



RESIDENTIAL LIFE PERMISSION FORM 2009-2010



MERITAS FAMILY OF SCHOOLS

Students Last Name:	Students First Name:	Birth Date:	Grade:
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(Initial) 1. RESIDENTIAL ADDENDUM

I/We am/are the said Parents and/or Guardians of the above Minor Child who is currently enrolled in MERITAS Family of Schools Residential Program. We herein acknowledge that as a resident, Meritas LLC, North Broward Preparatory School and its Administrators shall set forth such rules and guidelines as may be necessary for the welfare of our child during our child's enrollment period in the residential program. Such rules may include necessary and reasonable discipline, including the loss of privileges such as television, recreational computer use or other disciplinary measures as may from time to time be reasonable. I/We and our child understand and agree that our child is bound by the school's honor code during all times, and our child's enrollment in the residential program does not relieve the child of any obligation of the honor code, or any consequences as may be occasioned by a violation thereof. The school retains the right to determine, in its sole discretion, that the child must be withdrawn from the residential program or school. Withdrawal of the student from the residential program or school, for any reason at any time, does not relieve the undersigned of the responsibility for the entire year's tuition and fees.

(Initial) 2. STUDENT ALLOWANCE ACCOUNT

Student allowance accounts are managed by the Residential Life Program and allow your son or daughter to withdraw weekly sums of money for incidental expenses. A deposit must be made into this account before withdrawals can be made. Please specify below the amount per week you wish to allow your child to withdraw from this account. The school recommends a \$25.00 maximum amount on a weekly basis. (You may list more or less than \$25.00.) I/We hereby authorize a maximum weekly allowance account withdrawal of \$_____ for my child or \$25.00 per week.

(Initial) 3. BILLING CHARGES

I/We authorize the business office to bill our account for the following charges or fees:
A. MISCELLANEOUS - School uniforms, books, emergency medical care, health care and additional immunization required.
B. CELL PHONES - I/we understand coverage and additional cell phone charges will be bill to our account.
C. TAXI / LIMOUSINE SERVICE- I understand any charges will be billed to my account if not paid at the time of use.

(Initial) 4. RESIDENT OFF-CAMPUS AUTHORIZATION

During our child's enrollment in the Residential Program, our child will, from time to time, be taken by the school, its staff and designees of Meritas LLC or The North Broward Preparatory School administration, and by our execution of the agreement, allow such field trips of our child, with the understanding that such field trips may involve overnight stays away from the campus. The school and its staff do not require individual permission slips or forms for each of these trips, and this document grants permission to take our child on off-campus excursions sanctioned by the school. I/We hereby agree(s) to assume full responsibility for the payment of all debts incurred by the student during his/her participation in this event and to reimburse North Broward Preparatory School for any damages suffered by it due to acts of the student during that visit. I/We further agree to release and hold North Broward Preparatory School and/or its parent, subsidiary, related, and affiliated companies harmless from and against all claims, judgments, costs, or other expenses arising out of bodily injuries or property damage suffered by the student during the visit and/or from activities of the Student during his/her stay; excluding, however, from any act of negligence by North Broward Preparatory School and/or its parent, subsidiary, related, and affiliated companies. I/We have executed a medical authorization form allowing North Broward Preparatory School to procure, at my/our expense, any medical care reasonably required by the student during the time the student is a resident.

- I/We give permission for my son/daughter to participate in all the activities below on campus or off campus.
- Repelling Surfing Water Skiing Ice Skating Biking Skate boarding Go Carting
 Go Carting Boating Scuba Diving Snorkeling Hiking Horseback Riding Paintball
 Jet Skiing Walking Rollerblading Para Sailing Fishing Wake Boarding

I/We give permission for my son/daughter to participate in specific activities on campus or off campus checked above.

(Initial) 5. PERMISSION TO LEAVE CAMPUS

As part of the Residential Program students maybe granted permission from the housemaster or residential assistant on duty to sign out, and leave campus for a period of time. Students are required to carry their cell phones while off campus and must sign out directly with a member of the residential staff on duty.

- I/We give grant permission for my son/daughter to leave campus un-chaperoned from time to time.
 I/We do not grant permission for my son/daughter to leave campus un-chaperoned.

(Initial) 6. PERMISSION TO USE THE PUBLIC TRANSPORTATION

- Yes, I give permission for my son/daughter to use the public bus service
 Yes, I give permission for my son/daughter to use the Tri-Rail service (train)
 Yes, I give permission for my son/daughter to use a taxi/limousine service
 No, I do not give permission for my son/daughter to use any of transportation services above

Parent/Guardian Signature: _____

(Parent signature authorizes section 1-6 of this form)

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(Initial) **7. OVERNIGHT STAYS ON WEEKENDS**

I approve of and give my permission for overnight stays on weekends with any local ** North Broward Preparatory School parent/faculty family*. I understand Weekend Overnight Plans require an invitation from the host family and approval by the school.

Yes No (If no, parents of residential students must call each time to grant permission for an overnight stay with a non-local North Broward Preparatory School parent, a family member other than parents, or a North Broward Preparatory School family, unless specifically listed below).

Name: _____ Address: _____ Phone: (____) - _____

Name: _____ Address: _____ Phone: (____) - _____

**Family = Adult parent(s) (over 25 years old) accepting responsibility for supervising the overnight student. Unsupervised overnight stays (including hotels) are not allowed under any circumstances while school is in session. Immediate family members need not be 25 years old. **Local= immediate surrounding areas.*

(Initial) **8. NBPS PERMISSION FOR RESIDENT STUDENTS RIDING IN VEHICLE**

Our School policy is that we will not permit your son or daughter to ride in a car driven by or to spend a weekend with any person not authorized on the form without specific written permission on file. The only exception to this is that verbal permission may be given on a one time basis in special circumstances, but should be followed up by written communication, if the permission is to extend beyond the special circumstance/situation. I hereby give my son/daughter authorization permission to ride in cars with on approved weekday or weekend activities:

Faculty/Staff NBPS parents Students enrolled at NPBS

To ride with the following members of your **family/friends/relatives** listed below:

Name: _____ Phone:(____) - _____ Name: _____ Phone: (____) - _____

Name: _____ Phone:(____) - _____ Name: _____ Phone: (____) - _____

(Initial) **9. RELEASE OF EDUCATIONAL RECORDS**

In order to process any college application or release any transcript or report card, the following statement must be signed and on file in the College Advising Office. If you are an athlete, please read and sign the second statement as well. Please return the signed form to the College Advising Office. Transcripts cannot be released until we have this signed form. As part of the college application process, unless specifically requested otherwise in writing, I authorize the release of my transcript containing a list of courses and grades earned as well as any other educational records to the extent required or requested by the educational institutions to which I apply. I authorize the College Advising Office, as well as The MERITAS Family of Schools' teachers and administrators, to submit descriptive statements or letters of recommendation in support of my application when requested. I understand that these statements and letters are confidential, and I hereby waive my right to review their content. I recognize that it is the school's responsibility to notify any educational institution to which I have applied or have been accepted as to any change in my status or qualifications at any MERITAS Family of Schools through the end of my senior year, including my personal conduct, and I hereby irrevocably authorize such notification. I understand that it is my responsibility to have all admission test scores (SAT, SAT Subject Tests, ACT) sent directly from the testing agencies to all universities and colleges to which I apply, and if applicable to the NCAA Clearinghouse. I am also responsible for having AP and TOEFL scores sent directly from those respective agencies. I understand that The MERITAS Family of Schools does not routinely provide class rank. However, for US Military Academies and certain scholarship applications, I hereby authorize release of class rank.

(Initial) **10. THE MERITAS FAMILY OF SCHOOLS RELEASE**

I agree to indemnify the school for all injury, loss or damage to the person or property of others caused by my child. I verify that the above indicated permissions are valid for 2009-2010 school year. I understand that the School endeavors to enforce regulations that pertain to the health and safety of its students, but that it cannot be the insurer of my child's health and safety. I, therefore, release and hold harmless North Broward Preparatory School, its officers, agents and employees from any injury, loss or damage beyond applicable insurance coverage, for injuries to or sickness of my child, reserving, however, any rights against others responsible.

Parent/Guardian Signature: _____

(Parent signature authorizes section 7-10 of this form)

(Initial) **11. PHOTO RELEASE**

I, agreed to allow Meritas, LLC and its school, North Broward Preparatory School, its nominees and assigns (collectively, the "School") the right to record my image, voice and performance by any and all mechanical, electrical, digital and photographic means in connection with his or her attendance of the School and other related activities (such recordings and any portion thereof and all copies and reproductions thereof, together with the use of my son's or daughter's name in connection therewith, are collectively referred to as the "Released Material"). I hereby consent to and grant to the School the worldwide perpetual right to use, reproduce, exhibit, distribute, broadcast, edit or otherwise exploit the Released Material in any and all media now known or hereinafter devised. I understand and agree that the Released Material is and shall remain the sole property of the School. I acknowledge that neither I nor my parents will be compensated for any uses made of the Released Material. This release shall be binding on me as well as my heirs, executors and assigns. This release shall be governed in accordance with the laws of the State of Florida, United States of America. I hereby warrant that I am the student named, and free to give this permission, consent and release which I have read and understand.

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MERITAS FAMILY OF SCHOOLS

EMERGENCY HEALTH CARE INFORMATION, WAIVER AND PERMISSIONS

1. PARENT CONTACT INFORMATION:

Parent Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

2. PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

3. HEALTH INSURANCE INFORMATION: *Note: It is mandatory for all residential students to have medical insurance. Send a photocopy of your child's medical card and prescription drug card.*

Name of Insurance Company: _____ Policy Number: _____

Membership Identification Number: _____ Phone Number: _____

4. ATHLETIC PROGRAM PERMISSION FOR MEDICAL TREATMENT

I/We, the undersigned parent or legal guardian of the above named student, understand that my child is involved in activities of the North Broward Preparatory School Athletic Program that could lead to injuries and the need for medical attention. I do hereby authorize the athletic training staff and/or coaching staff or designees of Meritas LLC or The North Broward Preparatory School administration to secure any and all medical treatment for my student athlete, with the understanding that every possible effort will be made to contact me. I understand that the above named individuals will perform only procedures that are within their training. I understand that I may have contact with Athletic Training Students under the direct supervision of the Certified Athletic Trainer. In the event that my child is injured and emergency care is needed, I give permission to the qualified personnel to treat my child.

Parent/Guardian Signature: _____

6. CONSENT FOR STANDING ORDER MEDICATIONS

I /We hereby give consent for the health Clinic staff or designees of Meritas LLC or The North Broward Preparatory School administration to dispense standing order medications on an as needed basis for acute illnesses or injuries to my son/daughter. This will include residential staff dispensing medications after Health Clinic hours as needed.

My son/daughter may be given (please check the boxes) Tylenol Ibuprofen Benadryl Over the counter cough/cold medicine.

Parent/Guardian Signature: _____

5. PERMISSION TO ADMINISTER EMERGENCY MEDICAL CARE/WAIVER OF RESPONSIBILITY AND PERMISSION

I/We here by give permission for the above-named student to receive emergency medical treatment, include surgery, by a physician, hospital, or other provider of healthcare, in the event that the parent(s)/legal guardians(s) cannot be contacted. It is also understood that financial responsibility for medical treatment or services is that of the parent(s)/legal guardians(s) individually or through their family medical coverage. In consideration of the benefits to be derived, and in view of the fact the North Broward Preparatory School is an college preparatory provider of education, in which enrollments is voluntary, and having full confidence that every precaution will be taken to insure safety and well being of my child, the above-named student, on the events, trips, and outings organized and sponsored by the school, I agree to his/her participation and waive all claims against the school, its employees, and representatives.

Parent/Guardian Signature: _____

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MERITAS FAMILY OF SCHOOLS

AUTHORIZATION FOR MEDICATION

Name of School: _____

INFORMATION TO BE COMPLETED BY A PHYSICIAN

Name of Physician: _____

Date: _____

Diagnosis: _____

Name of Medication Prescribed: _____

Time & Direction for Administration by School Personnel: _____

Side Effects / Special Instructions: _____

 Signature of Physician (required for prescription medications) Date

PARENTAL PERMISSION (to be completed by Parent or Guardian)

I grant designees of Meritas LLC or The North Broward Preparatory School administration permission to assist in the administration of each prescribed medication to be provided during the school day, including when my child is away from school property on official school business.

Please note: All residential student taking prescription medications must have the authorization for medication form completed prior to arrival.

Parent/Guardian Signature: _____