



Central Catholic Jr. – Sr. High School

2410 South 9th Street, Lafayette IN 47909

Dear Parents and Guardians,

The 2019-2020 handbook for students and parents contains essential information. It can be found at lcss.org/parent-portal. The handbook outlines our expectations for you and your son/daughter. It is equally important for you to know what you can expect of the administration and staff of Central Catholic Junior-Senior High School. This handbook is the beginning of an informational sharing and communication process that will continue throughout the school year. It contains the policies and rules that will be in effect this school year.

I would also like to inform parents that throughout the year, we have occasion for media coverage of our students. We ask your permission to release this type of communication regarding your student(s). This could include, but is not limited to photographs and written communication for: the newspaper, newsletters, both parish and school, bulletin board displays, yearbook, school website, TV, Athletics, internet and videos made throughout the school year, etc.

To ensure that you have received this information, we ask you and your son/daughter to read the handbook and the media release choices below, sign this form, and have your son/daughter return it to his or her 10:10 teacher no later than **Friday, August 30, 2019**.

If you have any questions regarding the information contained in the handbook, please call me at 474-2496. Thank you for your cooperation in this matter.

Sincerely,

Neil R. Wagner

Principal

RETURN BY Friday, August 30, 2019

Our signatures certify that we have read and agree to abide by the 2019-2020 Student-Parent Handbook, including the Lafayette Central Catholic Student-Athletic Handbook. In addition we have selected our media coverage response choice.

Please check your media coverage response:

- Yes, the school has my permission to release school related communication involving my child(ren) to any media.
 No, the school does **Not** have my permission to release school related communication involving my child(ren) to the media.

Date _____

Parent's Name (Printed) _____ Parent's Signature _____

Student's Name (Printed) _____ Student's Signature _____ Grade _____

**2019 - 2020 Central Catholic Jr/Sr High School
Student Prescribed/Alternative Medication Permission Form**

**Please fill out form and have your son/daughter return it to their 10:10 teachers by
Fri. Aug. 30, 2019.**

Student: _____ Date of birth (age): _____

School Year: _____ Grade: _____

OVER THE COUNTER MEDICATIONS

The Central Catholic Front Office keeps the following medications on hand to dispense to students as needed. **Parent permission is required for us to dispense these medications. Note: This form will be effective for the entire duration of your child's Central Catholic Career.** Please check the medications that may be given to your student as needed, and give your permission for dispensing by signing below:

- Extra-Strength Tylenol (generic)
- Advil (generic)
- Tums
- Pepto Bismol tablets
- Cough Drops
- Allergy Medication

Parent/Guardian Signature: _____ **Date:** _____

PRESCRIPTION MEDICATIONS

All **non-emergency prescription** medications must be dispensed by the Front Office and must be in their **original container**. Medicines may not be carried by students or kept in their lockers. Please provide the following information on your child's Rx:

Name of Medication: _____

Reason for Medication: _____

Dosage: _____

Start and end dates: _____

Parent/Guardian Signature: _____ **Date:** _____

Emergency inhalers and epi-pens may be carried by students or kept in their lockers ONLY if an action plan has been filled out and signed by the physician, and turned in to the Front Office. Please see your child's physician for their preferred action plan



LAFAYETTE CATHOLIC SCHOOL SYSTEM

2410 S. 9th Street | Lafayette, IN 47909 | 765.474.7500

PLEASE COMPLETE ONE FORM PER STUDENT

I, _____, give the The Lafayette Catholic School System, permission to release the following information concerning my child _____ to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

If you have any questions please contact Natalie Stevens 765-607-4904 or nstevens@lcss.org

I hereby consent to the release of such information.

Signature

Date

Printed Name of Parent or Guardian

Telephone Number

Address

School

Child Name

Grade Level

St. Mary Cathedral School
1212 South Street
Lafayette, IN
47901-1577
Phone: (765) 742-6302

St. Boniface Middle School
813 North Street
Lafayette, IN 47901-1162
Phone: (765) 742-7913

St. Lawrence Elementary School
1902 Meharry Street
Lafayette, IN 47904-1498
Phone: (765) 742-4450

Central Catholic Jr. -Sr. High School
2410 South 9th Street
Lafayette, IN 47909-2499
Phone: (765) 474-2496

Grades preK-3

Grades 4-6

Grades preK-6

Grades 7-12