

Father: _____ Phone-Day: _____ Eve: _____

Email: _____ Cell: _____

Mother: _____ Phone-Day: _____ Eve: _____

Email: _____ Cell: _____

Legal Guardian: _____ Phone-Day: _____ Eve: _____

Email: _____ Cell: _____

Person to contact in emergency, if age 21:

Name: _____

Phone: _____

Physician's Name: _____

Physician's Phone: _____ Emergency #: _____

Hospital Insurance: Yes No

Insurance Co: _____ Policy #: _____

Does participating and named minor have any pre-existing medical conditions we should be aware of

___No ___Yes **If yes, you must inform the SFGS of ALL preexisting medical conditions.**

Please describe on back of this form.

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The Santa Fe Girls School, Inc. needs the following Medical History for your child should sickness or injury occur. Check and/or give approximate dates where applicable:

- | | | |
|---|-----------------------|-----------------------------|
| _____ Frequent Colds | _____ Heart trouble | _____ AIDS (HIV virus) |
| _____ Frequent sore throats | _____ Measles | _____ Hay fever/asthma |
| _____ Stomach Upsets | _____ German Measles | _____ Tetanus booster |
| _____ Abscessed ears | _____ Mumps | _____ Insect allergies |
| _____ Bronchitis | _____ Chicken Pox | _____ Polio vaccine booster |
| _____ Fainting | _____ Rheumatic Fever | _____ Broken bones |
| _____ Constipation | _____ Diabetes | _____ Typhoid vacc booster |
| _____ Hepatitis | _____ Epilepsy | _____ Serious ivy poisoning |
| _____ Other (explain on separate sheet) | | |

Has your child had any major surgery? (Circle One) Yes No

If yes, please describe below:

Is your child allergic to penicillin? (Circle One) Yes No

Other drugs? _____

Other allergies? _____

Details _____

Is your child taking medication/s at this time? (Circle One) Yes No

Type/Dosage _____

For What? _____

Additional information:

MEDICAL CONSENT

I am the parent or legal guardian of this participant, and hereby grant my permission for her to participate fully in said Field Trips and Off-Campus Educational Programs both in town and outside the city limits, Academic Year **2017/2018**, and hereby give my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

I also understand and agree that I am solely responsible for all appropriate charges for such services and that the SFGS is under no duty to provide any first aid or medical treatment in any event.

Parent or Legal Guardian Signature: _____ Date _____

THIS SIGNATURE AUTHORIZES THE Santa Fe Girls' School TO MAINTAIN THIS DISCLOSED MEDICAL INFORMATION IN CONFIDENTIAL STUDENT FILES.

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**ADDENDUM TO THE MEDICAL HISTORY AND CONSENT FORM
For dispensing of over-the-counter and prescription medications to students 2017-2018**

In order to participate in best practices, Santa Fe Girls' School is asking each parent to fill out and sign the form below. There are two parts to the form: part A indicates explicitly which over-the-counter medications staff at the Girls' School may administer to your daughter at school or on field trips. The part B explains our policy for administering any prescription medications to your daughter. Medications will be dispensed ONLY to students for whom there is a complete and signed form on file. Thank you very much for your support.

My daughter is _____

A. Yes, you may dispense the medications I have checked below to my daughter:

- Cough syrup
- Ibuprofen
- Acetaminophen
- Aspirin
- Cough drops
- Benadryl (or other antihistamine: _____)
- Oscillococcinum (a homeopathic remedy for colds and flu)
- Rescue Remedy (a homeopathic remedy for stress, shock, emotional upset)
- Other: _____

B. If your daughter requires any prescription medication to be taken during the school day, we require that you bring the medicine in the original prescription bottle from the pharmacy to the office. The directions need to be clearly legible. Prescription medication may only be dispensed by adult staff. No medication may be left in backpacks, not-lockers, pockets or other places on campus.

I have read and agree to abide by the above policies.

Parent signature

date

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Immunization Record
2017 - 2018 Academic Year

Student Name: _____

DPT/Td/DTap/Tdap

Date

1. _____
2. _____
3. _____
4. _____
5. _____

Polio: OPV/IPV

Date

1. _____
2. _____
3. _____
4. _____
5. _____

Measles/Mumps/Rubella (MMR)

Date

HepB (required for entering 7th graders)

Date

1. _____
2. _____
3. _____

Other

Date

_____	_____
_____	_____
_____	_____

AUTHORIZED SIGNATURE: _____ Date: _____

NOTE:

New Mexico Department of Health requires:

All students to have 2 doses of MMR

Students entering the 7th grade to have Hepatitis B vaccination

Religious/conscientious exemptions are only acceptable if the parent/guardian completes a Certificate of Religious/Conscientious Objection to Immunization and submits the notarized certificate to the Immunization Program for approval. The original certificates are kept by the Immunization Program, and a copy with approval or disapproval is sent to the appropriate school. NOTE: Religious/conscientious exemptions are only valid for one school year.

Medical exemptions to school immunization are only acceptable from licensed medical doctors or licensed doctors of osteopathy. The written statement from the licensed physician must state that the physical condition of the child is such that immunization would seriously endanger the life or health of the child. Medical exemptions must be kept in the child's school/health folder.

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Student Dress Code and Code of Conduct 2017-2018 School Year

APPROPRIATE DRESS:

Dress for school in comfortable, weather appropriate clothing.

- Shorts or skirts must be mid-thigh length.
- Spaghetti straps and/or bare midriffs are not acceptable. Tank tops are acceptable.
- Footwear appropriate for school day activities, including walking for field trips.
- Exercise attire (spandex tights, leotard tops) is not acceptable.
- T-shirts must not have any inappropriate writing or advertising, and have a modest neckline.
- Midriffs **must** be covered and bra straps not visible.
- Hair must appear to be of a natural color.
- No heavy makeup.
- No body piercings other than pierced ears are permitted.
- No visible tattoos are permitted.

STUDENT CODE OF CONDUCT: At Santa Fe Girls' School,

we come to school prepared and ready to learn, dressed appropriately and properly equipped.

- Be on time for school and each lesson.
- Bring to class all necessary materials/equipment required (books, writing equipment, etc.).
- Keep electronic devices turned off and in lockers throughout the school day.
- Bring completed homework to class when due.

we treat others with kindness and respect and listen to their ideas.

- Speak and respond to others in a manner that indicates that they have been heard.
- Speak and listen to others with care and respect.
- Honor differences.
- Use respectful language.

we take personal responsibility for our actions.

- Deal with conflicts in a respectful, productive, direct manner.
- Tell the truth.
- Honor all commitments.

we take responsibility for our own learning.

- Attend classes regularly; absent only when necessary.
- Participate actively in classroom discussions and turn in written work that shows best efforts.
- Complete and hand in homework assignments on time.
- Demonstrate active, focused listening.
- Cooperate with peers and teachers.
- Keep noise level low so that others are not distracted.
- Take risks involving heart and mind: ask questions
- Work toward independent learning.

we are responsible for our school environment.

- Respect school equipment and materials - “Books are gold”.
- Respect other students’ property.
- Care for the school, which includes inside building, outside yard and landscaping.
- At the end of the day, make sure the environment is clean, safe and orderly.

We appreciate your support in helping us maintain a positive and focused environment.

Yes, we agree to support the Santa Fe Girls’ School Dress Code and Student Code of Conduct.

Student Signature

Date

Parent Signature

Date

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FAMILY INFORMATION UPDATE *2017 - 2018 Academic Year*

▪ Student's Name: _____ Date of Birth: _____

▪ Mother's/Guardian's Name: _____

Address: _____ City: _____ Zip: _____

Preferred Phone number(s) for emergencies: _____

Email _____

Occupation: _____ Employer: _____

Employer's Address: _____ City: _____ Zip: _____

▪ Father's/Guardian's Name: _____

Address: _____ City: _____ Zip: _____

Preferred Phone number(s) for emergencies: _____

Email _____

Occupation: _____ Employer: _____

Employer's Address: _____ City: _____ Zip: _____

Student lives with: Both parents/guardians ____ Mother ____ Father ____ Guardian ____

- List persons authorized to pick up (name, contact information, relationship to student):

- 1.
- 2.
- 3.
- 4.
- 5.

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**Santa Fe City Bus Transportation
Authorization School Year: 2017-2018
OPTIONAL**

I give my daughter, _____,
permission to ride the Santa Fe city bus to and/or from the Santa Fe Girls' School on the following
days during the 2017-2018 academic school year:

M_____T_____W_____TH_____F_____

We (parents/guardians/child) hereby assume all risks and dangers and all responsibility for any losses
and/or damages which may occur while my daughter is in transport on the Santa Fe city bus to and/or
from Santa Fe Girls' School.

Parent/Guardian Signature

Date