

**MILLCREEK TOWNSHIP SCHOOL DISTRICT**

**PARENT/GUARDIAN ANNUAL NOTIFICATIONS and STUDENT CODE OF CONDUCT**

**2024-2025 CONSENT FORM**

This document can be found on our website. Go to Parents, Resources, District Documents for Students

**Annual Notifications (see pages 1 - 20) include, but are not limited to:**

- Annual Notice of Pest and Weed Management
- Annual Notice of Asbestos-Containing Material
- USDA Non-Discrimination Statement
- Notice of Non-Discrimination
- Statements regarding ADA, IDEA, and Gifted Education
- Chapter 15/Section 504 Annual Notice
- Notice regarding Retention and Destruction of Special Education Records
- Section 504 Complaint Procedure
- Notification of Rights under the PPRA
- Notification of Privacy Practices

**FERPA/DIRECTORY INFORMATION (see pages 20 - 21)**

I have read and understand the notifications regarding Disclosure of Directory Information under the Family Educational Rights and Privacy Act ("FERPA").

I hereby:

- Consent to MTSD's disclosure of my student(s)' directory information in accordance with FERPA and its accompanying regulations.
- Do not consent to MTSD's disclosure of my student(s)' directory information in accordance with FERPA and its accompanying regulations.

**PARENT/GUARDIAN, STUDENT CONSENT FOR ANNUAL NOTIFICATIONS and STUDENT CODE OF CONDUCT**

Annual Notifications and Student Code of Conduct

\* I hereby understand and consent to the application of the Disciplinary Provisions contained within the Student Code of Conduct to my student(s) during the 2024-2025 academic year. The student(s) identified below have read, understand, and consent to the 2024-2025 Annual Notifications and Student Code of Conduct and understand that it may be applied to them in disciplinary and non-disciplinary circumstances.

**24-25 ANNUAL POLICY NOTIFICATIONS Go to [www.mtsd.org/who-we-are/school-board](http://www.mtsd.org/who-we-are/school-board)**

Board Procedures:

- 006. Meetings

Programs:

- 103. Discrimination/Title IX Sexual Harassment Affecting Students
- 103.1. Nondiscrimination – Qualified Students With Disabilities
- 104. Discrimination/Title IX Sexual Harassment Affecting Staff
- 105.1. Review of Instructional Materials by Parents/Guardians and Students
- 113. Special Education
- 114. Gifted Education
- 123. Interscholastic Athletics
- 123.1. Concussion Management
- 123.2. Sudden Cardiac Arrest
- 138. Language Instruction Educational Program for English Learners
- 142. Migrant Students
- 143. Standards for Persistently Dangerous Schools
- 144. Standards for Victims of Violent Crimes
- 146. Student Services

Pupils:

- 200. Enrollment of Students
- 203. Immunizations and Communicable Diseases
- 204. Attendance
- 209. Health Examinations/Screenings
- 209.1. Food Allergy Management
- 209.2. Diabetes Management
- 210. Medications
- 210.1. Possession/Administration of Asthma Inhalers/Epinephrine Auto-Injectors
- 216. Student Records
- 218. Student Discipline
- 218.1. Weapons
- 222. and 323. Tobacco and Vaping Products – Students and Employees
- 226. Searches
- 235. Student Rights and Responsibilities
- 235.1. Surveys
- 236.1. Threat Assessment
- 237. Electronic Devices (see link below)
- 246. School Wellness
- 247. Hazing
- 249. Bullying/Cyberbullying
- 250. Student Recruitment

Employees:

- 312. Performance Assessment of Superintendent/Assistant Superintendent

Finances:

- 604. Budget Adoption
- 619. District Audit
- 621. Local Taxpayer Bill of Rights

Property:

- 705. Facilities and Workplace Safety
- 707 Use of School Facilities (Boy Scouts Act)
- 716. Integrated Pest Management

Operations:

- 805. Emergency Preparedness and Response
- 806. Child Abuse
- 808. Food Services
- 810.2. Transportation – Video/Audio Recording
- 823. Naloxone
- 824. Maintaining Professional Adult/Student Boundaries

Community:

- 904. Public Attendance at School Events
- 906. Public Complaint Procedures
- 918. Title I Parent and Family Engagement

24-25 Annual Policy Notifications

- I have read and understand the 2024/2025 Annual Board Policy Notifications as it applies to my student(s) who attend the Millcreek Township School District.

**PERSONAL AND MOBILE DEVICE (BYOD) POLICY #237.1**

The Millcreek Township School District Board of Directors support and encourage the use of student-owned and/or district-provided mobile and Wi-Fi enabled devices for educational purposes. However, such devices are only to be used for said purposes with the Terms and Conditions of this policy and with the permission of the building faculty and/or administration. Moreover, such devices must not interfere with the operation of the school or proper performance and security of the district network. This agreement applies to all district students who access district information resources directly or remotely via personal mobile and Wi-Fi enabled devices. These devices include, but are not limited to: cellular devices, digital cameras, music/voice players and/or recorders, e-readers, laptop computers, and digital tablets.

**Policy #237.1**

- \* I have read and understand the 2024/2025 Bring Your Own Device (BYOD) Policy as it applies to my student(s) who attend the Millcreek Township School District.

**ACCEPTABLE USE OF INTERNET, COMPUTERS AND NETWORK RESOURCES**

In addition, MTSD may utilize and install certain applications on my student’s Chromebook computer that will be issued during the 2024-2025 academic year. Students will be permitted to download MTSD-approved applications on the Chromebooks, will be permitted to use the internet on the computers, and will be consenting to the applicable Terms of Service in order to permit such use. Pursuant to the Children’s Online Privacy Protection Act (“COPPA”), the Family Educational Rights and Privacy Act (“FERPA”) and any applicable Terms of Service, the verifiable consent of parents/guardians for students under the age of eighteen (18) is necessary to permit MTSD students to use the internet and these applications. I understand and consent to my students’ use of internet resources and consent to my students’ download of MTSD-approved applications for educational purposes. I understand and consent to third-party providers collecting certain directory information (name, email address, age, etc.) from my student and certain network data from my student’s Chromebook (IP address, locational data, etc.) in connection with the use of the Chromebook computer. I hereby agree that by executing below, I have given verifiable parental consent for the collection and distribution of this student information pursuant to COPPA, FERPA, and any applicable terms of service.

Policy #815 - Acceptable Use of Internet, Computers and Network Resources

\* I have read and agree to the Acceptable Use of Internet, Computers and Network Policy as it applies to my student(s) who attend the Millcreek Township School District.

**MEDIA CONSENT**

In the event of a media interview, I am aware that my child may be asked a variety of questions concerning school and school related activities and programs, and that the contents of the interview may be published or aired publicly. I understand that my child will be under the supervision of a school staff member during the interview or photo session. There may not be school staff supervision, however, if the photographs or video or voice recordings are part of a general background scene in which my child is not identified, my child reserves the right to refuse to answer any questions or participate in any discussions that make him/her feel uncomfortable or embarrassed. Additionally, my child and/or the supervising school agent reserves the right to terminate the interview, photo or video session at any time for any reason. I understand that neither the Millcreek Township School District (MTSD), nor the news media, has any obligation to air or publish the image, photos, videotape and or voice of my child. I also understand that neither I nor my child will receive any monetary compensation for the rights granted herein. And I understand that my child’s appearance or the use of his/her voice in any publication, photo, internet or televised form does not confer any ownership rights on me or my child. I understand that MTSD will not willingly distribute images, photos, videotapes, or the voice of my child to third parties on social media platforms. However, I understand and agree that third parties may gain access and distribute the same without the consent of MTSD. I hereby indemnify and hold harmless MTSD, its staff, Board of Education, its licensees, and assignees from liability regarding third party distribution of my child’s images, photos, videotapes, or voice on social media platforms. If by reason of my child’s statements and actions in the interview, photos, images, videotape and/or voice recording, or the materials furnished to my child by anyone other than MTSD for the same, there is any claim or litigation involving any charge by third parties of violation or infringement of their right, I agree to indemnify and hold harmless MTSD, its staff, Board of Education and its licensees, and assignees from liability, loss or expenses arising from such claim or litigation. MTSD may from time-to-time wish to utilize a child’s photograph, voice, or name, in official releases from MTSD.

I hereby:

- Consent to MTSD’s use of my child’s photograph, voice, and/or name in various media projects.
- Do not consent to MTSD’s use of my child’s photograph, voice, and/or name in various media projects.

### **SCHOOL PHYSICAL AND DENTAL EXAM**

In accordance with the Pennsylvania Public School Code of 1949 and associated regulations, a physical must be on record upon entry into school and in grades 6 and 11; and a dental exam in grades K, 3, and 7. Your private physician and dentist can perform this exam anytime up to one year prior to the start date of the current school year to be counted as a grade appropriate exam. The completed physical form should be returned to your school nurse. If the private exam form has not been returned, your child may be scheduled for a free screening exam.

I hereby:

- Consent to MTSD's physician and dentist performing exams on your student(s).
- Do not consent to MTSD's physician and dentist performing exams on your student(s).

### **OVER THE COUNTER MEDICATION**

In accordance with Pennsylvania Public School Code of 1949 and associated regulations, the Commonwealth of Pennsylvania requires that all medications given in schools, including prescribed and Over the Counter ("OTC") medications, have both a physician's order and parental/guardian consent. Prescribed medications require a completed MTSD medication form in accordance with MTSD Policy 210. Standing Orders from the MTSD physician are written for the following OTC medications:

Analgesics Topical:

Anbesol, Bactine, Blistex, Burn Gel, Caladryl, Carmex, Chloraseptic Throat Spray, Sting Swabs).

Analgesics Oral: Acetaminophen, Ibuprofen, Midol.

Antibiotics Topical: Bacitracin, Neosporin.

Antihistamine: Benadryl

Anti-Inflammatory: Hydrocortisone cream, Ibuprofen.

Ophthalmic: Contact lens solution, eye wash, Visine.

Gastrointestinal: Lactose intolerance medications, Tums

I hereby:

- Consent to MTSD medical professionals providing my student(s) OTC medications at MTSD when necessary.
- Do not consent to MTSD medical professionals providing my student(s) OTC medications at MTSD when necessary.

### **SHARING MEDICAL INFORMATION**

In certain situations, MTSD administration may wish to share medical information with other MTSD staff and faculty to protect the health and safety of your student(s).

I hereby:

- Consent to MTSD sharing my student(s) information with faculty and staff to protect the health and safety of my student(s).
- Do not consent to MTSD sharing my student(s) information with faculty and staff to protect the health and safety of my student(s).

Please be advised that both you and your student(s) will have to sign to complete the Annual Notice **for** Parental Consent and Release Agreement. By executing your name below, you formally attest that you are the individual authorized to execute this document on behalf of your student(s). Your signature verifies that the information you entered on this document is true and accurate to the best of your knowledge. Your signature and your student(s) signature(s) shall on associated documentation be legally binding.

Please execute all relevant signatures below. By executing your name below, you formally attest that you are the individual authorized to execute this application on behalf of your student(s). Your signature verifies that the information you entered on this application is true and accurate to the best of your knowledge. Your signature and your student(s) signature(s) shall on associated documentation be legally binding.

Please execute **parent/guardian and student** signatures **on the line** below:

**Parent Signature:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_