



Effective: July 1, 2023

UP Academy Required Forms

The following forms are required for the beginning of the school year and for any student joining UP Academy midyear. Below you will find the following forms:

- [UP Academy Emergency Information: 2023-2024 School Year](#)
- [UP Academy Health Form: 2023-2024 School Year](#)
- [Boston Public Schools Parent/Guardian Authorization for Medication Administration](#)
- [UP Academy Medial Policy Media Release 2023-2024](#)
- [UP Academy Student Technology Acceptable Use Form](#)

Please ensure these forms are filled out and returned to school by your students’ first day at UP Academy. Thank you for your cooperation and support.

UP Academy Emergency Information: 2023-2024 School Year

*Please fill in the following information and return it to your school. It is important that UP Academy has **all** of the below information on file for new students and **all** of the below information updated for returning students.*

.....

Student’s Name: _____ Date of Birth: ____/____/____

City/State of Birth: _____ Home Phone: _____

Home Address: _____ Apt. #: _____ City: _____ State: _____

Zip Code: _____

Primary Language Spoken at Home: _____

Language for translation: _____

Parent/Guardian #1 Name: _____

Date of Birth: ____/____/____

Relation to Child: _____ Best Daytime Phone #: _____

Cell Phone #: _____ Work Phone #: _____

Email Address: _____@_____

Parent/Guardian #2 Name: _____

Date of Birth: ____/____/_____

Relation to Child: _____ Best Daytime Phone #: _____

Cell Phone #: _____ Work Phone #: _____

Email Address: _____@_____

If we are unable to reach you in the case of an emergency or illness, who should we contact?

Name: _____ Relation: _____

Tel. #: _____

Name: _____ Relation: _____

Tel. #: _____

I give permission for my child to be released to the following:

Name: _____ Relation: _____

Tel. #: _____

Name: _____ Relation: _____

Tel. #: _____

Are there any custody issues of which the school should be aware? If so, please explain and attach a copy of any available legal documentation:

Parent/Guardian signature

Date

UP Academy Health Form: 2023-2024 School Year

Student's Name: _____ Date of Birth: ____/____/____

.....

I hereby authorize the physician and/or health center identified below to release medical information and speak with the school nurse, counselor and administrators regarding the above student:

Name of Physician: _____

Name of Hospital/Health Center: _____

Name of Insurance Company: _____

Policy Number: _____

Signature of Parent/Guardian: _____ Date: _____

Has a healthcare provider diagnosed your child with an acute illness? If yes, please explain:

Asthma _____ Medications:

Diabetes _____ Medications:

Allergies _____ Medications:

Other: _____ Medications:

Does your child have any additional known medical conditions the school should be aware of? Please explain below:

Does your child take any additional medications? **If your child has medication that needs to be administered during the school day, please make sure that the attached medication form is completed by your healthcare provider.**

In case of an emergency who should we contact? Please include guardian/parent information first.

Name: _____ Relation: _____

Tel. #: _____

Name: _____ Relation: _____

Tel. #: _____

Name: _____ Relation: _____

Tel. #: _____

Name: _____ Relation: _____

Tel. #: _____

Boston Public Schools

Parent/Guardian Authorization for Medication Administration

Dear Parent or Guardian,

I would like to inform you of the policies that have been put in place to ensure the health and safety of children needing medication and other health-related accommodations during the school day.

The school district and/or state regulations requires that the following forms must be on file in your child's health record before we begin to give any medication or make any accommodation at school.

Signed consent by a parent/guardian to give medication

Please complete the consent form included with this letter and give it to the school nurse. There may be several forms. Please call the school nurse if you have any questions.

Signed medication order

The written medication order form should be taken to your child's primary care provider (your child's physician, nurse practitioner, etc.) for completion and returned to the school nurse. This order must be renewed as needed and at the beginning of each school year.

Individual Collaborative Health Plan

This form provides the necessary information to maintain a safe environment that meets your child's individual health needs and is a prerequisite if your child will require any additional accommodations beyond medication.

If your child **does not** have any significant health problems, you **do not** need to complete this form. Children with asthma should ask their primary care provider or the school nurse about an **Asthma Action Plan**).

Medications should be delivered to the school in a pharmacy or manufacturer-labeled container by you (parent/guardian) or a responsible adult whom you designate. Please ask your pharmacy to provide separate bottles for school and home. No more than a (30) thirty-day supply of the medication should be delivered to the school.

When your child needs a medication to be given during the school day, please act quickly to follow these policies so we may begin to give the medication as soon as possible.

I understand I may retrieve the medication from the school at any time; however, the medication will be destroyed if it is not picked up within one week following termination of the order or on the last day of school before closing for the summer.

Thank you for your assistance and cooperation with this matter.

Boston Public Schools
Parent/Guardian Authorization for Medication Administration

PARENT or GUARDIAN:

I request that my child: _____ receive medication as prescribed in the form below.

By: _____
Name of Primary Care Provider Signature of Parent or Guardian

Telephone Number: _____ Date: _____

Signed medication order - The written medication order form should be taken to your child's primary care provider (your child's physician, nurse practitioner, etc.) for completion and returned to the school nurse. This order must be renewed as needed and at the beginning of each school year.

PHYSICIAN (A Healthcare Provider is the ONLY person who must fill this section out)

I request that my patient receive the following medication:

Name of Student: _____

Diagnosis: _____

Names of Medication: _____

Prescribed Dosage: _____

Time to be taken during school hours: _____

Expected duration of treatment: _____

Possible side effects and adverse reactions: _____

Other Recommendations: _____

Print Name (Physician Name): _____

Clinic: _____

Signature (Physician Signature): _____

Date: _____

Telephone #: _____ Fax #: _____

E-Mail: _____

Medications should be delivered to the school in a pharmacy or manufacturer-labeled container by you (parent/guardian) or a responsible adult whom you designate. Please ask your pharmacy to provide separate bottles for school and home. No more than a (30) thirty-day supply of the medication should be delivered to the school.

When your child needs a medication to be given during the school day, please act quickly to follow these policies so we may begin to give the medication as soon as possible.

I understand I may retrieve the medication from the school at any time; *however, the medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.*

UP Academy Medial Policy Media Release 2023-2024

I, _____, the undersigned parent and/or legal guardian
Parent/Guardian Name (please print)

of _____, a Minor, do hereby give consent for UP
Student Name (please print)

Academy Charter School to record, film, photograph, interview, and/or publicly exhibit, display, distribute or publish my child's name, appearance and spoken words, whether undertaken by school staff, students, or anyone outside the school, including the media. I agree that the school may use, or allow third parties, including but not limited to the media, to use, those works without limitation or compensation for purposes including but not limited to advertisement and promotion. I give this consent on my own behalf, on behalf of the Minor, and on behalf of the respective heirs, executors, administrators and assigns of ourselves and said Minor (hereinafter collectively the "Releasors"). The Releasors do release, discharge and covenant to hold harmless UP Academy Charter School and any and all of its present and former agents, servants, employees and staff (hereinafter collectively the "Releasees") of and from all demands, causes of action, suits, claims, demands and liabilities whatsoever, both in law and in equity, which the Minor or any of the Releasors now has or hereafter may acquire, either before or after the Minor has reached his/her majority, against any of the Releasees, resulting from the Minor's participation in school-related media, exhibits and displays.

Student Name (please print)

Student's Date of Birth

Parent/Guardian Name (please print)

Signature of Parent/Guardian

Date

UP Academy Student Technology Acceptable Use Form

Student Appropriate Use Policy

Please read the following carefully. Violations of the Appropriate Use Guidelines may cause a student's access privileges to be revoked for a period of time up to one school year, other disciplinary action, and/or appropriate legal action to be taken. It is expected that all students sign as having read UP Academy's AUP (Appropriate Use Policy).

Any student who utilizes the computer lab(s) or any digital equipment at the school must be aware of certain policies for use of the equipment and/or facilities. Procedures are in place for the protection of students and equipment. Students will be held accountable for any violation of the following policies (as would be the case for any classroom disciplinary matter).

Students are only allowed to utilize the computers and network to retrieve information and run specific software applications as directed by their teacher. Students are not permitted to explore the configuration of the computer, operating system or network, run programs not on the menu, or attempt to do anything they are not specifically authorized to do.

Students are responsible for ensuring that any CDs, memory sticks, USB flash drives, or other forms of storage media that they bring in from outside the school are virus free and do not contain any unauthorized or inappropriate files.

UP Academy will be making Google Apps for Education available for classroom use. Google Apps for Education is a suite of free, web-based programs that includes document creation, shared calendars, and collaboration tools. Students in classrooms using Google Apps for Education will also have access to student email accounts.

Safety Issues:

1. Any on-line communication should always be at the direction and with the supervision of a teacher.
2. Never provide last name, address, telephone number, or school name online.
3. Never respond to, and always report to the teacher or parent, any messages that make you feel uncomfortable or that are from an unknown origin.
4. Never send a photo of yourself or anyone else.
5. Never arrange a face-to-face meeting with someone you met online.
6. Never open attachments or files from unknown senders.
7. Always report to a teacher any inappropriate sites that you observe being accessed by another user or that you browse to accidentally.

Examples of prohibited conduct include but are not limited to the following:

1. Accessing, sending, creating or posting materials or communications that are:

- a. Damaging to another person's reputation,
 - b. Abusive,
 - c. Obscene,
 - d. Sexually oriented,
 - e. Threatening or demeaning to another person,
 - f. Contrary to the school's policy on harassment,
 - g. Harassing, or Bullying
 - h. Illegal
2. Using the network for financial gain or advertising.
 3. Posting or plagiarizing work created by another person without his/her consent.
 4. Posting anonymous or forging electronic mail message
 5. Attempting to read, alter, delete, or copy the electronic mail messages of other system users
 6. Giving out personal information such as phone numbers, addresses, driver's license or social security numbers, bankcard or checking account information.
 7. Using the school's computer hardware or network for any illegal activity such as copying or downloading copyrighted software, music or images, or violation of copyright laws.
 8. Downloading, installing, or using games, music files, public domain, shareware or any other unauthorized program on any school's computer or computer system.
 9. Purposely bringing on premises or infecting any school computer or network with a Virus, Trojan, or program designed to damage, alter, destroy or provide access to unauthorized data or information.
 10. Gaining access or attempting to access unauthorized or restricted network resources or the data and documents of another person.
 11. Using or attempting to use the password or account of another person or utilizing a computer while logged on under another user's account.
 12. Using the school's computers or network while access privileges have been suspended.
 13. Using the school's computer hardware, network, or Internet link in a manner that is inconsistent with a teacher's directions and generally accepted network etiquette.
 14. Altering or attempting to alter the configuration of a computer, network electronics, the operating system, or any of the software.
 15. Attempting to vandalize, disconnect or disassemble any network or computer component.
 16. Utilizing the computers and network to retrieve information or run software applications not assigned by their teacher or inconsistent with school policy.
 17. Connecting to or installing any computer hardware, components, or software which is not school system property to or in UP Academy's technology resources without prior approval of UP Academy's IT Director or designee.
 18. Bringing on premises any disk or storage device that contains a software application or utility that could be used to alter the configuration of the operating system or network equipment, scan or probe the network, or provide access to unauthorized areas or data.
 19. Downloading or accessing via e-mail or file sharing, any software or programs not specifically authorized by teacher or other authorized UP Academy staff member.

20. Bypassing or attempting to circumvent network security, virus protection, network filtering, or policies.
21. Possessing or accessing information on school property related to "Hacking", or altering, or bypassing network security or policies.
22. Participating on message boards without teacher direction.
23. Students may use the school computer system only for legitimate educational purposes, which include class work and independent research that is similar to the subjects studied in school. Students shall not access entertainment sites, such as social networking sites or gaming sites, except for legitimate educational purposes under the supervision of a teacher or other professional.
24. All student use of the school network and Internet system or personal cell phones or other digital devices used by students while on campus is subject to the provisions of the individual school policies. Students may not share or post personal information about or images of any other student, staff member or employee without permission from that student, staff member or employee. If a student is found to have abused a personal cell phone or digital device in a manner that is not in accord with this Appropriate Use Policy, in addition to other disciplinary actions, the administrator may ban the students' use of any and all personal cell phone or digital devices.
25. Students should follow the guidelines for searching that utilize safe search engines and technology.

Consent and Waiver

I, _____, the parent / guardian of

_____, agree to allow my child to have access to the Internet, Google Apps for Education and Internet-based services through UP Academy. I have read and agree to the above UP Academy Appropriate Use Policy and understand that UP Academy cannot guarantee the appropriateness of information or material that my child may encounter on the Internet. I shall not hold UP Academy responsible for materials acquired online by my child, for violations of copyright restrictions, any costs incurred by my child, or negligent acts by my child while using the internet.

Parent / Guardian Signature: _____ Dated: _____, 20____

I, _____, have read and agree to the above UP Academy Appropriate Use Policy and will act with honesty, integrity and respect for the rights of others in my usage of the Internet.

Student Signature: _____ Dated: _____, 20____