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APPENDIX I

MODEL JOB DESCRIPTION OF PRINCIPAL

- I. Facilitation of Catholic Education
 - A. Model Catholic Values based on “To Teach as Jesus Did.”
 - B. To provide spiritual growth opportunities for faculty and students.
 - C. Oversee the development of a strong religious education.
 - D. Reviews the School’s Mission and Goals in relation to church documents and diocesan directives.
 - E. Foster a positive Catholic leaning and working environment.

- II. Instructional Leadership
 - A. Fulfill State and Diocesan requirements.
 - B. Develop with staff curriculum goals and objectives.
 - C. Oversee the administration of achievement tests.
 - D. Utilize test results to improve curriculum and instruction.
 - E. Monitor student progress.
 - F. Provide leadership in updating textbooks and materials regularly.
 - G. Supervise instruction by classroom observation, teacher conferences, review of curriculum outcomes, etc.

- III. Staff Development
 - A. Interview and select teachers to hire.
 - B. Provide orientation for new teachers.
 - C. Provide opportunities for professional development of all teachers and staff.
 - D. Evaluate teachers performance.
 - E. Evaluate non-classified staff.
 - F. Renew or terminate service contracts.

- IV. Student
 - A. Foster atmosphere for student responsibility for leaning and behavior.
 - B. Provide special educational opportunities for students, eg. Speakers, science fairs, trips, etc.
 - C. Coordinate student activities.
 - D. Maintain student records and confidentiality of records.
 - E. Keep documentation of students regarding discipline.
 - F. Attend required parent/teacher conferences, IEP’s etc.
 - G. Establish emergency procedures to protect the welfare of students.

- V. Administrative Management
 - A. Act as executive officer of School Council carrying out policies relative to the school.
 - B. Prepare and execute annual budget report periodically to Council of Education on revenues and expenditures.
 - C. Complete on time all reports required by State and Diocese.

- D. Attend meetings and workshops sponsored by Diocese.
- E. Keep undated in current trends in education.

**CERTIFICATION OF HEALTH FOR SCHOOL PERSONNEL
K.S.A. 72-5213**

To be completed by the Applicant/Employee:
(Form to become part of the personnel file)

Name: _____ Social Security Number _____

Home Address: _____ Birthdate: _____
(Street, City and Zip Code)

Job Title: _____ Work Site: _____

Tuberculin Testing Results
(To be completed by the Health Care Professional)

Tuberculosis has been ruled out by:

Test	Date of Test	Date Test Read	Result
Mantoux/PPD	_____	_____	_____ mm induration (Positive)

			(Negative)
Chest X-Ray:	_____	_____	_____
			(Negative/Positive)
Testing Conducted by:	_____		_____
			(Health Facility)

Individual Who Read Test: _____
(Signature)

Physician's Statement

I have, this date, examined _____ and find no evidence of any physical condition that would
(Name)
conflict with the health, safety, or welfare of the pupil or would prevent the individual from working in a safety and
healthful manner. List limitations or restrictions, if any.

Comments: _____

(Signature of Licensed Physician) (ExaminationDate)

(Address) (City) (State) (Zip)

This medical evaluation has been conducted under the guidelines established by K.S.A. 72-5213 as indicated below:
Certification of health; form and contents; expense of obtaining. Every board of education shall require all persons, whether employees of the school district or under the supervision thereof, who come in regular contact with the pupils of the school district, to submit a certification of health signed by a person licensed to practice medicine and surgery under the laws of any state on a form prescribed by the secretary of health and environment. The certification shall include a statement that there is no evidence of physical condition that would conflict with the health, safety or welfare of the pupils; and that freedom from tuberculosis has been established by chest x-ray or negative tuberculin skin test. If at any time there is reasonable cause to believe that any such person is suffering from an illness detrimental to the health of the pupils, the school board may require a new certification of health. The expense of obtaining certification of health may be borne by the board of education (1980). Revised, 5/95

APPENDIX III

TEACHER IN CHARGE “TIC”

In the future there will be some schools that will have joint administrative teams or administrators that will have duties that will take them from the school building. This is a model job description of a TIC.

I. FACILITATOR OF CATHOLIC UNIQUENESS

- A. Model Catholic values based on “To Teach as Jesus Did.”
- B. To participate with staff and students’ opportunities for spiritual growth.
- C. Assist the principal in the development of a strong religious education program.
- D. Be familiarized with school philosophy and goals in relation to diocesan policies and directives.

II. INSTRUCTIONAL LEADERSHIP

- A. Assist the principal in developing broad curriculum goals in each teaching area.
- B. Communicate with principal of special student needs.
- C. In the absence of the principal teacher in charge should monitor the daily needs of teacher materials and supplies.

III. STAFF DEVELOPMENT

- A. Assist the principal in identifying needs of the staff in providing inservicing, communications and support.
- B. Promote staff responsibility in delegating educational duties.

IV. STUDENTS

- A. Assist in fostering student responsibility for learning and behavior.
- B. In absence of principal, coordinate student activities.
- C. Insure the rights of privacy of student records.
- D. Keep documentation of any disciplining action taken in absence of principal.
- E. Familiarize the school’s policy of emergency situations. Keep track of record keeping of emergency cards etc.

OTHER EXPERIENCE: Include all full-time work experience during the past five years, whether or not it has pertinence for a position in education. List the most recent first.

EMPLOYER AND ADDRESS	NATURE OF EXPERIENCE	FROM MO. YR.	TO MO. YR.

Enter below any CCD or other formally organized out-of-school religious education programs, for either children or adults, in which you assist.

_____ name of parish or school

_____ grade level

_____ hours per week

_____ no. of students

COMMENTS: _____

SECTION 4. RELATED INFORMATION

REFERENCES: (Three persons able to give information about your qualifications for the position for which you are applying.)

NAME	ADDRESS	OFFICIAL POSITION

How soon will you be available? _____

If under contract, when are you required to sign next year's contract? _____ Reasons for leaving your present (or most recent) employment.

If you have placement papers on file with a placement bureau or college placement office, give its full name and address here.

Have you ever been convicted of a felony or a crime involving dishonesty, a controlled substance, or child? _____

Have you ever entered into a criminal diversion agreement? _____

Have you ever had a certificate revoked, suspended or denied in any state(s)? _____

If yes, what action was taken and in what state? _____

Briefly describe your personal philosophy of education.

Briefly describe your leadership style.

Briefly describe your vision of an ideal Catholic school.

By making this application the applicant is aware that the Salina Diocese will conduct a criminal background check. Employment is contingent on the results of that background check.

DATE _____

SIGNATURE _____

PRINCIPAL CONTRACT

Parish _____ School _____
Location _____ Position _____
Name _____ Address _____
Ks. Certification Expires _____
Annual Compensation \$ _____ Paid Monthly Bi-Weekly Weekly
Start Date of Contract _____ End Date of Contract _____

Employment: The Parish employs the Principal for the term and compensation set forth above. Compensation will be paid in equal installments over the entire term of the Contract. The Principal's Duties shall be those as may be assigned to Principal for performance of the position of Principal of the above referenced school or as otherwise assigned by the Parish. The Principal accepts the employment and agrees to perform such duties as are required for the position for the entire term of this Contract.

The Principal agrees to serve the Parish as principal of _____ upon the following conditions:

- a. The Principal shall be qualified as a school administrator under Kansas law. He/she shall provide religious, administrative and educational leadership to all faculty, staff, students and parents within the school community.
- b. Principal agrees to abide by the Diocesan Administrative Guidelines and School Policies, and any policies and guidelines adopted by the School. Receipt of copies of the Diocesan and Local School Handbooks is acknowledged by the Principal. Principal agrees that conscientious observance of the same is an express duty in Principal's performance of this Contract.
- c. The Parish and Principal shall cooperate to determine by March 15th of each year whether Principal will be employed for the next school year. If a written contract has not been offered and returned with the Principal's signature by March 15, it shall be conclusively presumed that the parties will not contract beyond the term of this Contract. Principal acknowledges that he/she has no property interest in any employment beyond the scope and term of this Contract.

Defaults: The Principal shall be deemed to be in default under this contract in the event of any serious breach of a duty including, but not limited to, the following:

- a. Failure to be or remain qualified, under the laws of the state of Kansas, to perform the duties of this contract; or failure to have a currently valid Administrator's certificate.
- b. Failure or refusal to complete the term of employment or to perform the services and duties of a principal for all or any part of the term of this contract.
- c. Failure to abide by the requirements of this Contract or of the Handbooks, within five (5) days after written notice from the Parish.
- d. Involvement in the commission of any serious crime, public scandal, or conduct substantially impairing the Principal's professional effectiveness or the Principal's portrayal of an example for student emulation, or promulgating teachings inconsistent with established Catholic teachings or openly adopting a way of life inconsistent with Catholic moral standards.

- e. The Principal agrees that principals are considered “ministerial” employees subject to a morals clause requiring them to live in accordance with Catholic teachings, inside and outside the classroom, regardless of their own personal faith.

Upon any default, the Pastor, after consultation with the local school council, may suspend the Principal with pay for a period not to exceed seven (7) days with immediate notice thereof to the Diocesan Superintendent of Schools. In the Pastor’s discretion, this Contract may be terminated during the period of any such suspension. In such event, Principal may make written demand for a hearing to the Superintendent within three (3) days after notice of termination. After such hearing, the Superintendent shall determine whether this Contract should be terminated for cause based upon the Principal’s default. In such case, the Principal shall be liable for the cost of a replacement principal to the extent that such cost exceeds the compensation otherwise payable to the Principal over the remaining term of this Contract.

Liability for Default: Except when prevented by circumstances clearly beyond the Principal’s control, failure to perform this Contract shall subject the Principal to liability for any costs of employing a replacement to the extent that such costs exceed the compensation otherwise payable to the Principal over the remaining term of this Contract.

Conflicting Provisions: In the event of a conflict between this Contract and any provision of the Handbooks, this Contract shall control.

Benefits: In addition to any benefits described in the Handbooks, the Parish agrees to provide the following benefits to Principal: _____

Dated this _____ day of _____, 20__.

Principal

Parish School Pastor

Diocesan Superintendent of Schools

FOR THIS CONTRACT TO TAKE EFFECT, the following conditions **MUST** be met:

- 1) *Secure the signatures of the Principal, Pastor (for parish schools) and Superintendent.*
- 2) *Send a copy of the signed contract to the Diocesan Catholic School Office.*
- 3) *The school is to make a copy of this contract for the Principal and the School.*

Current Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Wages (Per Hour/Annual) \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Wages (Per Hour/Annual) \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Wages (Per Hour/Annual) \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Wages (Per Hour/Annual) \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Criminal Background

Have you ever been convicted (misdemeanor or felony) of violating any laws?

Date: _____ Convicted for: _____ State: _____ County: _____
Date: _____ Convicted for: _____ State: _____ County: _____
Date: _____ Convicted for: _____ State: _____ County: _____

Disclaimer and Signature

"I certify that all the information I have provided above is true and complete and I understand that false statements or an omission of pertinent information on this application are grounds for dismissal whether learned of immediately or in the future."

Applicant Signature _____ Date: _____

**TEACHER CONTRACT
CATHOLIC SCHOOLS
STATE OF KANSAS**

Diocese _____ Teacher _____
School _____ Address _____
Location _____ Phone _____
Term of Employment Beginning _____ Ending _____ F.T.E. _____
Contract Days _____ Social Security Number _____
Assignment _____ Kansas Teacher Certificate expires _____
Degree _____ Grad. Hrs. _____ Religion Certification Level _____
Supplemental Duties _____
Annual Compensation \$ _____ Payable _____
Annual Supplemental Compensation \$ _____ Payable _____
Total Annual Compensation \$ _____

WITNESS THAT:

1. **EMPLOYMENT.** Subject to the terms and conditions hereinafter set forth, the school employs the Teacher for the performance of the Duties of the position as above indicated for the Term and Compensation above set forth. The Teacher accepts the employment and agrees to perform the same for the entire Term indicated.

2. **INCLUSION OF HANDBOOKS.** The Teacher acknowledges having been provided copies of the current Employee Handbook and a summary of employee benefits, and the Teacher agrees that conscientious observance of the same is an express duty in the Teacher's performance of this Contract. For the purpose hereof, the Handbooks above referred to are incorporated by reference into this Contract together with all reasonable and incidental amendments thereto and with the rules and regulations promulgated by the School's governing authorities.

3. **SCHOOL TERM.** The Term of Employment shall be defined by the local school calendar and shall at a minimum include the number of classroom teaching days or hours prescribed by state law (KSA 72-1106) and must also include at least five additional days of professional development directed by the school administration. In the event of any conditions requiring the temporary closing of the School, the Teacher shall teach the make-up days without additional compensation.

4. **TEACHER ABSENCES.** Sick leave and other temporary absences shall be subject to the conditions set forth in the above referred to Handbooks.

5. **DEFAULTS.** The Teacher shall be deemed to be in default under this contract in the event of any serious breach of an important duty hereunder including specifically any of the following:

- a. Failure to have a currently valid Teacher's Certificate pursuant to Article 13, Chapter 72; or failure to be or to remain qualified under the laws of Kansas.
- b. Failure or refusal to complete the Term of Employment or to perform the prescribed services hereunder for all or any part of the school year.
- c. Failure to perform the prescribed duties of this Contract or failure to abide by the requirements of the Handbooks above referred to after reasonable warning given by the school administration.
- d. Involvement in the commission of any serious crime, public scandal, or conduct substantially

impairing the Teacher's professional effectiveness or the Teacher's portrayal of an example for pupil emulation; promulgation of teachings inconsistent with established Catholic teachings; or open adoption of a way of life inconsistent with Catholic moral standards.

Upon any such default, the school principal and the pastor may, at their sole discretion and without advance notice, suspend the Teacher for not to exceed seven days pending immediate notice thereof to the Superintendent of Schools who shall promptly grant a hearing to the Teacher with not less than three days advance notice in writing. The Superintendent of Schools shall determine whether such suspension shall be lifted, and if so, lifted under what, if any, conditions or whether the suspension should be made permanent and this Contract canceled for cause. In the latter event, the school shall be liable for salary and benefits earned to the date of cancellation in proportion to the total contract days.

6. CONTRACT. The Teacher and the Principal shall cooperate to determine by April 15 of each year whether the Teacher will be employed for the next school year. If no definitive written contract is completed and signed by May 1, it shall be presumed that the parties will not contract for the next school year.

7. LIABILITY FOR DEFAULT. The School and the Teacher accept a mutual responsibility to the children to respect the dignity of this Contract and fulfill its terms. Except when prevented by circumstances clearly beyond the Teacher's control, failure to perform this Contract shall subject the Teacher to liability to the School as defined in the handbooks referred to above.

8. CONFLICTING PROVISIONS. In the event there is a conflict between any provisions of this Contract and any provision of the above referred to Handbooks, this Contract shall control.

9. SPECIAL PROVISIONS, if any: _____

Teacher

Principal

Religious Superior

Pastor of Parish School or President/ Superintendent
of Diocesan High School

SIGNED this _____ day of _____, 20 _____.

- White – Teacher's Copy
- Canary – School Copy
- Pink – Religious Community's Copy
- Golden – Arch/Diocesan Office Copy

APPENDIX VI

Approved Evaluation Tool - See Doc "Teaching Staff Evaluation Tool"

APPENDIX VII

PLEASE COMPLETE THE FOLLOWING FORM AND RETURN IT TO THE OFFICE ON THE FIRST DAY OF SCHOOL.

We have received the school handbook. We agree to be governed by the policies contained herein.

Parent/Guardian

Date

KANSAS CERTIFICATE OF IMMUNIZATIONS (KCI)

This record is part of the student's permanent record and shall be transferred from one school to another as defined in Section 72-5209 (d) of the Kansas School Immunization Law (amended 1994.)

Student Name: _____ Address: _____
 Parent or Guardian Name: _____
 Phone: _____
 Birthdate (MM/DD/YYYY): _____ SEX: [] MALE [] FEMALE Race: _____ Ethnicity: _____ County: _____

VACCINE	RECORD THE MONTH, DAY, AND YEAR THAT EACH DOSE OF VACCINE WAS RECEIVED						
	🚫 = Dose determined invalid by provider	🚫 = Invalid Dose. KSWebIZ minimum age/interval not met					
	1st	2nd	3rd	4th	5th	6th	7th
DTaP/DT/Td/Tdap (Diphtheria, Tetanus, Pertussis) Required for school entry. Single Tdap required for grades 7-12. State Type							
Polio Required for school entry.							If additional doses are added, please initial the dose and sign below: _____ _____
HEP B (Hepatitis B) Required for school entry.							
Varicella (Chickenpox) Required for school entry.			Hx of Disease: NO _____ Date of Illness: _____ Physician Signature: _____				
MMR (Measles, Mumps, and Rubella combined) Required for school entry.							
Influenza (Flu) Recommended annually for ages 6mo and older. Not required for school entry.							
HIB (Haemophilus Influenzae Type B) Required < 5 years of age for preschool or child care operated by a school.							
PCV (Pneumococcal Conjugate) Required < 5 years of age for preschool or child care operated by a school.							
HEP A (Hepatitis A) Required < 5 years of age for preschool or child care operated by a school.							
MCV4 (Meningococcal) Initial dose recommended at 11-12 years of age and booster dose recommended after 16 years of age. Not required for school entry.							
HPV (Human Papillomavirus) Recommended for males and females at 11-12 years of age. Not required for school entry.							
Rotavirus Recommended < 8 mo. Not required for school entry.							

<p style="text-align: center;">DOCUMENTATION</p> <p style="font-size: x-small;">KCI MAY ONLY BE SIGNED BY A PHYSICIAN (MD/DO), HEALTH DEPT, OR SCHOOL.</p> <p><input type="checkbox"/> I certify I reviewed this student's vaccination record and transcribed it accurately</p> <p style="font-size: x-small;">Agency Name: _____ Authorized Representative: _____ Address: _____</p> <p style="font-size: x-small;">The record presented was: _____ Date _____</p> <p><input type="checkbox"/> Kansas Immunization Record <input type="checkbox"/> Other Immunization Record (Specify) _____</p>	<p style="text-align: center;">LEGAL ALTERNATIVES TO VACCINATION REQUIREMENTS "KSA 72-5209"</p> <p style="font-size: x-small;">1. "Annual written statement signed by a licensed physician (Medical Doctor/M.D. or Doctor of Osteopathy/D.O.) stating the physical condition of the child to be such that the tests or inoculations would seriously endanger the life or health of the child." Medical exemption shall be validated annually by physician completion of KCI Form B and attachment to the KCI.</p> <p style="font-size: x-small;">2. "Written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations."</p>
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KANSAS IMMUNIZATION PROGRAM
 1000 SW Jackson, Suite 210, Topeka, KS 66612-1274
 PHONE 785-296-5591 FAX 785-296-6510

I give my consent for information contained on this form to be released to the Kansas Immunization Program for the purpose of assessment and reporting.

 Parent/Legal Guardian's Signature

 Date

KANSAS IMMUNIZATION REQUIREMENTS: Based on age of child as of September 1 of current school year.

As per Kansas Statute 72-5209, all children upon entry to school must be appropriately vaccinated. In each column below, vaccines are required for all ages listed in that column.

Pre-Kindergarten Ages 0-4 ACIP Recommended Schedule		Kindergarten through 12th Grade	
Birth	HEP B	DTaP: 5 Doses a) 4 week minimum interval between first 3 doses; 6 month interval between dose 3 and dose 4 b) 4 doses acceptable if dose 4 given on or after the 4th birthday c) If dose 4 administered before 4th birthday, 5th dose must be given at 4-6 years of age	MMR: 2 doses Grades K - 12th a) First dose on or after the 1st birthday b) 28 days minimum interval between doses
2 Months	DTaP/DT POLIO HEP B PCV ROTAVIRUS		
4 Months	DTaP/DT POLIO HIB PCV ROTAVIRUS	Tdap/Td: 7 years and older 3 doses if no history of any DTaP doses (a-b) a) 4 week minimum interval between dose 1 (Tdap) and dose 2 (Td); first dose must be Tdap b) 6 months between dose 2 (Td) and 3 (Td) c) Single dose of Tdap for an incomplete primary DTaP series or; d) Single dose of Tdap required for Grades 7-12	Varicella: 2 doses Grades K - 12th a) First dose on or after the 1st Birthday b) Second dose must be given at least 28 days after first dose c) No doses required if prior varicella disease verified by a physician Varicella-ACIP minimum interval for less than 13 yrs is 3 months; 13 yrs and older is 4 weeks however, a 28 day interval regardless of age is valid.
6 Months	DTaP/DT POLIO HEP B HIB PCV ROTAVIRUS	Polio: Grades K - 5, new students and students completing the polio series <u>All IPV or OPV Schedule</u> a) 4 week minimum interval between first 3 doses; 6 months interval between dose 3 and dose 4; one dose after 4th birthday b) 3 doses acceptable, if 4 weeks between dose 1 and 2; 6 months between dose 2 and 3; one dose after 4th birthday	Hepatitis B: 3 doses Grades K - 12th a) 4 week minimum interval between dose 1 and dose 2 b) 8 week minimum interval between dose 2 and dose 3 c) 16 week minimum interval between dose 1 and dose 3 d) Dose 3 must be given after 24 weeks of age
12-15 Months	MMR VAR HIB PCV	Combination IPV/OPV - 4 doses required a) 4 week minimum interval between first 3 doses; 6 months interval between dose 3 and dose 4; one dose after 4th birthday b) 3 doses not acceptable with combination schedule	Additional Notes: - Vaccine doses given up to 4 days before the minimum interval or age may be considered valid. - With the exception of Hepatitis B vaccine, immunizations given before 6 weeks of age are not considered valid. - Half doses or reduced doses of vaccine are not considered valid.
12-23 Months	HEP A		
15-18 Months	DTaP/DT	Polio: Grades 6 - 12th <u>All IPV or OPV Schedule</u> a) 4 doses-4 weeks minimum interval between doses regardless of age given b) 3 doses acceptable -4 weeks minimum interval between dose 1 and dose 2; dose 3 after 4th birthday	
6 Months after 1st dose	HEP A		
ACIP Recommended Schedule http://www.cdc.gov/vaccines/schedules/		Combination IPV/OPV - 4 Doses required a) 4 weeks minimum interval regardless of age given	
		New students and students completing series must have 6 months between last two doses with one dose after 4th birthday	

PARENTS AND/OR GUARDIANS ARE NOT AUTHORIZED TO COMPLETE KCI FORMS.

KCI FORM B - MEDICAL EXEMPTION is located at http://www.kdheks.gov/immunize/imm_manual_pdf/KCI_formB.pdf

BLANK VERSION OF KCI FORM is available at http://www.kdheks.gov/immunize/download/KCI_Form.pdf

A ROSTER WITH THE NAMES OF ALL EXEMPT STUDENTS SHOULD BE MAINTAINED. PARENTS OR GUARDIANS OF EXEMPT CHILDREN SHOULD BE INFORMED THAT THEIR CHILDREN SHALL BE EXCLUDED FROM SCHOOL IN THE EVENT OF AN OUTBREAK OR SUSPECTED CASE OF A VACCINE-PREVENTABLE DISEASE.

KANSAS SCHOOL IMMUNIZATION REQUIREMENT (Kindergarten-12th Grade) 2016-2017 SCHOOL YEAR

Immunization requirements and recommendations for the 2016-2017 school year are based on the Advisory Committee on Immunization Practices (ACIP) recommendations and the consensus of the Governor's Child Health Advisory Committee Immunization Workgroup. The current recommended and minimum interval immunization schedules may be found at: <http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>. The best disease prevention is achieved by adhering to the recommended schedule however, if a child falls behind, the minimum interval schedule is implemented. To avoid missed opportunities, immunization providers may use a 4 day grace period per age and interval between doses. In such cases, these doses may be counted as valid.

K.S.A 72-5208-5211a - Kansas Statutes Related to School Immunizations Requirements and K.A.R. 28-1-20 defines the immunizations required for school and early childhood program attendance found here:

http://www.kdheks.gov/immunize/download/KS_Imm_Regs_for_School_and_Childcare.pdf

- **Diphtheria, Tetanus, Pertussis (DTaP/Tdap):** Five doses required. Doses given at: Dose 1: 2 months, Dose 2: 4 months, Dose 3: 6 months, Dose 4: 15-18 months (4th dose may be given at 12 months provided at least 6 months after dose 3) and Dose 5: prior to kindergarten entry. Four doses are acceptable if dose 4 given after age 4 years. A single dose of **Tdap** is required at Grades 7-12 if no previous history of Tdap vaccination regardless of interval since the last Td.
- **Poliovirus (IPV/OPV):** Four doses required. Dose 1: 2 months, Dose 2: 4 months, Dose 3: 6-18 months, and dose 4 must be given 6 months after 3rd dose, after 4 years of age and prior to Kindergarten entry. Three doses are acceptable with one dose after 4 years of age, 6 months between 2nd and 3rd dose and final dose prior to Kindergarten entry. Students enrolled in Grade 6-12 with a complete minimum interval Polio series do not need to be recalled for additional doses. Guidance found on the back of the KCI and School Requirements FAQ: <http://www.kdheks.gov/immunize/schoolInfo.htm>
- **Measles, Mumps, and Rubella:** Two doses required. Dose 1: 12-15 months and Dose 2: prior to Kindergarten entry. Minimum age is 12 months of age and interval between doses may be as short as 28 days.
- **Hepatitis B:** Three doses required. Dose 1 given at birth, Dose 2: 2 months, and Dose 3: 6-18 months of age.
- **Varicella (chickenpox):** Two doses are required. Dose 1: 12-15 months and Dose 2: prior to Kindergarten entry. Students 12 years old and younger a 3 month interval is recommended however, upon record review the interval between doses may be as short as 28 days for the 2nd dose to be counted as valid. Students 13 years and older a 28 day interval between doses are required. Please note that regardless of students' age, if first dose is at 12 months of age with 2nd dose 28 days after 1st dose, both doses are valid. No doses are required when student has history of varicella disease documented by a licensed physician.

Legal alternatives to school vaccination requirements are found at K.S.A. 72-5209

In addition, to the immunizations required for school entry the following vaccines are recommended to protect students:

- **Meningococcal (MCV4):** One dose *recommended* at 11 years of age with a booster dose at 16 years of age.
- **Human Papillomavirus (HPV):** Three doses *recommended* at 11 years of age.
- **Influenza:** Annual vaccination *recommended* for all ages \geq 6 months of age; number of doses is dependent on age and number of doses given in previous years.

Vaccination efforts by school and public health officials, immunization providers and parents are key to the success of protecting our children and communities from vaccine preventable disease. Thank you for your dedication.

KANSAS LICENSED CHILD CARE FACILITIES AND EARLY CHILDHOOD PROGRAMS OPERATED BY SCHOOLS IMMUNIZATION REQUIREMENTS 2016-2017 SCHOOL YEAR

Immunization requirements and recommendations for the 2016-2017 school year are based on the Advisory Committee on Immunization Practices (ACIP) recommendations. The current immunization schedules, including catch up schedules, may be found at: <http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>. The best disease prevention is achieved by adhering to the recommended schedule however, if a child falls behind, the minimum interval schedule must be enforced. To avoid missed opportunities, immunization providers may use a 4 day grace period per age and interval between doses. In such cases, these doses may be counted as valid.

K.A.R. 28-1-20 defines immunizations required for children attending child care facilities licensed by KDHE or early childhood programs operated by schools. The complete regulation is available at http://www.kdheks.gov/immunize/download/KS_Imm_Regs_for_School_and_Childcare.pdf.

- **Diphtheria, Tetanus, Pertussis (DTaP):** Five doses required. Doses given at: Dose 1: 2 months, Dose 2: 4 months, Dose 3: 6 months, Dose 4: 15-18 months (4th dose may be given at 12 months provided at least 6 months after dose 3) and Dose 5: prior to Kindergarten entry. Four doses are acceptable if Dose 4 is given after age 4 years.
- **Poliomyelitis (IPV/OPV):** Four doses required. Dose 1: 2 months, Dose 2: 4 months, Dose 3: 6 months, final dose must be given 6 months after 3rd dose, after 4 years of age and prior to Kindergarten entry. Three doses are acceptable with one dose after 4 years of age, 6 months between 2nd and 3rd dose and final dose prior to Kindergarten entry.
- **Measles, Mumps, and Rubella:** Two doses required. Dose 1: 12-15 months and Dose 2: prior to Kindergarten entry. Minimum age is 12 months of age and interval between doses may be as short as 28 days.
- **Hepatitis B:** Three doses required. Dose 1: given at birth, Dose 2: 2 months, and Dose 3: 6-18 months of age.
- **Varicella (chickenpox):** Two doses required. Dose 1: 12-15 months and Dose 2: prior to Kindergarten entry. Minimum age is 12 months of age and interval between doses may be as short as 28 days. Children less than 13 years of age are recommended to have a 3 month interval between doses however; second dose is valid when administered 28 day after first dose. No doses required when student has history of varicella disease documented by a licensed physician.
- **Haemophilus influenzae type b (Hib):** Four doses required for children less than 5 years of age. Doses 1 given at 2 months, Dose 2: 4 months, Dose 3: 6 months and Dose 4: 12-15 months of age. Total doses needed for series completion is dependent on the type of vaccine administered and the age of the child when doses were given.
- **Pneumococcal conjugate (PCV):** Four doses required for children less than 5 years of age. Dose 1 given at 2 months, Dose 2: 4 months, Dose 3: 6 months, and Dose 4: 12-15 months of age. Total doses needed dependent on the age of the child when doses were given.
- **Hepatitis A:** Two doses required for children less than 5 years of age. Dose 1: 12 -23 months of age, Dose 2: 6-18 months after dose 1. Children 24 months and older who have not received any doses must receive 2 doses spaced 6 months apart.

Legal alternatives to school vaccination requirements are found at K.S.A. 72-5209

In addition, to the immunizations required for children attending child care facilities licensed by KDHE and early childhood programs operated by schools, other vaccine recommendations are:

- **Rotavirus:** Three doses *recommended* for < 8 months of age; not required.
- **Influenza:** Annual vaccination *recommended* for all ages \geq 6 months of age; number of doses is dependent on age and number of doses given in previous years.

Vaccination efforts by school and public health officials, immunization providers and parents are key to the success of protecting our children and communities from vaccine preventable disease. Thank you for your dedication.

NON CERTIFIED PERSONNEL APPLICATION

Employment Application –

****Please include a cover letter sharing reasons why you are interested in this position.

Applicant Information

Full Name: _____ Date: _____
First Middle Last

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Desired Salary: \$ _____

Age (if younger than 18): _____

Position Applied for: _____

Are you legally authorized to work in the U.S.? YES NO

Have you worked for the Diocese before? YES NO If so, when? _____

Have you been referred by a current employee? YES NO Name: _____

Can you perform the essential functions of the job with or without an accommodation? YES NO

What is your religious denomination? _____

What Church are you affiliated with? _____

Education

High School: _____ Address: _____
 Did you graduate? YES NO

College: _____ Address: _____
 Did you graduate? YES NO Subjects/Major _____

Technical School: _____ Address: _____
 Did you graduate? YES NO Subjects/Major _____

List any other vocational training or special skills you may have: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____
 Address: _____

Current Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Wages (Per Hour/Annual) \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Wages (Per Hour/Annual) \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Wages (Per Hour/Annual) \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Wages (Per Hour/Annual) \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Criminal Background

Have you ever been convicted (misdemeanor or felony) of violating any laws?

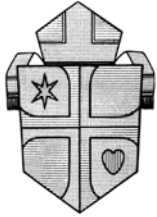
Date: _____ Convicted for: _____ State: _____ County: _____
Date: _____ Convicted for: _____ State: _____ County: _____
Date: _____ Convicted for: _____ State: _____ County: _____

Disclaimer and Signature

"I certify that all the information I have provided above is true and complete and I understand that false statements or an omission of pertinent information on this application are grounds for dismissal whether learned of immediately or in the future."

Applicant Signature _____ Date: _____

"I understand and agree that, if hired, my employment is an employment at will and for no specific or definite period of time regardless of the dates of wages paid. This is an application for employment and not an employment contract."



NON-CERTIFIED EMPLOYEES CONDITION
FOR EMPLOYMENT

ABUSE/NEGLECT ORIENTATION FORM

I, _____, have read the provisions of the

(Print Name)

Kansas Code for Care of Children in regard to mandated reporting of suspected child abuse/neglect and sexual abuse/sexual exploitation and discussed it with

_____.

(Administrator/Designee)

I have read the attached: Policy 5175 "Child Abuse". I fully understand my responsibility for reporting incidents of suspected abuse/neglect and sexual abuse/sexual exploitation. I understand the provisions of the Kansas Code for Care of Children and the policies of

_____ in this regard.

(Facility)

I have not been convicted of child or sexual abuse or any other felony.

Signature _____

Administrator _____

Date _____

**Non-Certified Staff
CONTRACT OF EMPLOYMENT**

This contract made and entered into by and between hereinafter designated the "School" and _____ hereinafter designated the "Employee".

WITNESSETH: That _____ of _____, KS, hereby employs _____, for the term beginning and ending _____, and the "Employee" agrees to serve the school in said capacity, under the terms and agreements hereinafter set forth.

1. That the "Employee" is hereby employed by the "School" to
2. That while rendering the services set out herein, the "Employee" shall be paid an hourly rate of \$_____ or salary of \$ _____ per year, payable in _____ equal monthly installments at the end of each month, until the total sum has been paid, beginning with the first payment on _____.
3. That the services to be performed by the "Employee" shall be such as are required by the laws of the State of Kansas by the policies and regulations of the Diocese of Salina and by the policies and regulations of the "School" under the direction of the duly assigned Principal and/or Pastor of the school.
4. That the "Employee" shall be allowed _____ working days sick leave or other approved absences by the "School". Sick leave is cumulative to a maximum of _____ working days.
5. The administration of the school, after consultation with the Pastor may terminate the contract and dismiss the "Employee" at any time for any of the following reasons:
 - a. Conduct unbecoming to an employee of a Catholic institution.
 - b. Insubordination or willful failure to obey or cooperate in reasonable rules promulgated by the administration of the school.
 - c. Inefficiency, incompetence or physical unfitness in the discharge of the duties of employment.
 - d. Inability to maintain order in the assignment, or
 - e. Any other grave cause not specifically mentioned therein, upon a reasonable determination by School Administration that the "Employee" is guilty thereof.
6. In the event either part wishes to discontinue the terms of this contract, a thirty day notice must be given in writing.
7. Additional Provisions: _____

IN WITNESS WHEREOF, the parties to this contract have set their hands this _____ day of _____, 20 A.D.

EMPLOYEE

EMPLOYER

(Signature)

(Principal's Signature)

STUDENT ACCIDENT REPORT

s. 118.07(3)

PI-1945

LOCAL USE ONLY

Refer to list of accident reporting codes whenever a code is requested on this form.

GENERAL INFORMATION					
District Name		District No.	County No.	School No.	School Name
Injured Student's Name <i>Last, First, Middle Initial</i>			Student's Address <i>Street, City, State, Zip</i>		
Student's Age	Sex <i>Check</i> <input type="checkbox"/> 1—Male <input type="checkbox"/> 2—Female	Grade Code	Date of Accident <i>Mo./Day/Yr.</i>	Day of Week <i>Check</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	
Physician's Name <i>If referred</i>			Hour of Accident <input type="checkbox"/> 1—AM <input type="checkbox"/> 2—PM	Type of Accident <i>Check</i> <input type="checkbox"/> Physical Education <input type="checkbox"/> Playground	

Category	Code	Code	Code	Code	List Specifics When 'Other' is Used
Kind of Injury	01				
Cause of Injury	02				
Causative Agent	03				
Part of Body Injured	04				
Degree of Injury	05				
Supervision	06				
Immediate Action Taken	07				
Location of Accident	08				
Activity of Student	11				
Unsafe Act	12				
Unsafe Mechanical or Physical Condition	13				
Unsafe Personal Factor	14				
Corrective Action Taken	21				

Description of Accident

SIGNATURES	
Signature and Title of Person Completing Report ➤	Date Reported
Signature of Principal ➤	Date Received Report

SCHOOL JURISDICTION STUDENT ACCIDENT REPORTING CODES

County and district numbers will be inserted by Principal's office. Use standard county and district numbers. School number is to be inserted by school district office. Use standard school number.

NOTE: NEC stands for not elsewhere classified.

DESCRIPTION: Describe the accident explaining such items as weather, equipment, unsafe conditions, or if other persons may have contributed to the accident and how.

<i>Day of Week</i>	<i>Time of Day</i>	<i>Sex Code</i>	<i>Grade Code</i>
1—Sunday	Digits 1 through 12 indicate	Digit 1—Male	080 Nursery
2—Monday	hour of day.	Digit 2—Female	100 Kindergarten
3—Tuesday			111 First Grade
4—Wednesday	Digit 1 indicates AM		122 Second Grade
5—Thursday	Digit 2 indicates PM		133 Third Grade
6—Friday			144 Fourth Grade
7—Saturday			155 Fifth Grade
			166 Sixth Grade
			177 Seventh Grade
			188 Eighth Grade
			189 Ungraded Elementary
			191 Ninth Grade
			192 Tenth Grade
			193 Eleventh Grade
			194 Twelfth Grade
			195 Post Graduate
			199 Ungraded Secondary
01 KIND OF INJURY	198 Baseballs, footballs, volleyballs, etc.	408 Other adult present	610 Trips, excursions
006 Bite	202 Chemical substances	410 No supervision	612 Walking, NEC
008 Bruise/Abrasion	204 Fences and walls	07 IMMEDIATE ACTION TAKEN	620 Other activities, NEC
010 Burns/Scalds	206 Firearms	452 First Aid	12 UNSAFE ACTS
012 Concussion	210 Furniture such as desks, chairs, etc.	454 Notified parents or authorized person	652 Working, playing above level of ability
014 Cuts/Lacerations	214 Hot liquids, substances	456 Sent home	654 Horseplay, practical jokes
016 Dislocation	222 Ladders, benches, stools	458 Sent to physician	656 Quarreling, arguing
018 Drowning	224 Personal protective equipment	460 Sent to hospital	658 Making safety devices inoperative
020 Electrical Shock	226 Personal protective clothing	462 No action taken	660 Using unsafe equipment
022 Foreign Body—embedded/loose	228 Poles, rods	08 LOCATION OF ACCIDENT	662 Using equipment unsafely
024 Fracture	232 Surfaces, floors, steps, ground, etc.	504 Athletic field	664 Failure to use safety or protective device
026 Poisoning	234 Windows, doors	506 Auditorium	666 Overexertion
028 Puncture	236 Wood, lumber	508 Cafeteria	668 Unauthorized use of equip.
030 Sprain/Strain	238 Other	510 Classrooms	670 Running when walking called for
032 Teeth Damaged	<i>Vehicles</i>	512 Corridor	672 Speed
034 Internal Injuries	240 Bicycles	516 Driveways	674 Taking unsafe positions or postures
036 Multiple Injuries	242 Bus, School	518 Gymnasium	676 No apparent unsafe act
038 Other	248 Motor vehicle, private	525 Library	678 Other unsafe acts, NEC
02 CAUSE OF INJURY	250 Motor vehicle, school-owned, leased	526 Lockers, room, or corridor	13 UNSAFE MACH. PHY. COND.
052 Struck against	252 Public carrier	530 Playground	704 Mechanical defects of equip
054 Struck by	254 Other	534 Restrooms	706 Improper illumination
056 Fall from elevation	<i>Miscellaneous</i>	538 Sidewalks	708 Improper ventilation
058 Fall from same level	256 Person involved	540 Stairs, indoors	710 Hazardous arrangement procedure
060 Caught in-under-between	258 Other person or persons	542 Stairs, outdoors	712 Nonavailable, unsafe prot. clothing, equip.
064 Overexertion	260 Skateboards	546 Swimming pool	714 Environment slippery, rough, bumps, holes
066 Contact with electrical current	262 Scooters	548 Other	716 No unsafe conditions
068 Contact with Caustic-toxic Noxious substance	264 Toys, other	11 ACTIVITY OF PERSON	718 Other unsafe mech. or phy. cond.
070 Contact with temperature extremes	266 Other, NEC	<i>Team Sports</i>	14 UNSAFE PERSONAL FACTOR
072 Other	04 PARTS OF BODY INJURED	552 Baseball	752 Improper attitude
03 CAUSATIVE AGENT	302 Head	554 Basketball	754 Lack of knowledge, skill, exp.
<i>Animals</i>	304 Eyes	558 Football, touch	756 Improper physical cond.
102 Dogs, Cats	305 Nose	560 Soccer	758 Bodily defects, hearing, eyesight, etc.
106 Insects	306 Teeth	562 Softball	760 No apparent unsafe pers. factor
111 Others	307 Ear	564 Volleyball	762 Other unsafe pers. factor
<i>Apparatus</i>	308 Arm and Hand	566 Other	21 CORRECTIVE ACTION TAKEN
112 Balance Beam	309 Fingers, thumb	<i>Individual Sports</i>	802 Engineering revision
114 Horizontal Beam	310 Trunk	568 Apparatus	804 Maintenance revision
116 Horizontal Ladders	311 Thigh	569 Golf	806 Personnel adjustment
118 Horses, side and buck	312 Knee	570 Swimming	808 Persuasion and appeal
120 Low or turning bar	313 Lower leg	572 Tennis	810 Procedural revision
122 Merry-go-round	314 Ankle	574 Track and Field	812 Instructions given, educ.
124 Multiple climbing tube, Jungle gym	315 Foot	576 Tumbling	814 Curriculum revision
126 Parallel Bars	316 Other	578 Wrestling	816 No corr. action taken/antic.
128 Rings	05 DEGREE OF INJURY	580 Other	818 Corr. action, NEC
130 Ropes	352 Death	<i>Miscellaneous</i>	
132 Slides	354 Permanent Impairment	582 Cleaning, repairing	
134 Swings	356 Temporary Disability	588 Fights, altercations	
136 Teeter Totter	358 Nondisabling	590 Horseplay	
138 Trampoline	359 Unknown	592 Noon hour	
140 Weights	06 SUPERVISION	594 Playing NEC	
142 Other	402 Teacher present	596 Recess	
<i>Materials and Equipment</i>	404 Other school employee present	598 Riding bicycle	
196 Athletic equipment, NEC	406 Parent present	604 Roller Skating	
		606 Running, NEC	
		608 Sitting, NEC	
		609 Lifting	

APPENDIX XI

LEGAL DEFINITION OF “WEAPON”

“Weapon” is defined as any weapon which will, is designed to, or may readily be converted to expel a projectile by the action of an explosive; the frame or receiver of any weapon described in the preceding example; any firearm muffler or firearm silencer; any explosive, incendiary, or poison gas bomb, grenade, rocket having a propellant charge of more than four ounces, missile having an explosive or incendiary charge of more than one-fourth ounce, mine, or similar device; any weapon which will, or which may be readily converted to, expel a projectile by the action of an explosive or other propellant and which has any barrel with a bore of more than one-half inch in diameter; or any combination of parts either designed or intended for use in converting any device into any destructive device described in the two immediately preceding examples and from which a destructive device may be readily assembled.

APPENDIX XII- Legal Forms



DISCLOSURE FORM FOR MINISTERS TO CHILDREN AND YOUTH

This form is to be completed by any person before serving in a voluntary or professional capacity in service to children or youth within the Diocese of Salina. This includes persons assisting with any and all programs for persons of minor age sponsored by the Diocese of Salina, Catholic schools, and parishes. The information provided in this form will be made available only to persons in positions of responsibility for specific diocesan, Catholic school, and/or parish programs in which the undersigned seeks to become involved.

Parish _____ School _____
Name _____ Home Phone _____ Date of Birth _____
Street Address _____ City/State/Zip _____

_____ List year you completed Virtus online training and/or attended "Prevention of Child Sexual Abuse"
_____ Year of Background Check

1. List all previous work you have done with young people as a volunteer and/or professionally, including both church and community-related service. Please include years with each service.

Four horizontal lines for listing previous work.

2. List any particular gifts, education, training, etc., which have prepared you for work with young people.

Four horizontal lines for listing gifts, education, training, etc.

3. For each of the following, please circle either YES or NO.

- A. Have you ever been convicted of a crime? YES NO
B. Have you ever been charged with or convicted of a matter involving child abuse, neglect, or any form of sexual misconduct with a minor? YES NO
C. Is there any other fact or circumstance which might call into question the appropriateness of your being entrusted with the supervision of young people? YES NO

4. If the answer to any of the previous questions is yes, please explain below:

Four horizontal lines for explaining answers.

(You need to complete this section ONLY if you will be driving a vehicle containing young people during the course of your service.)

Has your driver's license ever been suspended or revoked? YES NO

If yes, please explain:

Driver's License No. _____ State _____

Please include photocopy of your drivers license and current insurance. (Required by Catholic Mutual Insurance Company)

List three persons who can provide character references relating to your fitness for working with young people. These should not be family members or past or present employers.

Name _____ Home Phone _____

Street Address/City/State _____

Name _____ Home Phone _____

Street Address/City/State _____

Name _____ Home Phone _____

Street Address/City/State _____

The information provided in this form is correct to the best of my knowledge. I understand that in signing this document I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information, as well as the Diocese of Salina, its Catholic schools, and its parishes.

Should I be accepted for service, I agree to maintain personal propriety in my conduct with young people and to comport myself so as not to cause discomfort or give scandal to those whom I serve and with whom I work. I understand that failure to do so will serve as sufficient grounds for immediate dismissal from service.

Applicant's Signature _____ Date _____

Pastor's Signature _____

Title _____



Date _____

MEDICAL INFORMATION

This form should be completed for any person (under 19 years of age) in parish religious education, Catholic schools, and youth programs and should be completed on an annual basis at the beginning of the program.

Diocese Salina Parish _____ School _____

Participant's Name _____

Date of Birth _____ Place of Birth _____

PLEASE PRINT OR TYPE

Participant's Regular Physician:

Name (first, middle, last): _____ Phone (including area code): _____

Medical Conditions:

Please list any medical conditions of the participant (asthma, diabetes, epilepsy, etc): _____

List below any physical condition the sponsors, doctors, nurses, or other medical personnel should be aware of:

Insect stings: _____

Fainting spells: _____

Allergies: _____

Ear infections: _____

Seizures: _____

Heart Condition: _____

Headaches: _____

OTHER: _____

List any allergies or allergic reactions to medications of the participant: _____

Other pertinent medical information: _____

Date of Participant's last immunizations: MMR _____ TB _____ TETANUS _____

Special dietary needs/restrictions: _____

Medications:

Prescribed medication now being taken:

Type: _____ Dosage: _____ How often: _____

Type: _____ Dosage: _____ How often: _____

Type: _____ Dosage: _____ How often: _____

Activities individual should not participate in: _____

Medical Insurance Information:

Company: _____

Plan Number: _____ Employee Identification #: _____

Emergency Contacts:

Parent or Guardian

Name (first, middle, last): _____

Daytime Phone (including area code): _____ Evening Phone (including area code): _____

Other Contact

Name (first, middle, last): _____ Phone (including area code): _____

Relationship (friend, neighbor, coworker, etc): _____



Date _____

MEDICAL PERMISSION FORM

This form is to used for any parish, Catholic school, or diocesan field trips.

Diocese _____ Salina _____ Parish _____ School _____

Destination _____

Name of Participant (minor): _____

Home Address: _____

Cell Number _____ Home Phone Number _____ Business Number _____

MEDICAL MATTERS:

The Parish/School/Organization will take all reasonable and prudent care to see that confidentiality regarding the following information is maintained.

I/We hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our child. I/We understand and acknowledge that any medical expenses related to illness or injury to my/our child are not covered by an insurance program maintained by the Parish/School/Organization or the Diocese of Salina, and that I/we am/are responsible for such expenses.

I/We understand that first aid will be available on the above mentioned trip. I/We further understand that should an accident, injury, or illness occur, medical and/or hospital care will be obtained. I/We realize the sponsors will make a reasonable effort to notify me/us in case of accident, injury, or illness; however, should they be unable to contact me/us, they have my/our permission to pursue a course of medical action which is in the best interest of the child.

I/We understand that a reasonable effort will be made to promptly notify me/us in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, in the event I/we cannot be reached, I/we hereby give permission to the physician or health care provider selected by the adult staff to hospitalize, secure proper treatment for, and order whatever injection, anesthesia or surgery said physician or health care provider deems necessary for the child.

A doctor, clinic, hospital, or health care provider may proceed with any medical or surgical treatment that such sponsor may authorize.

I further understand that I will be responsible for all medical, surgical, and transportation costs which may be incurred.

Signature _____ Date _____
Parent or Guardian

Signature _____ Date _____
Parent or Guardian

INSURANCE INFORMATION:

Insurance Company ** _____ Policy No. _____
Policy Holder _____ Date of Birth _____ Occupation _____
Employer _____ Address _____
Employer's phone # _____

** If Blue Cross/Blue Shield Insurance please state if it is Blue Choice, Blue Select, etc.



**PARENTAL/LEGAL GUARDIAN PERMISSION SLIP
FOR FIELD TRIP PARTICIPATION**

Diocese _____ Salina _____ Parish _____ School _____

Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in a _____-sponsored activity that requires transportation away from the _____ site. This activity will take place under the guidance and supervision of employees from _____. A brief description of the activity follows:

Curriculum Goal _____

Destination _____

Designated Supervisor of Activity _____

Date and Time of Departure _____

Date and Anticipated Time of Return _____

Method of Transportation _____

Youth Cost _____

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability.

PARENTAL OR GUARDIAN PERMISSION FORM

Name: _____

has my permission to attend the _____

on _____ in _____.

It is understood that reasonable precautions will be taken by those persons in charge to prevent accidents or injuries, but neither those in charge nor those bringing groups shall be held responsible in case of accident or injury. I also understand that if my child violates any of the Rules of Conduct, a copy of which is attached hereto, I/we will be called to pick up the child. As parent, or legal guardian, I/we remain fully responsible for any legal responsibility which may result from any personal actions taken by the named child.

I/We hereby consent to participation by my/our child, _____, in the event described above.

I/We understand that this event will take place away from the _____ and that the child will be under the supervision of the designated diocesan/school/parish employee on the stated dates.

I/We further consent to the conditions stated above on the participation in this event, including the method of transportation.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____ (*name of parish*), its officers, directors, employees and agents, and the Diocese of Salina, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Salina, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Parent/Legal Guardian Signature

Parent/Legal Guardian Signature

Address

Address

Emergency Telephone Number

Emergency Telephone Number

Please return this entire form by: _____



FIELD TRIP DRIVER INFORMATION SHEET

Parish _____ School _____

1. Driver:	
Name _____	Date of Birth _____
Address _____	Soc. Sec. No. _____
_____	Telephone _____
Driver's License No. _____	Date of Expiration _____

2. Vehicle that will be used:

Name of Owner _____ Model of Vehicle _____

Address of Owner _____ Make of Vehicle _____

_____ Year of Vehicle _____

License Plate No. _____ Date of Expiration _____

Registration Expiration Date _____

3. Insurance Information:

Insurance Company _____

Policy No. _____

Date of Policy Expiration _____

Liability Limits of Policy** _____

**Please note: The minimal acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000.

4. Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required coverage in effect on any vehicle used to transport the children.

Signature Date



**SUGGESTED RULES OF CONDUCT CONTRACT
(For Group Activities)**

Participant _____

THESE GUIDELINES ARE FOR THE BENEFIT AND SAFETY OF THE GROUP:

FOR THE CHILDREN:

This trip will be under the control of specified Sponsors, and all rules and regulations they set forth will be adhered to.

The purchase of, possession of, and/or consumption of any alcoholic beverages/drugs, or any non-prescription drug or stimulant is prohibited.

You are not to participate in any activities which might endanger your safety or the safety of another individual.

You will be responsible for the consequences of any Federal, State, and/or Local law or ordinance which you may violate.

You are not to be the driver of any vehicle; nor are you to be a passenger in any vehicle other than the transportation secured by the sponsors and/or directors of this trip.

No student is to leave the group or the area the group is in without the knowledge and permission of your sponsor.

When a curfew is set, each individual is to be in his/her assigned area at the designated time and behave in such a way as to not disturb others.

There will not be any boys in a girls' room nor girls in a boys' room without the permission and presence of a sponsor.

There will be meetings held at times to discuss the future agenda of the trip. Attendance by everyone is mandatory.

Each individual is responsible for his/her own luggage and other belongings.

Always be early for each assigned assembly time. Do not cause the entire group to be late because of your tardiness.

A SERIOUS INFRINGEMENT OF THESE GUIDELINES WILL RESULT IN THE CHILD'S BEING SENT HOME BY BUS OR OTHER TRANSPORTATION. THE EXPENSE OF THIS PROCEDURE WILL BE BORNE BY THE PARENTS AND/OR GUARDIANS WHO WILL BE CONTACTED AND INFORMED OF THE ACTION AND CAUSES.

FOR THE PARENTS:

I/We understand that my/our son/daughter is responsible for his/her own behavior and is expected to act in a manner befitting one who is representing our diocese/school/parish.

I/We also understand that if my/our son/daughter seriously breaks the rules listed above, or is otherwise disruptive during the trip, I/We will be contacted, and he/she will be sent home on the bus or other transportation at my/our expense.

My/Our son/daughter and I/we have read the above listed statements and affix our names giving agreement to these guidelines.

YOUTH CONTRACT:

I have read the statements above and hereby agree to follow these guidelines. I further agree that I am responsible for my own behavior and will accept the disciplinary consequences for any prohibited and/or illegal action in which I am involved.

Youth's Signature

PARENT/GUARDIAN CONTRACT:

I/We, as parent(s)/guardian(s), have read the above statements and accept them and the financial responsibility for my/our son/daughter should the need arise.

Parent/Guardian Signature

Parent/Guardian Signature



Office of Education

AUTHORIZATION FOR SCHOOL RECORDS

I/We, Parent(s), Guardian(s), of the following named children, _____

hereby authorize the attendance facility to release all records relative to the above named children, to the following persons:

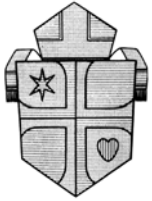
I/We certify that I/we am/are the custodial parents of the minor child(ren) named above, and that in the event of a divorce, I/we certify that we are the custodial parent of the minor child(ren), and that we are acting under authority of the most currently entered court order, a copy of which is attached hereto, and we certify that there have been no modifications of said court order.

I/We release the attendance facility and the Salina Diocese from any and all liability that may result from the release of the information to the above named parties.

IN WITNESS WHEREOF, we have hereunto set our hand this _____ day of _____, 20____.

Parent

Parent



Office of Education

AUTHORIZATION FOR STUDENT RELEASE

I/We, Parent(s), Guardian(s), of the following named child(ren), _____

hereby authorize the attendance facility to release the above named child(ren), to the following person(s) after such person(s) has/have presented proof of identity, such as a driver's license or other picture identification:

I/We certify that I/we am/are the custodial parents of the minor child(ren) named above, and that in the event of a divorce, I/we certify that we are the custodial parent of the minor child(ren), and that we are acting under authority of the most currently entered court order, a copy of which is attached hereto, and we certify that there have been no modifications of said court order.

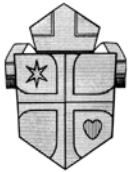
I/We release the attendance facility and the Salina Diocese from any and all liability that may result from the release of the child(ren) to the above named parties.

IN WITNESS WHEREOF, we have hereunto set our hand this _____ day of _____, 20____.

Parent

Notary

Parent



USE OF THE INTERNET AGREEMENT

This form should be completed by any person using the Internet or technological equipment on school property.

Catholic Schools in the Diocese of Salina Acceptable Use Policy (AUP)

Internet and network use agreement for Pre-K-12 for Students, attending Catholic Schools in the Diocese of Salina.

****Please read this document carefully before signing.****

I. Introduction

The use of computers, indeed the use of any form of technology, is a means, not an end to education. Teachers and students have a responsibility to use the tools at hand to enhance education. We believe the Internet offers vast, diverse, and unique resources to both students and teachers. The Internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. With access to computers and people all over the world also comes the availability of material that may not be considered to be of educational value in the school setting. The Catholic Schools in the Diocese of Salina have taken precautions to restrict access to controversial materials, and an industrious user may discover controversial information. We firmly believe that the valuable information and interaction available on the worldwide network far outweigh the possibility that users may obtain material that is not consistent with the educational and moral goals of Catholic schools.

II. Educational Goals

- To provide a variety of information to enhance the curricula areas.
- To help students work effectively with various forms of telecommunication tools.
- To prepare students to become critical thinkers and problem solvers.
- To teach skills that are needed in the electronic and global society.

III. Terms and Conditions

Internet access is coordinated through a complex association of government agencies, regional and state networks. The smooth operation of the network relies upon the proper conduct of the end users who must adhere to strict guidelines. These guidelines are provided so that you are aware of the responsibilities you are about to acquire. In general this requires efficient, ethical, and legal use of the network resources. If a school user violates any of these provisions, his or her privileges will be terminated and future access could be denied. Violations of this agreement will be referred to appropriate school officials for disciplinary action. Violations of state or federal law will be referred to the appropriate law enforcement agency. The signatures at the end of this document are legally binding and indicate parties who signed have read the terms and conditions carefully and understand their significance.

Parents: *It is important that you and your child read this agreement and discuss it together. When your child is allowed to use the computers it is extremely important that the rules are followed. As a parent, you are legally responsible for your child's actions. You are responsible for supervision of your child's Internet use when not in a school setting.*

A. Acceptable Use

The use of the Internet must be in support of education and research and consistent with the educational objectives of the Diocese of Salina. Use of other organizations' network or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any U.S. or state regulations is prohibited. This includes, but not limited to: copyrighted material, or material protected by trade secret.

B. Privileges

The use of the Internet is a privilege, not a right, and inappropriate use will result in the cancellation of those privileges. (Each student who accesses the Internet will be a part of a discussion with a faculty member about the proper use of the network.) Diocese of Salina officials will deem what is inappropriate use, and their decision is final. Also, school officials may request that the school deny, revoke, or suspend specific user privileges.

It is the responsibility of the co-signing teacher to monitor the student's access for which he or she is responsible. This may include random checks of Internet history and monitoring of student access to determine whether the accounts are being used in a manner that is consistent with this agreement. Students accepting access to the school Internet consent to such monitoring.

C. Responsibilities

All persons accessing the Internet from the school/parish locations must accept the responsibility of using the Internet wisely and correctly. Access to the Internet by students will be monitored by faculty member at all times. You are expected to abide by the generally accepted rules of network use. These include (but are not limited to) the following:

- There must be a clear academic purpose for accessing the Internet at the school location.
- Do not use the network for any illegal activity (e.g. violating copyright or other contracts, gaining illegal access or entry into other computers).
- Do not use the network for financial or commercial gain.
- Do not interfere with the proper operation of school systems and networks accessible through the Internet.
- Do not use the network in such a way that you would disrupt the use of the facilities by other users.
- Do not use school computing and network resources in a wasteful or frivolous manner (e.g. tying up resources with computer-based game playing such as MUD, sending trivial or excessive messages, downloading excessively large files).
- Do not reveal your personal address/phone number or the personal address/phone number of another.
- Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet, or any of the above listed agencies or other networks that are connected to the Internet backbone. This includes, but is not limited to, the uploading or creation of computer viruses.
- If you feel you can identify a security problem on the Internet, you must notify a system administrator or your school official. Do not demonstrate the problem to other users.
- Respect the privacy of other individuals.
- Files/data belonging to others are to be considered private property unless explicit authorization is given by the owner of the files.
- Be polite. Do not be abusive in your messages to others. Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.

The school makes no warranties of any kind, whether expressed or implied, for the service that is provided.

The Diocese of Salina or parish school will not be responsible for any damages you suffer. This includes loss of data resulting from delays or service interruptions caused by its own negligence or your errors of omissions. Use of any information obtained via the Internet is at your own risk. No guarantee of complete privacy is made. The Diocese of Salina and parish school specifically denies any responsibility for the accuracy or quality of information obtained through the access of their network facilities.

IV. Consequences of Violations of the AUP and Agreement to Comply

User: *I understand and will abide by the Internet Use Agreement. Any violation of the school's posted rules will result in any or all of the following consequences. I further understand that any violations of the regulations above are unethical and may constitute a criminal offense. Should I commit any violation, (1) my access privileges may be revoked and (2) school disciplinary action and/or appropriate legal action may be taken.*

I have reviewed my Internet-Use responsibilities, specifically; the co-signing teacher has discussed each of the following points with me:

- _____ Only students having permission and who have reviewed the Internet-Use responsibilities with the system administrator or his/her designee may use the school's computers to access the Internet.
- _____ Access to the Internet by students is viewed as a privilege, not a right.
- _____ Access is to be used for educational and research purposes only, consistent with educational objectives of the parish school and or the Diocese of Salina. Misuse will result in loss of access.

Each school asks that the co-signing teacher monitor access, including e-mail, to see that the access is being used for the stated purpose. For this and other reasons, e-mail is not private. Violations that may lead to revocation of Internet access include:

- _____ Transferring copyrighted material to or from the Internet without express permission of the owner is a Violation of Federal Law.
- _____ Plagiarism.
- _____ Playing with or using mobile devices or other network intensive games.
- _____ Downloading excessively large or unauthorized files.
- _____ Subscribing to inappropriate newsgroups.
- _____ E-mail correspondence inappropriate to educational purposes and access to personal e-mail accounts is prohibited.
- _____ Any activity posing potential risks to others or myself.
- _____ Harassing other users (e.g., with unwanted e-mail messages).
- _____ Illegal activity.
- _____ Revealing my or other's home address/phone number or other personal information.
- _____ Vandalism of accounts or systems.
- _____ Using abusive, vulgar, or other inappropriate language or sending or displaying offending messages or images.
- _____ Activities that would violate the schools handbook policy.
- _____ Failure to report known security problems.
- _____ Any other inappropriate use or misuse of the Internet.
- _____ Diocese of Salina officials will deem what is inappropriate use, and their decision is final.

Access is monitored, and use of the Internet implies Agreement to such monitoring. The Diocese of Salina may restrict access at any time for violations.

I understand the conditions for accessing the Internet.

User Name: _____

Signature: _____

Date: _____

Parent or Guardian: *(Parents/guardians of Pre-K-12 student users must also read and sign this agreement.) As the parent or guardian of this student, I have read the Internet Use Agreement. I understand that this access is designed for educational purposes. The Catholic Schools in the Diocese of Salina has taken precautions to eliminate controversial materials, and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission for my child to access the Internet and certify that the information contained on this form is correct.* (pg 3 of 4)

Parent or Guardian's Name: _____

Signature: _____

Date: _____

Sponsoring Teacher: *(Must be signed if the applicant is a Pre-K-12 student.) I have read the Internet Use Agreement and agree to promote this agreement with the student. Because the student may use the network for individual work or in the context of another class, I cannot be held responsible for the student's use of the network. As the sponsoring teacher I have instructed the student on acceptable use of the network and proper network etiquette.*

Teacher's Name: _____

12-11



Office of Education

ATHLETIC PARTICIPATION RELEASE WAIVER AND INDEMNITY AGREEMENT

I, _____, parent and/or natural or legal guardian of _____, a minor child (hereinafter referred to as "parent" and "child" respectively) on behalf of myself and on behalf of said child, our heirs, executors and administrators and assigns, for and in consideration of permitting said child to participate in the activities described in (1) below, which consideration I accept as valuable consideration, and hereby acknowledge and accept as adequate, hereby agree as follows:

1. That said child is to be permitted to participate in athletic, cheerleading, or related activities and/or programs hereinafter referred to as "activities" as a student at _____, during the _____ school year.
2. That I fully acknowledge that participating in such "activities" may be dangerous and that as a result of said child's participation in the aforesaid "activities", the possibility exists that said child may incur physical injury or injuries as a result of his/her own action, non-action or negligence, and/or the action, non-action or negligence of another person or persons, and/or the action, non-action or negligence of an entity or entities.
3. That in consideration for said child being allowed to participate in the aforesaid "activities" I, as parent hereby agree to release, discharge, indemnify and hold harmless the Council of Education of the _____, all council members, administrators, coaches, assistant coaches, trainers, assistant trainers, directors, employees, students and representatives of the Salina Diocese, volunteers and any other person, persons or entity either providing transportation to or from such "activities" whether such persons or entity is or is not an employee, agent or representative of the Council of Education of the _____ including, inter alia, volunteers providing any services or serving in any function, game officials, and players or other teams or from other group participating in "activities" in competition with or together with students of _____, their agents, heirs, executors or administrators, and/or assigns, from any and all rights, claims, and/or causes of action I may have or which may arise, in my own right, or on behalf of said child, as a result of said child's going to and from such "activities", including, but not limited to, any physical or mental injury which may occur to said child as a result of his/her participation in said "activities".

I have read this Athletic Participation Release Waiver and Indemnity Agreement and fully understand the terms and conditions thereof, and I voluntarily sign the same of my own free will and accord.

WITNESS my hand this _____ day of _____, 20_____.

PARENT



Official legal form for Diocese of Salina

FORM K

**FIELD TRIP
LIABILITY WAIVER (ADULT)**

In addition to the Field Trip Health Information/Release form, each adult participant, including group leaders and chaperons, must sign this form.

RELEASE OF LIABILITY

I, _____, agree on behalf of myself, my heirs, assigns, executors, and
Full name
personal representatives, to hold harmless and defend _____,
Parish

Diocese of Salina, its officers, directors, agents, employees, or representatives associated with the field trip from any and all liability claims, loss or damage arising from or in connection with my participation in the field trip.

Signature

Date

Print Name



**ROMAN CATHOLIC DIOCESE OF SALINA (HIPAA)
AUTHORIZATION TO RELEASE AND/OR RECEIVE CONFIDENTIAL INFORMATION**

PATIENT NAME	BIRTH DATE
--------------	------------

CHECK ONE:

BY SIGNING BELOW, I HEREBY AUTHORIZE ANY HEALTH CARE PROVIDER THAT HAS PROVIDED TREATMENT TO DISCLOSE PROTECTED HEALTH INFORMATION CONCERNING THE ABOVE-NAMED PATIENT TO:

**Catholic Chancery Office
103 N. 9th Street, P.O. Box 980
Salina, Kansas 67402-0980**

For Treatment date(s): _____
Specify date(s) - this line MUST BE completed

For the following purpose(s): _____ At the request of patient _____
If the request is initiated by the patient (Or patient representative), insert "at the request of patient;" otherwise, describe purpose of use or disclosure. If the purpose relates to marketing, indicate whether Provider will receive remuneration.

<small>CHECK TYPE OF INFORMATION AUTHORIZED TO BE USED AND/OR DISCLOSED (Unless the appropriate box is checked, Provider will not disclose records contained in its medical records prepared by health care providers not affiliated with Provides unless records were prepared on behalf of Provider)</small>	
<input type="checkbox"/>	Entire Record (will not include Billing Records or records not prepared by or on behalf of Provider unless those items also are selected)
<input type="checkbox"/>	Records not prepared by or on behalf of Provider. Provider cannot be responsible for the completeness or accuracy of such records.
<input type="checkbox"/>	Other _____

Date Signature of Authorized Agent/Representative (Parent)

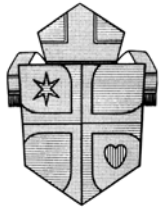
Printed Name of Authorized Agent/Representative (Parent) Relationship of Authorized Agent/Representative

Address of Authorized Agent/Representative Telephone # of Authorized Agent/Representative

Date Signature of Witness

ORIGINAL - Privacy Officer COPY - Patient Medical Record

For Office Use Only: For each disclosure made pursuant to this authorization, list the name of the person/entity to whom the disclosure was made; a description of the disclosed; the date on which the disclosure was made; any fees charged in connection with the disclosure; and the name of the person making the disclosure.



CONCUSSION AND HEAD INJURY RELEASE FORM

_____, as Student Athlete, and _____
as Student Athlete's parents and/or guardians, hereby acknowledge receipt of written information,
including Diocese of Salina Catholic School Policies 4106 and 5122, from _____
"School" regarding the nature and risk of concussion and head injury during athletic practice and
competition including the dangers and risks associated with the continuation of playing or practicing
after a student athlete suffers a concussion or head injury.

We hereby release and discharge the Diocese of Salina, School, its coaches, trainers,
administrators and employees from any and all claim for damages for concussion and/or head injury
suffered by Student Athlete in any school sponsored or sanctioned athletic practice or competition
during the 2011-2012 academic year.

Dated: _____

Student Athlete

Parent/Guardian

Parent/Guardian

Immunization Exemption and Waiver
Diocese of Salina Catholic Schools

Name of Student: _____
Please type or print

Name of Parent(s)/Legal Guardian(s): _____
Please type or print

The State of Kansas regulation (K.A.R. 28-1-20) defines immunizations required for any individual who attends school or a childcare program operated by a school. The law requires any pupil entering school for the first time in Kansas, prior to admission, to present to school authorities certification from a licensed physician that the child has received, or is in the process of receiving, immunization against poliomyelitis, mumps, measles, pertussis, diphtheria, tetanus, pertussis varicella (chicken pox) and hepatitis B; or that a statement presenting a valid exemption be provided.

The teachings of the Catholic Church are not opposed to such tests and inoculations. The Catholic Diocese of Salina and the Diocesan schools strongly encourage parents to have their children immunized.

The Diocese recognizes a medical exception, and accordingly provides for parents and/or legal guardians of a child to execute this Immunization Exemption and Waiver.

In consideration of the foregoing, the above-named Parents and/or Legal Guardians of the above-named Student hereby state and declare:

1. The Student should be exempt from the immunization requirement for the following reason:
 - The physical condition of the Student is such that the tests and immunizations would seriously endanger the Student's life or health. A written certification from a licensed physician declaring this must be attached before approval of exception is granted.
2. Furthermore, the above-named Parents and/or Guardians assume full responsibility for the health of the Student named above and hereby release and discharge the School and the Diocese from any claim arising as a result of the School allowing the Student to attend classes, even though not immunized.
3. Furthermore, the above-named Parents and/or Guardians acknowledge and agree by signing this document that the Catholic school's policy is to exclude any non-immunized student from classes in the event a disease for which immunization has been declined is present in the Catholic school.

4. The above-named Parents and/or Guardians waive the right to privacy of the Student and medical records and information for any actual or implied release of protected information which occurs as a result of removal of the non-immunized Student from classes.

Name of Student

Parent / Legal Guardian

Parent / Legal Guardian

Date

___ Attached: A written certification from a licensed physician declaring ‘The physical condition of the Student is such that the tests and immunizations would seriously endanger the Student’s life or health’.



GUARDIANSHIP AGREEMENT

I, _____, of _____
(print your full name) (street)

_____, as the custodial parent of:
(city, state, zip)

List the full name(s) of each child	List each child's birth date

Do hereby grant guardianship of the above listed children to:

List the full name(s) of the individual(s) to whom you are granting custody	List the person's relationship to the child(ren)

Contact information of guardian(s) listed above:

Address: _____

Phone numbers: _____

Statement of Consent: (To be signed in the presence of a legalized notary public)

I, _____, hereby grant guardianship of the above children,

Who I have legal custody of to _____

From _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

For as long as necessary, beginning on _____
(mm/dd/yyyy)

In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel, I also grant permission for the guardian(s) named above to make educational decisions for my child/children.

Signature: _____ Date: _____

Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day, of _____ year.

(Seal) Notary Public

My appointment expires:

BLOODBORNE PATHOGENS

The following Bloodborne Pathogens Exposure Control Plan is developed in accord with OSHA Standards and, as a model plan, is to be used by the elementary and secondary schools of the diocese. It is important that each school make those additions or modifications necessary to meet the needs and circumstances of the local school situation.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

In accordance with the Bloodborne Pathogens Standard 29 CFR 1910.1030 of the Occupational Safety and Health Administration (OSHA), and regulations of the Kansas Department of Human Resources (KDHR), the following Bloodborne Pathogens Exposure Control Plan has been developed and adopted for:

NAME OF SCHOOL: _____

DATE: _____

This plan is to be made accessible to all school employees who are also to be given the training and equipment necessary to implement it. The plan is to be reviewed on an annual basis and updated when necessary.

PURPOSE:

The purpose of this exposure control plan is to eliminate or minimize employee occupational exposure to blood or other potentially infectious materials (OPIM) as detailed in the Bloodborne Pathogens Standard.

EXPOSURE DETERMINATION:

The following job classifications of employees at this school (or facility) may be expected to incur occupational exposure to blood or other potentially infectious materials.

(Here the individual school's listing is added, which may include any or all of the following):

--SCHOOL NURSES (designated to render First Aid)

--CUSTODIANS (cleaning bathrooms or spills of blood or OPIM)

- COACHES (in directing contact sports, such as football, basketball, wrestling, etc.)
- TEACHERS (performing science/career experiments involving blood or OPIM)
- SPECIAL ED TEACHERS (in handling body fluids as part of professional duty)

Employees who may have an OCCASIONAL OCCUPATIONAL EXPOSURE through giving First Aid or cleaning blood or OPIM spills as a COLLATERAL DUTY are: PRINCIPALS, TEACHERS, SECRETARIES, COOKS, BUS DRIVERS AND PARAPROFESSIONALS.

SCHEDULE AND METHOD OF IMPLEMENTATION:

At this school, universal precautions are to be observed in order to prevent contact with blood or other potentially infectious materials. All blood or OPIM is to be considered infectious regardless of the perceived status of the source individual.

Engineering controls, such as sharps containers and infectious plastic waste bags, together with work practice controls regulating the manner of task performance, will be used to eliminate occupational exposure for employees. Where exposure remains after institution of these controls, personal protective equipment will be used.

PERSONAL PROTECTIVE EQUIPMENT:

All personal protective equipment at this school will be provided without cost to employees. Such equipment is to be chosen based on the anticipated exposure to blood or OPIM, and will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

In this school employees will be provided with the following personal protective equipment: *(Here, according to need, the individual school's listing is added which may include all of the following.)*

<u>Personal Protective Equipment</u>	<u>Task/Use</u>
Disposable latex rubber gloves	<ul style="list-style-type: none"> --First aid when blood or OPIM are present --Cleaning blood or OPIM spills

Disposable pocket mask with one-way valve	--Administering CPR
Utility gloves/disposable rubber gloves	--Cleaning bathroom facilities
	--Changing bags containing used feminine hygiene products

The above controls will be kept (*identify the place[s] of storage*). These controls will be examined and maintained every 30 days by (*identify the person responsible*).

All garments which are penetrated by blood or OPIM are to be removed as immediately as possible. All personal protective equipment will be removed prior to leaving the work area.

All personal protective equipment will be cleaned and disposed of, and replacements will be made, by the employer at no cost to the employee.

GLOVES are to worn whenever it is reasonably anticipated that employees will have hand contact with blood or other potentially infectious materials, non-intact skin, and mucous membranes.

The school administration will provide disposable and/or utility gloves for custodial personnel and will provide disposable rubber gloves and pocket masks for personnel cleaning blood or OPIM spills and administering first aid. In this school, gloves will be available from (*state location and/or person who will be responsible for the distribution of gloves*).

Used disposable rubber gloves are not to be washed or decontaminated for re-use and are to be replaced as promptly as possible when they become contaminated, torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for re-use, provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration that might compromise their ability to function as a barrier.

SHARPS used in classroom experiments, etc., that are contaminated with blood or OPIM are to be placed as immediately as possible after use into appropriate sharps' containers. Contaminated sharps are NOT to be bent, recapped, removed, sheared, or intentionally broken. Containers for sharps are to be maintained in an upright position throughout use.

At this school sharps containers will be located at (*identify place of storage*) to be checked out for classroom experiments and returned again as soon as possible after use.

The sharps containers will be color-coded red, closeable, puncture resistant and leak-proof on the sides and bottom, and labeled as "Biohazard Infectious Waste." (*Identify proper person*) has the responsibility of removing sharps from the sharps container. Contaminated sharps shall not be stored

in or processed in such a manner that an employee is required to reach by hand into the container where the sharps have been placed. Contaminated sharps are to be incinerated or, having been enclosed in a labeled, puncture resistant, leak-proof, biohazard labeled container, sent separately to (*identify the local regulated waste disposal area*).

REGULATED WASTES, such as paper towels, tissues, cotton balls and dressings that are contaminated with blood or OPIM, whether in a liquid, semi-liquid or dry state, but capable of releasing these materials during handling, are to be placed in a red-coded disposable plastic bag labeled "Biohazard Infectious Waste" and incinerated or sent separately to (*identify the local regulated waste disposal area*).

Discarded feminine hygiene products are not generally considered regulated waste. These are to be discarded into a properly plastic lined waste container. Employees responsible for emptying these containers should be wearing either utility or disposable gloves.

Cloth towels or clothing contaminated with blood or OPIM are to be given the least possible handling while placing them in appropriately marked bags at the place of use to be cleaned later in the laundry - not in the area of use. Employees who handle contaminated laundry will use personal protective equipment.

WORK PRACTICES:

In every incident of exposure to blood or OPIM, the procedures followed are to be conducted in such a manner as to minimize splashing, spraying, splattering, and/or generating droplets of blood or OPIM. Methods employed to accomplish this goal will be in accord with the "Universal Precautions Procedures" found in Appendix B following this plan.

Handwashing facilities located (*identify readily accessible locations*) are available to the employees who incur exposure to blood or OPIM. After the removal of disposable gloves, employees shall wash hands and any OPIM contaminated skin as soon as possible with soap and water. If employees incur exposure to their skin, eyes, mouth, or any mucous membrane, those areas shall be appropriately washed or flushed with water as soon as possible after contact.

(*One or both of the following options needs to be included here. No. 1 is appropriate for employees who, because of their job classification, may be expected to incur occupational exposure to blood or OPIM. No. 2 is sufficient for employees who may perform first aid, blood or OPIM spill clean-ups, as a collateral responsibility.*)

- 1) The vaccine will be offered within ten (10) working days of the initial assignment as a first aid respondent unless the employee has had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity.
- 2) The vaccine will be offered as soon as possible, but in no event later than twenty-four (24) hours, to all unvaccinated first aid responder employees who have rendered assistance in a first aid incident involving the presence of blood or OPIM, regardless of whether the employee has actually incurred an exposure incident according to definition.

Prior to the end of the work day on which the exposure incident occurs, the incident involving blood or OPIM is to be reported to (*here identify the person responsible*). Also to be completed is the "Exposure Incident Report Form, BPEI 294 found in Appendix C.

Employees who decline the Hepatitis B vaccine will sign the Hepatitis B Vaccine Declination Form, HBV 394, found in Appendix C. It is the responsibility of (*identify the proper person*) to offer the vaccine or see that the waiver is signed. The vaccine will be administered by (*identify local health department*). Employees who initially decline the vaccine, but who later wish to have it, may then have the vaccine provided at no cost.

EXPOSURE INCIDENTS EVALUATION AND FOLLOW-UP:

If an employee incurs an exposure incident, it is to be reported to (*identify the person responsible*) who also has the responsibility to make certain that a record of the exposure incident is completed and placed in the employee's file to be retained for thirty (30) years.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up which will include the following:

- documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual and the status of the source individual. After consent is obtained, the blood of the source individual will be tested for HIV/HBV infectivity.
- Results of testing of the source individual will be made available to the exposed employee who will be informed about the applicable laws and the regulations concerning the disclosure of the identity and infectivity of the source individual.
- The employee will be offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that testing will be conducted, then appropriate action can be taken and the blood sample discarded by the Department of Public Health. (See Appendix C, Form BPT 494)
- The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
- The employee will be given appropriate counseling concerning precautions to be taken during the period after the exposure incident and potential illnesses for which to be on the alert, with the directive to report any related experiences to appropriate personnel.

INTERACTION WITH HEALTH CARE PROFESSIONALS

(Identify the person) will provide the necessary information to the health care professional responsible for providing an employee with the Hepatitis B vaccine and conducting the evaluation of the employee following an exposure incident.

The health care professional who evaluates an employee in this school shall provide a written opinion in each of the following instances:

- when the employee is sent to obtain the Hepatitis B vaccine; and
- whenever an employee is sent to the health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

- whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident;
- that the employee has been informed of the results of the evaluation; and
- that the employee has been told about any medical condition resulting from exposure to blood or other potentially infectious materials.

The written opinion to the employer is not to reference any personal medical information which is to be kept confidential.

TRAINING PROGRAMS:

Training programs on bloodborne pathogens will be provided on an annual basis for all employees at the time of initial assignment to tasks where occupational exposure may occur. This training will be given at no cost to the employee and attendance is mandatory each year.

This training will be conducted by *(identify the person, possibly by position identification, together with the person's qualifications. Also indicate here the method used to conduct the training, ex., video tape, written materials, etc. Appendix C includes a record form for the Training Program, Form BPE 194)*. The training will include an explanation of the following:

- the OSHA standard for bloodborne pathogens;
- the symptoms and the elements contributing to the occurrence of bloodborne diseases;
- the modes of transmission of bloodborne pathogens;
- this Exposure control Plan and its implementation procedures;
- procedures which might cause exposure to blood or OPIM at this facility;39a-6

- methods which will be used to control exposure to blood or OPIM;
- personal protective equipment available and the person to contact concerning its availability and use;
- signs, labels and color coding being used at this school;
- procedure to follow if an exposure incident occurs, including post-exposure evaluation and follow-up;
- the Hepatitis B vaccine program at this school.

The outline for the training material is located at (*indicate where training materials are located*).

RECORD KEEPING:

It is the responsibility of the school administrator to make certain that this policy is effectively carried out, that confidentiality requirements are kept, that all records relating to this policy are maintained, and that this plan is reviewed and updated on an annual basis.

Signature

Title

Date

APPENDIX A

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

DEFINITIONS

ASSISTANT SECRETARY in relation to these regulations, means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

BLOOD means human blood, human blood components, and products made from human blood.

BLOODBORNE PATHOGENS means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

CLINICAL LABORATORY means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

CONTAMINATED means the presence or the reasonably anticipated presence of blood or other potential infectious materials on an item or surface.

CONTAMINATED LAUNDRY means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

CONTAMINATED SHARPS means any contaminated object that can penetrate the skin including but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

DECONTAMINATION means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

DIRECTOR means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

ENGINEERING CONTROLS means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

EXPOSURE INCIDENT means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact the blood or other potentially infectious materials that result from the performance of an employee's duties.

HANDWASHING FACILITIES means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

LICENSED HEALTHCARE PROFESSIONAL is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

OCCUPATIONAL EXPOSURE means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM) means:

- (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- (3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

PARENTERAL means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

PERSONAL PROTECTIVE EQUIPMENT is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

POTABLE means suitable for drinking.

PRODUCTION FACILITY means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

PROPHYLAXIS means measures designed to preserve health and prevent the spread of disease.

REGULATED WASTE means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and micro biological wastes containing blood or other potentially infectious materials.

RESEARCH LABORATORY means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

SEROLOGICAL means methods of dealing with serums, especially their reactions and properties.

SOURCE INDIVIDUAL means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities, residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

STERILIZE means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

UNIVERSAL PRECAUTIONS is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.WORK PRACTICE CONTROLS means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

APPENDIX B

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

UNIVERSAL PRECAUTIONS PROCEDURES

The following are rules and precautions to help assure the safety of employees when exposure to blood or other potentially infectious materials occurs. It is essential to remember always the importance of maintaining a barrier between oneself and the blood or OPIM.

MINOR ACCIDENTS IN WHICH BLOOD IS DRAWN:

1. Put on disposable latex rubber gloves before assisting with the injury.
2. If rubber gloves are not readily available, hand the victim tissues, paper towels, or some other absorbent material; instruct the person to apply pressure on the wound to reduce or stop the flow of blood.
3. Using rubber gloves, wipe up any spilled blood with paper towels or other absorbent material; deposit all contaminated paper or absorbent materials in a leak-proof plastic bag.
4. Spray the contaminated area with an approved disinfectant solution, such as, 1) solution made of one part household bleach mixed with ten parts water; 2) 70% isopropyl alcohol; or 3) an EPA approved germicidal disinfectant mixed according to the manufacturer's directive.
5. Allow several minutes for the disinfectant to work; wipe the surface dry with paper towels or other disposable wipers; deposit the used towels or wipers in the leak-proof plastic bag provided for this purpose.
6. Remove rubber gloves by peeling them from the top so that they are inside-out when removed; deposit in the plastic bag; tie or seal bag tightly; make certain the bag is properly labeled; dispose of the bag in a waste container lined with plastic.
7. Wash hands thoroughly even if rubber gloves were worn: remove all jewelry; wet hands with warm potable water; liberally apply liquid soap, preferably disinfectant liquid soap (bar soap is not recommended as it can spread germs to others); using a circular motion, work the soap well into the skin, in between the fingers, and under the fingernails.
8. Rinse well under a continuous flow of water until free of all soap residue.
9. Dry hands under electric dryer, if possible; if a paper towel is used, dry hands and turn off faucet with towel prior to placing it in the trash can.
10. Apply a liberal amount of handcream, working it into the skin to prevent chapping.
11. Make certain that any other body area coming into contact with the contaminated blood is decontaminated through a like/similar process. 39a-11

OTHER POTENTIALLY INFECTIOUS MATERIALS SPILLS (Vomit, urine, feces, etc.)

1. Begin the clean-up by putting on disposable latex rubber gloves.
2. If a carpeted area, cover it first with an absorbent materials, such as oil and grease absorbent, or another product sold for this purpose.
3. Allow several minutes for absorbent material to work; pick up with putty knife or sweep into dustpan with brush; deposit into leak-proof plastic bag.
4. Place pick-up tools in a separate bag for clean-up later.
5. Spray area with disinfectant; if carpeted, clean with carpet shampoo, a germicidal detergent solution, or water extraction cleaner - do not use a household bleach solution.
6. Let soak for several minutes; use paper towels or wipers to wipe up the remaining disinfectant; dispose of wipers in plastic bag. If area is large, apply germicidal solution liberally; allow several minutes to soak; pick up with a well-wrung scrubbing mop; a second bucket and mop may be needed for rinsing.
7. Spray with disinfectant and allow to air dry.
8. Soak small tools and mops several minutes in a germicidal detergent solution; wash buckets in a germicidal solution; rinse all thoroughly before putting away.
9. When all cleaning is completed, remove rubber gloves by peeling down; place in plastic disposal bag; tie or seal bag tightly; dispose of bag according to school directives;
10. Wash hands and complete the process in the same manner as for exposure to blood outlined in steps 7-11 above.

SCHOOL BUSES:

All school buses should be equipped with first aid kits containing rubber gloves and CPR disposable pocket masks, as well as a clean-up kit or special supplies for this purpose, including absorbent materials to soak up large spills, a tool to pick up absorbent materials, a disinfectant, and a leak-proof plastic bag.

After following the process as outlined above, hands should be sprayed liberally with a disinfecting agent or alcohol; alcohol wipes can also be used until soap and water are available for thorough washing.

39a-12

DO NOT TAKE SHORT-CUTS. REMEMBER, IT IS YOUR SAFETY AT RISK!

APPENDIX C
TRAINING PROGRAM RECORD

NAME OF SCHOOL: _____ PHONE: _____

ADDRESS: _____ DATE: _____

DESCRIPTION OF TRAINING PROGRAM _____

NAMES AND QUALIFICATIONS OF PRESENTERS _____

NAMES AND POSITIONS OF THOSE IN ATTENDANCE

APPENDIX C

BLOOD PATHOGENS EXPOSURE INCIDENT REPORT

EMPLOYEE NAME _____ SS# _____

DATE OF EXPOSURE _____ TIME _____

SOURCE INDIVIDUAL _____ GRADE _____

DOCTOR _____ DIAGNOSIS _____

MANNER OF EXPOSURE _____

LOCATION _____

ACTIVITY BEING CONDUCTED _____

CAUSE OF INCIDENT _____

PERSONAL PROTECTIVE EQUIPMENT USED _____

PROCEDURES FOLLOWED _____

IMMUNIZATION RECORD (DATES):

Received Hepatitis B Vaccine _____; 1 month _____; 6 month _____

Refused Hepatitis B Vaccine _____

Immune Status to Hepatitis B _____

EMPLOYEE TESTING:

Hepatitis B Immune Status _____

HIV Screen Baseline _____; 6 weeks _____; 3 month _____;

6 month _____

SOURCE INDIVIDUAL RESULTS:

Physician Notified _____

Patient Drawn for HIV and HBV _____

HBV Results _____

HIV Results _____ 39a-14

APPENDIX C
HEPATITIS B VACCINE DECLINATION

NAME OF SCHOOL _____ PHONE _____

ADDRESS _____

NAME OF EMPLOYEE _____ SS# _____

POSITION _____

DATE OF EXPOSURE _____

This is to certify that I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with HBV vaccine at no charge to myself. However, I decline HBV vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with HBV vaccine, I can receive the vaccination series at no charge to me.

Signature

Date

APPENDIX C
HIV/HBV TESTING DECLINATION

NAME OF SCHOOL _____ PHONE _____

ADDRESS _____

NAME OF EMPLOYEE _____ SS# _____

POSITION _____

DATE OF EXPOSURE _____

This is to certify that I have experienced an occupational exposure to blood or other potentially infectious materials, and am required to have blood drawn for baseline testing for HIV and HBV. This serological testing for HIV/HBV would be done immediately after exposure and again at six (6) weeks; three (3) months; and six (6) months, at no cost to me. At this time, I do not wish to undergo serological testing for HIV/HBV, but I have ninety (90) days within which to change my mind.

Signature

Date

APPENDIX XIV

ABUSE/NEGLECT FOR DAY CARE, EXTENDED CARE, LICENSED PRE-SCHOOLS AND NON CERTIFIED STAFF OF SCHOOLS

1. All staff shall read the Kansas Code for Care of children and the policies of the Salina Diocese and local agency regarding the reporting of suspected child abuse/neglect and sexual abuse/sexual exploitation, and sign a statement indicating they have read and understood the law and the policies of the Salina Diocese and the local agency, prior to actual work assignment.
2. All staff shall report suspected child abuse/neglect and sexual abuse/sexual exploitation to the administrator/designee immediately.
3. The administrator/designee shall take immediate action to protect the child(ren) and other children under the same care if not report indicates the need.
4. The administrator/designee shall immediately report all incidents of suspected child abuse/neglect and sexual abuse/exploitation to the SRS office in the county in which the abuse/neglect occurred and, when appropriate, to law enforcement. When SRS is not open for business, the report shall immediately be made to the appropriate law enforcement agency.
5. The administrator/designee shall cooperate with investigator and law enforcement making all relevant records available and encouraging and allowing staff and child(ren) to provide privately any relevant information to the investigators.
6. If investigation finds the incident is confirmed by child protective services or the SRS regulatory worker, one of the following actions will be taken by the facility:
 - a) Corrective action plan.
 - b) Temporary suspension with corrective action plan, such as training.
 - c) Transfer of worker from direct service activities
 - d) Termination of employee.
 - e) Correction of a condition which is a threat to the well-being of child(ren).
7. Child care workers failing to report incidents or willfully failing to give correct and complete information are subject to:
 - a) Temporary suspension with corrective action plan.
 - b) Termination.

(Penalty for not reporting is a Class B misdemeanor. Criminal charges may be filed at discretion of the County/District Attorney.)

NOTE: Kansas Code for Care of Children Section 19 K.S.A. 1982 Suppl. 38-1522 as amended lists those persons mandated to report suspected abuse/neglect or sexual abuse. Kansas Code for Care of Children Section 38-1525 speaks to protection of employee. Kansas Code of Care of Children Section 22, K.S.A. 1982 Supp. 38-1526 (speaks to immunity from liability when reporting without malice.)

GUIDELINES FOR SCHOOL COUNCILS

DIOCESE OF SALINA

I. INTRODUCTION

School councils make it possible for parents, who are the first and foremost educators of their children, to have a voice in the decisions that are made about the parish school. Through the school council, parents and other members of the school/parish community can also contribute their ideas and talents to assist the administration of the school.

School councils usually involve some change in membership each year which makes it difficult to keep all informed of their special role and its responsibilities. This brief handbook has been designed to provide basic guidelines for council operation in the Diocese of Salina. It is not intended to supplant an inservice workshop for school council members, but can be used as an "in between" reference to enable more effective operation.

II. DEFINITION

The Catholic school council is a representative body of parish/school community, established by the pastor in accord with diocesan policy, as a consultative or advisory group to assist him and the principal in the governance of the school.

Within the Catholic Church, school councils are normally consultative or advisory bodies to the pastor who is the canonical administrator of the parish. Under certain circumstances, a council may be one with limited jurisdiction, having decision-making power limited to certain areas of educational concern which are identified in its constitution and bylaws.

A parish school council in the diocese of salina is consultative only.

The council is consultative in the following sense: the members cannot act apart from the pastor and the principal and cannot make decisions binding on the school without the approval of the pastor and the principal. Consultation also means that decisions are not to be made by the pastor in major matters of educational concern until and unless the school council has been consulted. (cf Canons 495-501)

III. RELATIONSHIPS WITH OTHER GROUPS

PARISH COUNCIL. It is essential that good communication exist between the school council and the parish council, each of which is consultative to the pastor. The relationship which should exist is one of information sharing and common planning for the benefit of the total parish community.

PARISH FINANCE COMMITTEE. The finance committee of the school council and the parish finance committee meet to plan the financial contribution/subsidy from the parish to the school. The relationship is one of receiving financial advice and maintaining a responsible cooperative financial management effort.

PARENT ORGANIZATION. The school council includes in its membership the president or an elected representative of the parent organization to promote understanding and collaborative

effort. The relationship is one of mutual interest, support, co-operation and sharing of information.

DIOCESAN OFFICE. The school council renders compliance to diocesan policies, regulations and procedures and cooperation with diocesan programs. It receives from the diocese general policy direction, board member training opportunities, and counsel on request. The relationship is one of mutual cooperation, support and sharing of information and services.

IV. RESPONSIBILITIES AND FUNCTIONS

In the fulfillment of its specific responsibilities and functions, the school council is to be committed to carrying out the educational mission of the Church as defined by the National Conference of Catholic Bishops (1972): 1) to announce the message revealed by God which the Church proclaims; 2) to build faith community in the life of the Holy Spirit; and 3) to exemplify and foster the giving of service to the Christian community and the entire human community.

PLANNING. The school council in cooperation with the principal and faculty, is to assess the needs of the school and determine how each is to be met. This involves goal setting and formulating a long-range (five-year) plan for the operation and development of the school and its educational program. Once a five-year plan is in place, the council is responsible for an annual review and updating to keep the plan continuously operative.

POLICY MAKING. The primary responsibility of the school council is to define and develop policies which govern the operation of the school, keeping in mind that a policy is a guide for discretionary action; it gives direction, or identifies a thrust. Policies should be narrow enough to give clear guidance but sufficiently broad to allow the principal adequate room for personal discretion in making a decision.

There are actually three aspects to policy. A policy must be FORMULATED, ENACTED, and IMPLEMENTED before it is accurate to say that a policy exists. The formulation of the policy is the responsibility of the school council. Enactment of policy is a function of authority. If the council is constituted with limited jurisdiction, the council legitimately enacts policy. For consultative councils the policy is enacted by the pastor of the parish before it is implemented by the administrator.

Implementation of the policy is usually accomplished through the making of rules and administrative regulations which spell out specifically how the policy is to be accomplished. It is essential that there exist a clear understanding of the distinction between a POLICY which identifies WHAT is to be accomplished (the council's area), and ADMINISTRATIVE REGULATIONS which tell HOW to accomplish it (the principal's area).

Once a policy has been formulated (by council), enacted (by pastor), and implemented (by principal), it is the council's responsibility to monitor the effectiveness of the policy, and to review all existing policies as they age in order to determine their usefulness.

FINANCIAL MANAGEMENT. The school council is responsible for assisting in the preparation of the school's annual budget, giving it approval, and monitoring its working effectiveness. This involves working through the finance committee of the school council to establish tuition rates and fees; to determine salary and benefit schedules for the school's staff; to dialogue with the parish council finance committee in determining the amount of parish subsidy for the school; to discover ways and means of raising additional needed funds; and to review periodically the school's financial statement, making budgetary revisions as deemed necessary.

It is important to keep in mind that the parish council or finance committee, in establishing and approving the parish subsidy to the school, does not have authority to change a budget line item or to adjust the council's tuition scale, salary scale, etc. These are areas of council responsibility.

PUBLIC RELATIONS/MARKETING/DEVELOPMENT. The school council bears the responsibility of promoting the school within the community through publicizing the school's program advantages, curricular offerings, projects, activities and successes, thus "selling" it to the public. It plays an important role in the development of the school and its educational programs through a systematic effort to attract friends/patrons for the school to generate support and build confidence in it for the long term.

SELECTION OF THE PRINCIPAL. Its involvement in the choice of the administrator could well be the greatest single function the school council performs. With specific criteria in mind, through an established search committee, the school council should make an honest effort to seek out among the applicants the type of leader they desire for their school. Once the choice is made it rests with the pastor to approve and hire the selected individual, having received written confirmation from the diocesan superintendent of schools.

EVALUATION. the pastor, as the hiring agent, bears the responsibility for the evaluation of the principal. The School Council evaluates only the principal's working relationship and service to the Council. This should be done annually.

The School Council also has the responsibility to review its own performance annually. this could involve tracking the goals and objectives set in planning, and determining the effectiveness of its policies and public relations attempts.

V. AREAS OUTSIDE SCHOOL COUNCIL JURISDICTION

Administration of the school is the task of the principal. Any intrusion of the school council into administrative matters spells serious trouble for the school's operation. Three examples commonly experienced are cited here.

REGULATIONS. Establishing regulations is the principal's responsibility. Through policy the council gives the guide or general rule. The principal decides how to implement it. At no time should the council interfere with the principal's freedom in this respect. Any administrative action or task within the school is always the responsibility of the principal.

CASES INVOLVING INDIVIDUAL STUDENTS. The school council may establish some policies pertaining to discipline (e.g. prohibiting corporal punishment, directing that parents be contacted for certain infractions). However, the council (or an individual council member) is not to become a reviewer and/or reverser of the principal's or staff's implementation of the discipline policy. The same holds true of academic decisions (e.g. assignment of marks, promotions or honors decisions). One possible exception to this is expulsion, which is so serious that the council might validly establish a review process to determine if the proper procedures had been followed.

CASES OF INDIVIDUAL FACULTY MEMBERS. The school council (or individual council members) do not screen or hire teachers, participate in their evaluation, or fire them. School council may set standards for teachers, determine their salaries and their benefits via the budget, and direct that evaluations be made, but council members must never be made to feel responsible for the professional competency of a teacher under any circumstances. Dealing with problems pertaining to personnel and personnel performance is an area of administration.

In some situations or circumstances involving staff member, the pastor or the principal may CHOOSE to seek the advice of the council. This should not become an ordinary manner of procedure as this is not the role of the council. On such occasions when a personnel problem is referred to the council, the discussion must be held in a closed session of the council and the strictest confidence must be observed. Matters treated in a closed session must not be discussed with anyone outside of the session, including other board members and spouses. Inability to keep confidences would be sufficient reason to request the resignation of a council member.

VI. MEMBERSHIP AND REPRESENTATION ON THE COUNCIL

SIZE. The size of the council will vary according to local needs. Experience indicates that the council should have no fewer than seven members and no more than thirteen. It should be large enough to fulfill its responsibilities but small enough to insure adequate dialogue and good group interaction.

REPRESENTATION. The elected members of the council should be parishioners / parents / guardians who have children enrolled in the parish school.

The pastor, as spiritual leader of the entire Christian community, should be a member of the council ex officio. He may or may not have the right to vote, according to local determination as designated in the constitution. However, since he, under the Bishop, is personally responsible for the administration of the entire parish, all decisions of the council are subject to his approval. For justifiable reasons, which he may or may not be able to share with the council, the pastor may make a decision contrary to majority vote. This should happen very rarely, if ever.

The principal as chief administrative officer of the school is an ex officio member of the council without the right to vote. However, he/she is the executive officer of the council, and, as such, has the responsibility of 1) implementing the policies and decisions made; 2) preparing the agenda in collaboration with the president (unless an agenda committee is established); 3) attending all meetings; 4) providing the council with reports on program operations; 5) identifying policy needs; 6) working with the finance committee in the preparation of the budget, and 7) helping the council evaluate its own performance.

The president or an elected representative of the school's parent organization should be an ex officio member of the school council, with or without voting privileges as determined locally. This will enable the council to understand and address more fully the needs and concerns of the total parent group.

ELIGIBILITY. The following issues should be among those considered in determining membership eligibility:

- ◆ membership in the parish/school community;
- ◆ eighteen years of age or older;
- ◆ genuine interest in Catholic education/schools;
- ◆ ability to work effectively with others;
- ◆ be available to attend meetings, inservice programs, and to participate in committee work;
- ◆ willingness to maintain high levels of integrity and confidentiality;

- ◆ willingness to support school mission and philosophy;
- ◆ be a credible witness of the Catholic faith (or of one's own religion but not opposed to Catholic belief) to the school community and beyond.

INELIGIBILITY. Certain categories of people who should not be considered ad candidates for the school council are:

- ◆ salaried employees of the parish, whether teaching or non-teaching personnel;
- ◆ persons who have a member of his/her own household on the school staff; and
- ◆ persons who have another member of the household on the council.

TERM OF SERVICE. Membership on the council, with the exception of ex officio members, should ordinarily be for a term of three years with the provision that members be allowed to succeed themselves in terms of re-election for one additional consecutive three-year term.

Provision should also be made for replacement on a staggered basis, preferably providing for not more than one-third of the membership being replaced at a given election.

RECRUITMENT ANDELECTIONS. Each council should have a nominating committee, which includes the pastor and the principal, charged with the responsibility of identifying potential members and presenting a slate of nominees for election or appointment.

The school council's effectiveness will depend greatly on the support it can gain from all parents and members of the parish and school communities. This support will be forthcoming if the parents feel that the council truly represents them. consequently, there must be opportunity given them to vote for members of their choice. The procedure for nominations and elections should be so designed as to best accomplish this within the parish/school community.

In order to insure that the composition of the council is balanced and meets the needs of the school, provisions may be made for some appointees by the pastor, but not to exceed one-third of the total membership.

VII. OFFICERS OF THE COUNCIL

Ordinarily, the officers of the school council consist of a president, vice president and secretary who are elected by the council members at a specified meeting each year. Any ember of the council is eligible to hold office except ex officio members.

PRESIDENT. It is the responsibility of the president of the council to:

- ◆ preside at all council meetings;
- ◆ develop the meeting agenda in collaboration with the principal and/or pastor;
- ◆ appoint members to committees, both standing committees and ad hoc committees; and
- ◆ assign additional duties to members as the need might arise.

VICE PRESIDENT. It is the responsibility of the vice president to perform the duties of the president in the absence or incapacity of the president.

SECRETARY. It is the responsibility of the secretary of the council to:

- ◆ distribute the meeting agenda prior to the meeting;
- ◆ maintain written minutes of all meetings;
- ◆ send a copy of the minutes to each of the council members and to the diocesan superintendent of schools;
- ◆ prepare a summary report of each open meeting for distribution to the parish/school community;
- ◆ be responsible for all official correspondence; and
- ◆ preserve on file all reports/documents committed to his/her care.

VIII. MEETINGS OF THE COUNCIL

Scheduled meetings are at the heart of the effectiveness of the council and critical to its success. The council should meet monthly, or at least regularly, preferably on a specified day of the week and at a specified time. Special meeting of the council may be called by the president as needed, or as requested by council membership.

All meetings of the council should be open meetings unless designated as being executive for the purpose of treating matters especially sensitive or confidential. The rights of non-members of the council to address the council should ordinarily be limited to those whose petition has been approved in advance of the meeting. In the event that there are many such requests, the council should hold a public hearing at a time other than the one scheduled for a regular meeting. No business should be transacted or decisions made at such a hearing.

IX. COMMITTEES

Committees can help a council to operate more efficiently and allow it to expand the number of things it can deal with simultaneously and effectively. A committee does not make decisions for the council but gathers and organizes information for the whole council and makes recommendations.

MEMBERSHIP. Committee members are appointed by the president of the council. The chairperson of each committee must be a member of the council. Otherwise, committee membership does not have to be limited to council members. Effort should be made to include as committee members those individuals who may have the expertise required by the project or responsibility.

SIZE. Normally a committee should be as small as possible. It usually requires three or four persons to provide the combined talents needed to be effective. However, a committee of one may be charged with the particular responsibility if that one person has all the necessary expertise to perform the task.

STANDING COMMITTEES. Committees that are created to provide a continuing function for the council are called standing committees. The standing committees of the council should be identified in the bylaws of the council. Some examples of standing committees and their roles are:

- ◆ **FINANCE:** works collaboratively with the principal in drafting the school budget, proposes the budget to the board, recommends tuition rates, salary and benefit schedules, and negotiates parish subsidy to the school with the parish finance committee.
- ◆ **POLICY:** works with the principal in identifying policy needs, makes policy proposals to the council, prepares the policy proposal in correct form and helps the council monitor the effectiveness of its policies.
- ◆ **PLANNING:** identifies needs and collects data to assist the council in establishing goals, in developing a long-range plan, and providing for an annual review and updating of the plan.
- ◆ **PUBLIC RELATIONS/MARKETING:** promotes the image of the school in the community, designs and implements plans for encouraging families to enroll their children in the school, identifies opportunities and problems in relation to the school's development.
- ◆ **BUILDINGS AND GROUNDS:** monitors the condition of the facilities, projects major repairs and replacements needed, makes recommendations on buildings and grounds to the finance committee of the parish council.
- ◆ **EXECUTIVE:** determines the priorities of the council, plans the agenda for the regular council meeting, and in emergency situations makes recommendations to the pastor and/or principal.

AD HOC COMMITTEES. A committee established to meet a specific objective at a given time is known as an ad hoc committee. Ad hoc committees are temporary and may be created whenever a need or purpose arises. When the assigned task is completed, the committee is dissolved.

Some examples of possible ad hoc committees are:

- ◆ **SEARCH COMMITTEE:** seeks the best possible qualified individual to fill the position of principal.
- ◆ **NOMINATING COMMITTEE:** recruits candidates for the council and for council offices.
- ◆ **CONSTITUTION:** reviews the constitution and bylaws periodically to see whether any changes appear to be needed.

It is the responsibility of the council to make clearer to the committee exactly what the council wants it to do. Having made its expectations clear, the council should inform the committee as to when the task is to be done, and hold the committee accountable for its work.

X. KEYS TO SUCCESS

Always crucial to the success of the Catholic school's educational program will be the attitudes and relationships that exist among the pastor, the principal and the council members. Good working relationships can prevail only if on-going **COMMUNICATION** and **MUTUAL TRUST** are fostered. teamwork, shared decision-making, open communication, cooperative effort and mutual trust among pastor, principal and council members is essential if the Catholic school is to be a true Christian witness within the community. Only in such an atmosphere can an

educational program be provided that will enable maximum human and spiritual growth in faith, hope and love for our young people.

In order to be able to relate well with one another, each and all must first relate to the Lord Jesus in prayer. To be bound together in a working relationship, they must first be bound together in Jesus. It is together that pastor, principal and council must go to Jesus in deep prayer for one another - - for the welfare and work of each other - - and for the good of the people they serve. It will be the quiet hour with the Lord that will become the POWER HOUR, for unless the Holy Spirit fills, the human spirit fails.

APPENDIX XVI

FRAMEWORK FOR CONSTITUTION AND BYLAWS

CATHOLIC SCHOOL COUNCILS

DIOCESE OF SALINA

The constitution of the Catholic School Council describes the makeup of the group; the bylaws are the rules which govern its internal operations. This should be the document the Council turns to when questions or disputes arise about those operations.

CONSTITUTION

- | | |
|----------------------|--|
| STATEMENT OF MISSION | * School's Mission Statement |
| TITLE | * Name of council |
| PURPOSE/FUNCTIONS | * Take the initiative in long-range planning
* Recommend and formulate school policies
* Assist in preparation of the annual school budget and determine sources of funding
* Provide for continued development of the school, including public relations and marketing
* Participate in the selection of a principal
* Evaluate annually the principal's working relationship and service to the council
* Set goals for itself and annually evaluate its own effectiveness |
| RELATIONSHIPS | * Diocese
* Parish Council
* Parish Finance Committee
* Parent Organization |
| OFFICERS | * Titles
* Who can be elected |

	* Term of office
MEETINGS	* Frequency
	* Quorum
	* Manner of voting
	* Rules of procedure
COMMITTEES	* Appointment of committees
	* Committee membership
	* Standing committees
AMENDMENTS	* Process
<u>BYLAWS</u>	
PLANNING	* Establish long-range planning committee
	* Manner of approval of plan
	* Provision for update
POLICY	* Process for formulating policy
	* Process for annual review of policies
	* Process for publicizing policy
BUDGET	* Responsibility for preparation
	* Determination of subsidy
	* Process for approval
PUBLIC RELATIONS	* Responsibility for school promotion
SELECTION OF PRINCIPAL	* Composition of search committee
	* Interview process

- * Procedure for decision-making and hiring
- EVALUATION / CONTRACT
- * Time and method of evaluation
 - * Process of offering contract
 - * Procedures for dismissal
- COUNCIL SELF-EVALUATION
- * Time and method
- MEMBERSHIP / ELECTIONS
- * Number of members
 - * Status of pastor and principal
 - * Terms of office
 - * Eligibility for nomination
 - * Method of nomination
 - * Election procedure
 - * Resignations or terminations
 - * Filling vacancies
- OFFICERS
- * President:
 - ▶ Preside at all meetings
 - ▶ Develop the agenda with principal
 - ▶ Appoint committees
 - ▶ assign additional duties to members
 - * Vice President
 - ▶ Perform duties of President in his / her absence
 - * Secretary
 - ▶ Distribute agendas prior to meeting
 - ▶ Maintain a written record of the minutes
 - ▶ Send copies of minutes to members
 - ▶ Prepare a general summary report of each open meeting for distribution to the parish
 - ▶ Take care of official correspondence

- ▶ Preserve all reports / documents committed to his / her care

- * Term of Office

- * Vacancies

MEETINGS

- * Location and time

- * Calling of special meetings

- * Regular meetings open

- * How constituents are to address the council

- * Executive sessions

COMMITTEES

- * Standing committees

- ▶ Duties

- ▶ Appointment

- ▶ Size / composition

- ▶ Term of service

- * Ad hoc committees

- ▶ Appointment

- ▶ Duties

AMENDMENTS

- * Process

