



ST.ANTHONY RESIDENTIAL LIFE PROGRAM



WELCOMES YOU!

Dear Prospective Students,

Thank you for your interest in our Residential Life Program. We are pleased that you would consider entrusting your daughter or son to our care during these key developmental years. The primary goal of the residential program is to ensure that students are successful in their schoolwork and that they have a positive experience living in a community while taking full advantage of the high school experience at one of our Brainpower schools and what San Antonio and the surrounding community have to offer.

To help accomplish these goals, the residents have a structured schedule that allows for free time and study time. To assist students in their studies, we make use of the resources of the high schools and University of Incarnate Word through the Brainpower Connection. Through this relationship, students can receive additional tutoring and improve their study skills through the Study Hours Guidelines and tutoring which is conducted by college university students. Students also have access to the University library.

Residents live on an all-female or all-male hall that has a community room, a computer room, a large kitchen and communal bathrooms. The community room is a place students can relax, watch TV, chat or curl up with a book. The computer room provides access to printers, laptops and a desktop with Internet connections for student use. The kitchen is open for residents to prepare their own food and is often used for community meals. Communal bathrooms have the necessities and a free washer and dryer for the residents.

Living in community is an important aspect of the program; students are paired with a roommate prior to beginning the school year. If room is available, seniors may request to have a single room. Dedicated staff lives on the hall with the residents and provide support, and guidance. The Residence Life Coordinator and Assistant Coordinator are full-time staff members that oversee the program. Resident Assistants are students from the University of the Incarnate Word, who help supervise activities and the day to day schedule of the residents. Two staff members are always available when residents are on the hall.

We invite residents to get to know San Antonio and participate in activities that the high school residential life program provides. The residential life social and recreational activities include trips to museums, historical sites, shopping areas, and special events in and around San Antonio. We also encourage residents to participate in programs sponsored by Incarnate Word High School & St. Anthony Catholic School, including dances, athletic teams, various clubs and theater and fine arts programs.

If you are admitted to St. Anthony and decide to participate in the Residential Life Program, you will receive a residence hall packet from the respective school's enrollment office with the necessary forms pertaining to your daughters or son's health, guardianship, and various permissions. Please be aware that all international students who are admitted to St. Anthony must live in the Residential Life Program. Thank you for considering the residential life program at St. Anthony, if you would like to schedule a residence life tour, please do not hesitate to contact us we look forward to hearing from you soon.

Sincerely,

Elizabeth Valerio

IWHS/St. Anthony Residence Life Coordinator

gvalerio@uiwtx.edu

Phone – (210) 841-7403; Fax – (210) 829-3899

Diane Sanchez

Director of Residence Life

castaned@uiwtx.edu

St. Anthony Residential Life Program

727 E. Hildebrand

San Antonio, TX 78212



ST. ANTHONY RESIDENTIAL LIFE PROGRAM



Residence Life Coordinator

Elizabeth Valerio

727 E. Hildebrand

San Antonio, TX 78212

Phone: (210) 841-7403

Fax (210) 829-3899

Fast Facts:

Size of Program:

Available Bed Spaces

16 male-St. Anthony residents

25 female-IWHS & St. Anthony residents

Each resident in a room has: a desk, one twin size bed, a closet, a chest of drawers, two shelves, one phone line (to share between roommates), 2 Internet ports, and a window. Some have suite bathrooms (for 4 residents) and others use community bathrooms.

Washer/Dryer: Available on each floor at no charge. Residents must provide their own detergent.

Kitchen: Each floor has a kitchen with sink, stove, oven, at least 2 refrigerators and space to eat. Student ID cards purchase food at the high schools and at all the dining facilities on the University campus.

Lounge: Each floor has a lounge with a TV, VCR, DVD player, couches, chairs and other amenities.

Computers: Each floor has at least 2 computers that residents

Overview: Located in the heart of San Antonio, St. Anthony Catholic High School and Incarnate Word High School are part of a unique partnership, the Brainpower Connection, with the University of Incarnate Word. The small size of the residential life program and its integration into a mostly commuter campus ensures that your student has opportunities to make many American friends who live near the school. The unique University partnership allows residents to walk or take the shuttle to use the University's library, wellness center, dining facilities, and many other resources.

Residence Hall: Both male and female residents live at Madeleine Hall on the campus of Incarnate Word High School. Boys reside on the first floor and the girls live on the third floor. Residents will have a roommate. If space allows, seniors have the privilege of a single room. After school residents can spend time with friends, play ping pong, visit the University, rest or watch TV. Study hours are from 7 pm to 9 pm and then chores and quiet hours. Residents are to be in their rooms by 11 pm.

Program Goals: The residential life program stresses the health, safety and education of each student. An on-campus nurse is available during regular office hours and on-call after hours at the university. There is a doctor who visits campus once a week. We also have a close relationship with a 24 hour clinic within 10 minutes of the school. The University has its own professional police force that provides safety and security to the University and the two high schools 24 hours a day. The staff of the residential life program is in constant communication with the administrators and teachers at the high schools to ensure that our residents are doing well in school. We are health driven community requiring each resident to participate in athletic activities or model healthy behaviors through exercise and balanced eating habits.

Activities: Activities are organized by floor or for the whole residential life program. Weekend activities can include visiting the famous River walk (a 10 minute drive), the Quarry (shopping, eating and movie theater within 5 minutes), performing community service (to fulfill their 25 hour school requirement), attending plays at the University, visiting Wal-Mart and the grocery store or enjoying a day at Six Flags Fiesta Texas, a local amusement park. Residents, with parent permission, can also visit friends from school or family nearby if they check out properly. Being a part of our community allows residents to live in one of the largest cities in America, provides a small individualized residential experience. We look forward to meeting you!





ST. ANTHONY RESIDENTIAL LIFE PROGRAM



APPLICATION SECTION I: STUDENT INFORMATION

Legal Last Name	First Name	Nick Name	MI
Mailing Address / Permanent Address			Date of Birth Mo/Date/Year
			Age
			Country
Home # (Include Country Code)		Cell # (Include Country Code)	
Fax # (Include Country Code)		Student Email	
Religion: Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/>		U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Proposed Term Entrance: Fall <input type="checkbox"/> Spring <input type="checkbox"/> Year:

APPLICATION SECTION II: PARENT INFORMATION

Father's Name		Mother's Name	
Parent's Home / Permanent Address			
COUNTRY:			
Home # (Include Country Code)		Cell # (Include Country Code)	
Fax # (Include Country Code)		Email	
Parents Living Together? Yes <input type="checkbox"/> No <input type="checkbox"/>		Marital Status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single/Widowed <input type="checkbox"/>	
If Parent Are Divorced/Separated, Do The Parents Have Joint Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		Who Has Primary Custody? Mother <input type="checkbox"/> Father <input type="checkbox"/>	
If Divorced, Separated Or Living Apart, Do You Require Double Mailing? If Yes:	Name:		
	Address City/State Zip		



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Will your son/daughter have a local guardian, relative or close family friend in the San Antonio area who will be available as an emergency contact or who may visit on weekends or holidays?

Please provide the following information:

APPLICATION SECTION III: LOCAL GUARDIAN INFORMATION			
<i>Father's Name</i>		<i>Mother's Name</i>	
<i>Other Contact Address / Permanent Address</i>			
COUNTRY:			
Home #	Cell #	Fax #	Email
Relationship to Student:		Will you authorize weekend and/or holiday visits with this person? Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION IV: STUDENT HABITS AND INTERESTS

SLEEP

I normally go to bed by 9 p.m. ☐ 10 p.m. ☐ 11 p.m. ☐

I like to Sleep in ☐ Get up early ☐

Do you need complete silence to sleep? Yes ☐ No ☐

Do you need the lights off to sleep? Yes ☐ No ☐

STUDYING

I prefer to study in my room Silence ☐ Some music ☐

Noise isn't a problem ☐

How much do you normally study a night

Less than one hour ☐

1 to 2 hours ☐

2 to 3 hours ☐

More than 3 hours ☐



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HOBBIES AND INTERESTS

What activity or hobby are you most passionate about? Why? How do you intend to further your interest in this activity in high school and beyond?

List any additional activities that you enjoy doing in your free time? _____

Have you been a part of any school activities? If so, please list. (Athletics, band, debate, dance, etc.) If so, are you planning to continue this interest at school?

Do you enjoy watching movies? Yes ☐ No ☐

What are some of your favorite movies? _____

Do you enjoy reading books? Yes ☐ No ☐

What are some of your favorite books? _____

What is your favorite school subject? _____

YOUR ROOM

I consider myself to be: ☐ Very clean ☐ Neat A little messy ☐ Very messy ☐

Do you like having people visit in your room? Yes ☐ No ☐

Do you like having food in your room? Yes ☐ No ☐

Do you have a preference for the ethnicity or age of your roommate? Yes ☐ No ☐

If yes, please specify: _____

Please share anything else that you would like to tell us about being a roommate or having a roommate.



ST. ANTHONY RESIDENTIAL LIFE PROGRAM ACKNOWLEDGEMENT FORM



Resident Name: _____

(Please Print)

ID#: _____

(This is the identification # issued by the school)

By signing these forms you acknowledge that you and your child have discussed and agree to the policies and guidelines set forth by the St. Anthony Residential Life Program and the academic calendar. All of the appropriate documents must be completed prior to your student's arrival in order to enroll your student and provide them with proper care on the residence hall. All forms with a notary section must be witnessed and signed by an official notary in your country. If you have more than one student residing at Madeleine Hall please complete all the forms for each individual student. **If your son or daughter DOES NOT arrive with these forms, he/she will be assessed a late fee of \$100.** Please return all forms listed below to the St. Anthony Residence Life Coordinator.

Resident Residential Life Packet Forms

Place a check mark by each of the listed forms below once the required document form has been completely filled out.

☐ **RESIDENTIAL LIFE PROGRAM AGREEMENT CONTRACT (Required to Move-In to the Residence Hall)**

NOTARIZED DOCUMENTS (Required to Move-In to the Residence Hall)

☐ **Temporary Delegation of Parental Rights & Limited
Medical Power of Attorney for Consent to Medical Care of
Minor Child**

ADDITIONAL FORMS/REQUIREMENTS TO BE COMPLETED

- | | |
|---|--|
| <input type="checkbox"/> Off Campus Parent Permission Forms (3 pages) | <input type="checkbox"/> Authorization & Medical Consent of Parent (s) or Legal Guardian (s) |
| <input type="checkbox"/> Waiver of Liability & Hold Harmless Agreement (2 pages) | |
| <input type="checkbox"/> Living in a Community—Roommate Rights & Responsibilities | <input type="checkbox"/> Parent Contact Information |
| <input type="checkbox"/> Personal Items Checklist | <input type="checkbox"/> Guardian/Family Friends Contact Information Sheet (2 pages) |
| <input type="checkbox"/> Dress Code | <input type="checkbox"/> Photographic and Media Consent Release Form |
| <input type="checkbox"/> Copy of Student Schedule (as it applies) | <input type="checkbox"/> Film Rating Consent Form |

MEDICAL INFORMATION FORMS

- | | |
|--|--|
| <input type="checkbox"/> Insurance Waiver for Domestic Students (Does not apply to international students) | <input type="checkbox"/> Non-prescription Medication Approval |
| <input type="checkbox"/> Medicine Instruction Sheet | <input type="checkbox"/> Texas Immunization Requirements (All immunizations must be submitted before students arrival or upon arrival day. To include Meningitis immunization) |
| <input type="checkbox"/> Health & Dental Insurance Information Form | |
| <input type="checkbox"/> Health/Medical Release Information Form | |

Travel Documents (3) please provide a copy of each

- ☐ Copy of I-20 Form ☐ Copy of Passport ☐ Copy of Visa

You may review and print the following documents by visiting us at: coming soon!

- **The IWHS & SACHS Residential Life Program Handbook can be viewed at.....coming soon!**

Parent/Guardian Print & Signature: _____ Date: _____

Resident Signature: _____ Date: _____

St. Anthony Catholic High School (St.A)
Agreement Contract 2014-2015 Academic Year

St. Anthony Residential Life Program
727 E. Hildebrand, San Antonio, TX 78212



ST. ANTHONY RESIDENTIAL LIFE PROGRAM



Important: Please read carefully the terms and conditions of this Agreement. Contract is for 1 year. This contract along with the housing deposit and transportation fee (\$1,520) and emergency fund deposits (\$1,000) is required prior to securing a dormitory room for your son/daughter.

Note: All international students who initially start living in the Residence hall are required to continue living in the Program until graduation.

I have read and understand that this agreement is for the 2014-2015 academic year. I understand and agree that by signing the agreement contract I will be provided a room at Madeleine Hall (High School dormitory). This Agreement does not guarantee any particular type or size of room. I agree to pay the established rate of **\$21,500.00 for room & board (deposits and fee are not included).**

Housing Residents also required paying the following:

Housing Deposit (to secure a room on-campus the students are required to submit the housing deposit by date of their application submission).	\$1,100.00 The housing deposit* is partially refundable; \$1,100.00 will be refunded after their last year living in the residence hall. An inspection of the room is completed (damage to room or rooms left dirty will be charged accordingly and deducted from refund).
Transportation Fee (non-refundable)	\$420
Emergency Fund Deposit (to cover any incidental living expenses (i.e. doctor visits, & medications and any sanctioned school expenses).	\$1,000.00
Room/Board	\$21,500 for the academic year or (\$10,750.00 per semester)

Room and Board Plans: Room and Board may be paid according to the options available by the respective school's Business Office:
Tuition must be paid (payable to St. Anthony) according to one of following plans:

Plan Description	Plan Details
Annual Plan*	Total Balance Paid in 1 installment Due Date: 05 July 2014
Semester Plan	Total Balance Paid in 2 Installments Due Dates: 05 July 2014 & 05 December 2014
<i>Monthly payment plans begin on the date designated below and have monthly installments for each consecutive month until the balance is paid in full.</i>	
12 Monthly Payments Plan	Total Balance Paid in 12 Consecutive Monthly Installments Due Dates: Beginning 05 June 2014
11 Monthly Payments Plan	Total Balance Paid in 11 Consecutive Monthly Installments Due Dates: Beginning 05 July 2014
10 Monthly Payments Plan	Total Balance Paid in 10 Consecutive Monthly Installments Due Dates: Beginning 05 August 2014

Payment plans are intended to include ONLY tuition, mandatory fees and room & board costs. Late fees and/or fines are due immediately.

Deposits will be secured in students' accounts for the duration of continuous enrollment. In the event that your child decides not to return for the next academic year, you must formally withdraw according to the policy set forth by Residence Life. The emergency fund deposit is a declining balance; therefore, in the event that your child had expenses you will be required to bring that deposit whole prior to securing a dormitory room for the next academic year. A refund will be processed ONLY AFTER student account balance(s) are satisfied, and checkout (to include notification that student will not be returning for the next academic year) is done properly.

I understand the Residential Life Agreement cannot be cancelled without the approval of the respective Principal (St. Anthony) **and** the Director of Residence Life.

- Cancellation requests should be emailed to the Director of Residence Life, Diane Sanchez, castaned@uiwtx.edu and Residential Life Coordinator, Elizabeth Valerio gvalerio@uiwtx.edu.
- Contact the respective high school business office for on-line credit card or wire information.

All details regarding the cancellation policy and other agreement information can be found in the St. Anthony School Policy booklet. The terms and conditions of the St. Anthony Agreement Policy are incorporated herein as if fully set forth in this document. By signing this, I agree to comply with the terms of occupancy, the St. Anthony Student Handbook, and agree to be familiar with the policies and procedures set forth by St. Anthony and the Department of Residence Life.

All residents are required to carry their residence hall key and school ID at all times. The resident is required to report the loss of their key or ID to the boarding program and pay for replacement(s).

I understand if I cancel this contract prior to occupancy (with the required approval), my housing deposit of \$1,100.00 will be forfeited. In addition, if my child is removed from housing due to discipline reasons, the housing deposited will be forfeited.

I understand that once my child has taken occupancy, I will be responsible for established rate set forth by this contract. If, I decide to cancel mid-semester there will be a cancellation fee of \$500 and my housing deposit will be forfeited.

My signature below indicates that I accept the Residential Life Agreement Contract.

Parent/Guardian Signature / Date

Resident Name (please print)/Date



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Off-Campus Parent Permissions Form 2014-2015

Quite often, our resident students are invited to spend a night or an entire weekend at the homes of their friends. We permit students to do this with their parents' permission and the **approval** of the residence life coordinator. The following information and subsequent permission is required to allow students to leave the residence hall without staff supervision.

I _____ give my son/daughter _____ the following permissions:

PERMISSION TO GO OUT WITH FRIENDS

All resident weekend permissions are subject to (1) the policies and discipline outlined in the **Residential Life Handbook** and (2) the discretion of the school administration and Residence Life Staff. Residents must complete the proper paperwork in a timely manner, provide all required information, and check in and out properly with the staff on duty in order to be permitted to leave campus with their friends or family members.

Please choose one of the following options by placing your initialing on the line provided to the left of the choices.

_____ My son/daughter _____ (Please Print Student's Name) has permission to go out with the people I have listed below as long as my son/daughter has followed proper procedure for check out and he/she is not under restriction. If a person is not on this list, I expect to be contacted about granting permission for him/her to leave with this person.

_____ My son/daughter _____ (Please Print Student's Name) must receive my permission each time he/she desires to go out with someone outside of the residential life program. I realize that if the residence life staff is not able to contact me and receive permission by Thursday at 5pm, my son/daughter will not be able to go out with friends for that weekend.

_____ My son/daughter _____ (Please Print Student's Name) is only allowed to go out under the supervision of the Residential Life Staff.

SPENDING THE NIGHT AND/OR WEEKEND OUTINGS

(A responsible adult over the age of 25 must be the person checking-out the resident AND be present in the home for an overnight visit).

With my approval, my son / daughter **DOES** have permission to *spend the night and/ or weekend* at the following homes of their friends and/or relatives stated below. (The driver/adult **MUST** have and provide proof of a valid United States issued driver's license, and current vehicle insurance card).

<u>Name of Friend or Relative</u>	<u>Address</u>	<u>Phone Number</u>



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My son / daughter **DOES NOT** have permission to *spend the night or weekend outing* at the following homes:

<u>Name of Friend or Relative</u>	<u>Address</u>	<u>Phone Number</u>

DRIVING PERMISSIONS

VEHICLES/DRIVING POLICY: (residents in the residential life program are not allowed to have vehicles, keep vehicles, or drive other people's vehicles while they are a part of the residential life program).

Please choose one or more of the following options by **initialing** on the line provided to the left of the choices.

_____ I **DO** give my son/daughter permission to ride in high school student driven vehicles. Please fill out form below listing people he/she can and can drive with. (**The student MUST have and provide proof of a valid United States issued driver's license, and current vehicle insurance card**)

_____ I **DO NOT** give my son/daughter permission to ride in high school student driven vehicles.

_____ I **DO** give my son/daughter permission to ride in adult driven vehicles. Please fill out the form below listing people he/she can and cannot drive with. (**The driver MUST have and provide proof of a valid United States issued driver's license, and current vehicle insurance card**)

_____ I **DO NOT** give my son/daughter permission to ride in adult driven vehicles.

_____ My son/daughter is **ONLY** allowed to ride in vehicles owned and/or operated by university staff.

My son or daughter **DOES** have permission to *ride in the vehicles* of the following people with a valid United States issued driver's license and vehicle insurance card (**please indicate if person is an adult or high school student**):

<u>Name of Friend or Relative</u>	<u>Address</u>	<u>Phone Number</u>



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My son or daughter **DOES NOT** have permission to *ride in the vehicles* of the following people:

<u>Name of Friend or Relative</u>	<u>Address</u>	<u>Phone Number</u>

ACKNOWLEDGMENT

This authorization shall be effective as of _____, 20 _____.

Parent/Guarding Printed Name: _____ Date _____

Parent/Guardian Signature _____ Date _____



ST. ANTHONY RESIDENTIAL LIFE PROGRAM



UNIVERSITY OF INCARNATE WORD/ INCARNATE WORD HIGH SCHOOL/

ST. ANTHONY CATHOLIC HIGH SCHOOL

RELEASE, WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

During the course of the school year, the Residence Life Staff employed by the University of the Incarnate Word, St. Anthony's Catholic High School and Incarnate Word High School, (collectively referred to as "UIW") provide transportation for students to many events and outings in university vehicles. These may include transportation to doctor's appointments, grocery store, Korean market, movie theater, shopping trips, field trips, Residence Life sponsored activities, school related activities, and a variety of other types of events, outings, trips, and activities.

Authority: I am the Parent or Legal Guardian of the Participant who will be participating in the Activities. I am fully competent to sign this Release, Waiver of Liability and Hold Harmless Agreement ("Agreement"). I understand that Participant's attendance is voluntary. I am signing this Agreement on my behalf and on behalf of Participant and we shall be bound by the terms of this Agreement. Participant acknowledges that he/she is signing this Release, Waiver of Liability and Hold Harmless Agreement on his/her behalf and agrees to be bound by the terms of this Release, Waiver of Liability and Hold Harmless Agreement. We understand that transportation may be provided by UIW and agree to be transported by UIW or by transportation arranged by UIW. We understand that attendance is voluntary. We pledge that Participant will not possess, use, consume, or distribute any alcoholic beverages or illicit drugs at any time while participating in the Activities. We agree that while participating in the Activities, Participant will abide by the guidelines set forth in the Incarnate Word High School Parent Student Handbook, St. Anthony's Catholic High School Parent Student Handbook, and the Residential Life Program Handbook. We also agree to adhere to all other applicable rules, regulations, and laws while participating in the Activities.

Assumption of Risk: We acknowledge and accept that the mode of lodging, transportation or nature of the Activities may expose Participant to hazards and risks to Participant's health, including injury or death, and that UIW cannot control these risks. We acknowledge there may be physically strenuous activities and certify that Participant is fit and capable of such participation. We understand that UIW is not responsible for any medical expenses associated with any property loss or personal injury Participant may sustain.

Release: In consideration of UIW transporting and permitting Participant to participate in the Activities, we release UIW, and its Board of Trustees, officers, employees, and representatives from any and all liability, our personal representatives, estate, heirs, and assigns for any and all claims, demands and causes of action for any and all loss of personal property, illness or injury to Participant, including death, arising out of, resulting from, caused by, occurring during or in any way connected with the Activities, **including injuries caused by negligence of UIW and/or its Board of Trustees, officers, employees, and representatives, or any other participant in the Activities** that may be sustained by Participant while participating in such Activities, or while on premises owned or leased by UIW.

Personal Insurance: We understand that UIW does not provide medical insurance for Participant and we are urged to maintain adequate personal health and accident insurance to cover any personal injury to Participant which may be sustained while participating in the Activities.



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RELEASE, WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT (p. 2)

Indemnity, Hold Harmless, and Waiver: We agree to indemnify and hold harmless, waive and covenant not to sue UIW, its Board of Trustees, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the Activities. It is our express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of our family and spouse, if we are alive, and our heirs, assigns and personal representatives, if we are deceased, and shall be governed by the laws of the State of Texas.

WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND THAT IT IS A RELEASE, WAIVER AND HOLD HARMLESS OF LIABILITY OF ALL CLAIMS AND CAUSES OF ACTION FOR ANY INJURY OR DEATH TO PARTICIPANT THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITIES AND IT OBLIGATES US TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

As a high school student, I have read, understood, and discussed with my parent or guardian identified below, this Release, Waiver of Liability and Hold Harmless Agreement. We hereby accept the terms and conditions stated in this Waiver of Liability and Hold Harmless Agreement.

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE ON THE DATE SIGNED

Student's Signature

Parent/Guardian's Signature

Print Name of Student

Print Name of Parent/Guardian

Date

Date

EMERGENCY INFORMATION

Person(s) to contact in case of emergency: _____

Cell Phone #: _____ Home Phone #: _____

Health Insurance Provider _____

Health Insurance Policy Number: _____

Health Insurance Telephone Number: _____

ACKNOWLEDGMENT

This authorization shall be effective as of _____, 20 _____.

Parent/Guardian Printed Name & Signature _____



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AUTHORIZATION AND MEDICAL CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I, (name) _____, do hereby solemnly swear that I am the parent or legal guardian of (child name) _____, a minor child (hereafter "the minor"), and have legal custody of the minor child.

I grant my authorization and consent for the Residence Life staff of Incarnate Word High School, St. Anthony's Catholic High School, and University of the Incarnate Word (hereafter "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of professional emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnostic, treatment, or hospital care (including surgery) deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

I agree to assign the benefits of personal coverage of medical insurance for the minor to the appropriate providers of his/her medical care. In the event that appropriate medical coverage under my medical insurance plan is unavailable, insufficient, or denied with respect to the treatment or services provided to the minor, I agree to assume all financial liability and responsibility for all expenses and costs associated with said transportation and/or treatment of his/her illness or injury. Also, I authorize the hospital, attending physician, or other health care specialist administering the treatment to release pertinent information to the insurance company assuming coverage for the same.

In consideration of the Residence Life staff of Incarnate Word High School, St. Anthony's Catholic High School, and University of the Incarnate Word caring for the minor and agreeing to intervene on my behalf to provide or make arrangements to provide medical assistance to him/her as needed, I agree to release and indemnify the University of Incarnate Word, Incarnate Word High School, and St. Anthony's Catholic High School, including their respective trustees, directors, officers, faculty, staff, employees, servants, and other agents and assigns from all liability and responsibility for any claims, demands, actions or other proceedings for any personal injury, accident, damage, expenses, or other loss caused, suffered or incurred by the minor or any other person or entity arising out of his/her/its participation in the boarding program.

I acknowledge that I have read and understand the above statements and that if I am unable to do so, for whatever reason, I have had them read to me and I am confident that the individual so doing has read and/or translated the statements truthfully and in their entirety.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

I, the undersigned, hereby specifically authorize the University of Incarnate Word, St. Anthony's Catholic School and Incarnate Word High School Residence Life staff and/ or any authorized member of its staff or duly affiliated consultant to provide care and treatment to the student and to arrange for routine medical needs and emergency treatment as deemed necessary.

A photocopy of this authorization shall be as valid and may be accepted as the original.

This authorization shall be effective as of _____, 20 _____.

Parent/Guarding Printed Name: _____ Date _____

Parent/Guardian Signature _____ Date _____



ST. ANTHONY RESIDENTIAL LIFE PROGRAM



Temporary Delegation of Parental Rights and Limited Medical Power of Attorney for Consent to Medical Care of Minor Child (**Requires Notarization)

Child's Name _____

Child's Birth Date _____

I am the Parent and/or Legal Guardian of the Child named above who is under 18 years of age and enrolled at Incarnate Word High School or St. Anthony Catholic High School. I am fully competent and legally authorized to sign this Temporary Delegation of Parental Rights and Limited Medical Power of Attorney for Consent to Medical Care of Minor Child and I do so voluntarily. I am signing this document on my behalf and on behalf of my child.

Authorized Person and Agent: By signing this document, I hereby appoint and authorize the University of the Incarnate Word, 4301 Broadway, San Antonio, Texas 78209, 210-829-6000, by and through its employees named below to act as my child's agent to consent to any and all healthcare and treatment for my child that is recommended by a licensed healthcare provider to whom the child is presented for treatment. I understand that this document includes receiving health information about the minor necessary to make health care decisions.

1. Name: _____

2. Name: _____

3. Name: _____

Release of Healthcare Provider: In order to ensure that the child receives prompt medical care and treatment when necessary, I release any licensed healthcare provider providing medical care to the child in reliance on this form from liability relating to such provider's acceptance of my this consent.

Duration: This document is in effect and valid for the academic year 2014-2015 for the specific following dates:

Beginning on: _____ and ending on: _____.

Medical History:

Allergies: _____

Known Medical Conditions: _____

Current Medications: _____

Blood Type: _____ Date of Last Tetanus Shot: _____

AT LEAST ONE PARENT OR GUARDIAN YOU MUST DATE AND SIGN THIS FORM AND HAVE IT NOTARIZED.

Parent's Printed Name _____

Parent's Signature _____

Date _____

Parent's Complete Address _____

On this day, before me, the undersigned Notary Public, the parent/guardian named personally appeared and freely executed this document and has provided satisfactory evidence of his/her identity.

Signature - Notary Public _____

Date _____

My commission expires: _____



ST. ANTHONY RESIDENTIAL LIFE PROGRAM



LIVING IN A COMMUNITY—ROOMMATE RIGHTS & RESPONSIBILITIES

We, at St. Anthony Residential Life Program, strive to promote a safe, comfortable, and inviting community. Each resident is responsible for reviewing the handbook and abiding by the rules, regulations, and standards therein. All students are expected to exercise self-discipline, social maturity, and respect for public and private property. The St. Anthony Residential Life Handbook outlines the following rights and responsibilities within our communities:

Right to an environment conducive to studies and rest	Responsibility to limit distractions that inhibit the promotion of an environment conducive to studies and rest
Responsibility to ensure that daily actions do not disrupt the community	Responsibility to care for self;
Right to recreate in or around the residence halls	Responsibility to modify recreation so as not to interfere with others or damage the facilities;
Right to personal privacy	Responsibility to respect individual's personal space and possessions
Right to respect of personal time and space	Responsibility to abide by visitation hours and respect the personal space of others
Right to facilities which are clean, healthy, safe, and orderly	Responsibility to respect all property, to keep common areas free of litter, to report vandalism, and to request necessary repairs
Right to the redress of grievances and recourse to due process in the University judicial system	Responsibility to cooperate with University grievance and judicial procedures, to refrain from conduct which infringes upon the right of others, and to initiate action should the circumstances warrant
Right to be free of intimidation, physical and/or emotional harm to include being free from peer pressure or ridicule regarding the choices surrounding substance use, organizational involvement or to allow others to violate the law or University policy	Responsibility to respect all individuals and to preserve the integrity of the community by adhering to community policies and the Student Code of Conduct

Roommate/Suitemate Relationships

Communication between roommates is the key to establishing a positive relationship. This relationship will contribute to your overall satisfaction with college life. Roommates/suitemates should discuss any problems that arise, and should work together to resolve any differences. Keep in mind those individual rights to sleep, study, and to privacy precede all other rights, including visitation and other privileges.

To ensure this communication occurs, it is our expectation that each resident completes The Roommate/Suitemate Agreement Form on the 1st class day of the semester, unless otherwise noted by a Residence Life Administrator. This form must be submitted to the Resident Assistant upon completion.

Parent/Guardian Name & Signature: _____

Date: _____

Resident Name & Signature: _____

Date: _____



ST. ANTHONY RESIDENTIAL LIFE PROGRAM



PERSONAL ITEMS CHECKLIST

What to Bring and What NOT to Bring to Madeleine Hall

We hope that this information helps you in preparing for your stay at Madeleine Hall and we look forward to a great year together. Residents are assigned two residents to a room, so be prepared to share your room. **Note:** We ask that all personal clothing items, shoes, towels, pillows, etc. are labeled with the initials or name of your son/daughter. *St. Anthony Residential Life Program is not responsible for lost, misplaced, or stolen items.*

Items provided in each room:

- ✓ One twin bed
- ✓ One student desk
- ✓ Two built in wall shelves (most rooms)
- ✓ One dresser with 4 medium sized drawers and two small drawers
- ✓ A closet for hanging clothes and storage
- ✓ One phone connection per room
- ✓ Two in-room Internet connection

Items to bring:

- ✓ Two sheet sets to include flat & fitted sheets, and pillowcases for a standard twin bed. Bed sheets should be extra-long with deep pockets.
- ✓ Mattress pad and cover for a 36" X80" size mattress.
- ✓ Bath towels, hand towels, and wash cloths (3 sets)
- ✓ Bath robe; slippers and/or rubber shower shoes
- ✓ Personal toiletries including shampoo, deodorant, soap, toothpaste, toothbrush, lotion, hair
 - dryers, etc.
- ✓ Clothes hangers
- ✓ Four boxes of Kleenex tissues
- ✓ Small footlocker with lock for valuables or safe (optional)
- ✓ Small Refrigerator (optional)
- ✓ Alarm clock
- ✓ Desk Lamp with bulb
- ✓ UL listed Surge Protector with an indicator functioning light
- ✓ Storage Bins (3)
- ✓ Laundry detergent, laundry basket and other supplies
- ✓ School supplies (students must request a supply list the 1st day of school from their teachers)



Do NOT bring any of the following items as they are not permitted:

- ✗ Candles and lighters
- ✗ Telephone / Internet Routers
- ✗ Televisions sets
- ✗ Cooking Appliances: Rice cookers, Hot Plates, Microwaves, Toasters
- ✗ Knives or any types of weapons
- ✗ Illegal drugs or alcohol of any type
- ✗ Pets or animals of any kind

Parent/Guardian Name & Signature: _____

Date: _____

Resident Name & Signature: _____

Date: _____



ST. ANTHONY RESIDENTIAL LIFE PROGRAM



DRESS CODE

Our program focuses in the development of the young adult as whole. Residents are expected to dress and groom that reflects neatness, moderation and appropriateness as they are a representation of the institution they are attending. If you are in doubt as to whether a particular garment is acceptable or not, ask before you wear it. This dress code applies to after school, evening, off-campus activities and weekends. Residents may not appear in front of windows, hallways or common areas improperly clothed. Residents may not wear pajamas for Sunday Community Dinners.

General Expectations

- ✓ All clothing with a waist band must be worn at the waist
- ✓ Be respectful of others
- ✓ When in doubt ask!

- ✓ Use Neatness, Moderation, & Appropriateness with your clothing/representation



Do NOT bring any of the following items as they are not permitted:

- ✗ Night Gowns/Pajamas are allowed at community/programming events
- ✗ Tattoos
- ✗ Piercings other than ears
- ✗ Hair dye
- ✗ Extremely Short shorts—must be at arm's length. Anything above the arm's length will not be allowed as it will be classified as too short/inappropriate.
- ✗ Offensive/Derogatory Writing on clothes (Alcohol logos, sexually suggestive logos or profanity)
- ✗ Tube Tops*
- ✗ Tank Tops*
- ✗ Sports Bras*

***Unless worn under clothing for warmth or in an appropriate matter that is not revealing.**

SCHOOL UNIFORMS

Students must abide by the specific requirements for their respective school. All school uniforms can be ordered in advanced and purchased at Dennis Uniforms. Upon arrival date we will take the new residents to a trip to Dennis Uniform to get them everything they need. Or if you can send your son or daughter sizes and details to the Residence Life Coordinator, the Residential Life Program will assist you in making arrangements to place an order for you.

See attachments on the uniform requirements of each school. Prices are subject to change and will be updated in May for the Fall 2014 academic year.

Parent/Guardian Name & Signature: _____

Date: _____

Resident Name & Signature: _____

Date: _____



ST. ANTHONY RESIDENTIAL LIFE PROGRAM



Parent Contact Information Form

Student's Name: _____ Student's Nick Name: _____

Date of birth (month/day/year): _____ Age: _____

Student's Email Address: _____

Home Phone #: _____

Student's Cellular Phone #: _____

Home Address (as it should appear on an envelope):

Father's Information

Father's Name: _____

Father's Employer: _____

Father's Work Phone #: _____ Cellular Phone #: _____

Email Address: _____

Mother's Information

Mother's Name: _____

Mother's Employer: _____

Mother's Work Phone #: _____ Cellular Phone #: _____

Email Address: _____



ST. ANTHONY RESIDENTIAL LIFE PROGRAM



Guardian / Family Friends Contact Form

If you have family, guardians or other people in San Antonio, Texas or in the United States that you would like us to keep in communication with or that can be contacted in case of emergency, please complete the following information:

Resident's Name: _____

Contact 1:

Relationship to Resident: _____

Name: _____ Spouse's Name: _____

Home Address: _____

City: _____ State: _____

Home Phone #: _____ Work Phone #: _____

Other Phone #: _____ Email Address: _____

Preferred Language: _____

Can we contact this person about:

___ behavior ___ grades ___ medical issues ___ Other _____

Contact 2:

Relationship to Resident: _____

Name: _____ Spouse's Name: _____

Home Address: _____

City: _____ State: _____

Home Phone #: _____ Work Phone #: _____

Other Phone #: _____ Email Address: _____

Preferred Language: _____

Can we contact this person about:

___ behavior ___ grades ___ medical issues ___ Other _____



ST. ANTHONY RESIDENTIAL LIFE PROGRAM



Contact 3:

Relationship to Resident: _____

Name: _____ Spouse's Name: _____

Home Address: _____

City: _____ State: _____

Home Phone #: _____ Work Phone #: _____

Other Phone #: _____ Email Address: _____

Preferred Language: _____

Can we contact this person about:

___ behavior ___ grades ___ medical issues ___ Other _____

Contact 4:

Relationship to Resident: _____

Name: _____ Spouse's Name: _____

Home Address: _____

City: _____ State: _____

Home Phone #: _____ Work Phone #: _____

Other Phone #: _____ Email Address: _____

Preferred Language: _____

Can we contact this person about:

___ behavior ___ grades ___ medical issues ___ Other _____

Contact 5:

Relationship to Resident: _____

Name: _____ Spouse's Name: _____

Home Address: _____

City: _____ State: _____

Home Phone #: _____ Work Phone #: _____

Other Phone #: _____ Email Address: _____

Preferred Language: _____

Can we contact this person about:

___ behavior ___ grades ___ medical issues ___ Other _____



Photographic and Media Consent Release Form 2014-2015

I hereby authorize Incarnate Word High School/St. Anthony's Catholic High School/University of the Incarnate Word, and those acting pursuant to its authority, along with all Brainpower Connection affiliates (University of the Incarnate Word, Incarnate Word High School, St. Anthony's Catholic High School, St. Anthony's Elementary School, and St. Peters Prince of the Apostles School) to:

1. Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
2. Use my name and identity in connection with these recordings.
3. Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD ROM, internet) these recordings for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional and advertising efforts.

I hereby waive any rights, claims, or interests I may have to control the use of my likeness, voice, name, and/or identity in the recordings authorized above. I agree that any uses described herein may be made without compensation or additional consideration to me. I hereby release Incarnate Word High School and the University of the Incarnate Word Brainpower Connection affiliates, along with those acting pursuant to its authority, from liability for violation of any remaining personal or proprietary rights I may have conceivably have in connection with uses of the recordings authorized above. I understand that all such recordings, in whatever medium, shall remain the property of Incarnate Word High School.

By my signature below, I represent that I have read and fully understand the terms of this release (A parent or guardian must provide a signature for any individual under 18.)

Student Name: _____ Date: _____

Address: _____

City & State: _____ Zip: _____

Phone: () _____

Student Signature: _____

Parent/Guardian Signature: _____

Parent/Guardian Name Printed: _____



ST. ANTHONY RESIDENTIAL LIFE PROGRAM



Film Rating Consent Form

Resident's Name: _____

Grade Level: _____

Please Print

☐ Yes, I give my son/daughter permission to view **ONLY** the checked marked film ratings.

☐ No, I do not give my son/daughter to view any films.

☐ **G — General Audiences. All Ages Admitted.** A G-rated motion picture contains nothing in theme, language, nudity, sex, violence or other matters that, in the view of the Rating Board, would offend parents whose younger children view the motion picture. The G rating is not a "certificate of approval," nor does it signify a "children's" motion picture. Some snippets of language may go beyond polite conversation but they are common everyday expressions. No stronger words are present in G-rated motion pictures. Depictions of violence are minimal. No nudity, sex scenes or drug use are present in the motion picture.

☐ **PG — Parental Guidance Suggested. Some Material May Not Be Suitable For Children.** A PG-rated motion picture should be investigated by parents before they let their younger children attend. The PG rating indicates, in the view of the Rating Board, that parents may consider some material unsuitable for their children, and parents should make that decision. The more mature themes in some PG-rated motion pictures may call for parental guidance. There may be some profanity and some depictions of violence or brief nudity. But these elements are not deemed so intense as to require that parents be strongly cautioned beyond the suggestion of parental guidance. There is no drug use content in a PG-rated motion picture.

☐ **PG-13 — Parents Strongly Cautioned. Some Material May Be Inappropriate For Children Under 13.** A PG-13 rating is a sterner warning by the Rating Board to parents to determine whether their children under age 13 should view the motion picture, as some material might not be suited for them. A PG-13 motion picture may go beyond the PG rating in theme, violence, nudity, sensuality, language, adult activities or other elements, but does not reach the restricted R category. The theme of the motion picture by itself will not result in a rating greater than PG-13, although depictions of activities related to a mature theme may result in a restricted rating for the motion picture. Any drug use will initially require at least a PG-13 rating. More than brief nudity will require at least a PG-13 rating, but such nudity in a PG-13 rated motion picture generally will not be sexually oriented. There may be depictions of violence in a PG-13 movie, but generally not both realistic and extreme or persistent violence. A motion picture's single use of one of the harsher sexually-derived words, though only as an expletive, initially requires at least a PG-13 rating. More than one such expletive requires an R rating, as must even one of those words used in a sexual context. The Rating Board nevertheless may rate such a motion picture PG-13 if, based on a special vote by a two-thirds majority, the Raters feel that most American parents would believe that a PG-13 rating is appropriate because of the context or manner in which the words are used or because the use of those words in the motion picture is inconspicuous.

Movie Permission For "R" Rated Films

Note: The consent below **ONLY** applies to students in their academic Junior or Senior grade level. On weekends, students are allowed to go to the nearby movie theater and visit with their school friends as long as the time frame fits within the time constraints that are placed on them based on the Texas Curfew Laws and Residential Life Program. Once permission from the parents or guardians has been granted, students will be allowed to go to the nearby Movie Theater to view R rated movies.

☐ **R — Restricted. Children Under 17 Require Accompanying Parent or Adult Guardian.** An R-rated motion picture, in the view of the Rating Board, contains some adult material. An R-rated motion picture may include adult themes, adult activity, hard language, intense or persistent violence, sexually-oriented nudity, drug abuse or other elements, so that parents are counseled to take this rating very seriously. Children under 17 are not allowed to attend R-rated motion pictures unaccompanied by a parent or adult guardian. Parents are strongly urged to find out more about R-rated motion pictures in determining their suitability for their children. Generally, it is not appropriate for parents to bring their young children with them to R-rated motion pictures.

☐ Yes, I give my son/daughter permission to view R Rated movies. ☐ No, I do not give my son/daughter permission to view R rated movies.

Parent/Guardian Name & Signature: _____

Date: _____

Resident Name & Signature: _____

Date: _____



Insurance Waiver Form for Domestic Students

(This form does not apply to International Students).

2014-2015

All students residing in Madeleine Hall are required to have an American insurance provider (not all health care facilities accept insurance from other countries). Insurance is automatically provided for each resident through the University of the Incarnate Word and charged to that student's account. If you already have insurance for your child through an American provider, please fill out, sign and submit the above form to waive the UIW insurance purchased for your child. If you are not sure if your current insurance will cover your child while they are at school in San Antonio, submit this form and a description of your current insurance and the business and health services offices will review it and let you know if you qualify for the waiver.

WAIVERS WILL ONLY BE VALID IF SUBMITTED TO THE BUSINESS OFFICE ON OR BEFORE
THE STATED WAIVER DEADLINE PUBLISHED IN THE RESPECTIVE COURSE SCHEDULE
FOR THE ACADEMIC YEAR STATED BELOW



University of the Incarnate Word Health Insurance Waiver Form

I am waiving all rights to participate in the health insurance program that is offered through the University of the Incarnate Word for the _____ academic year. I understand that by completing this waiver I am assuming full responsibility for any expenses in connection with any accident or sickness.

Student Name _____ Student ID # _____
Insurance Company _____

We recommend that you review your student bill periodically to insure that proper credit has been issued to your account. A receipt of your waiver is available at the Business Office to retain for your records (as proof that a waiver was submitted), this receipt will be required on any disputes regarding credit to your student account.

Student Signature: _____ Date: _____

REMINDER: Purchase of individual term coverage will result in submitting a waiver every fall semester.

Processed By: _____ Date: _____
_____ IINS _____ IIN

Revised 7/19/05



Health and Dental Insurance Information Form 2014-2015

Resident's Name: _____ Date: _____

I give consent for a IWHs/St. Anthony/UIW representative to authorize any medical treatment necessary for my son/daughter while he/she is under the care of St. Anthony as a residential life resident. I also agree to accept responsibility for the cost of such treatment.

Parent/Guardian Printed Name & Signature

Date: _____

Primary Health Insurance Information *(All international residential life residents must purchase health insurance from the school)*

Company: _____ Phone #: _____

Name of Policy Holder: _____ Policy #: _____

Type of Coverage: _____

Doctor's Name: _____ Phone#: _____

(Please attach copy of additional health insurance card as it applies– front and back)

Secondary Health Insurance Information *(All international residential life residents must purchase health insurance from the school)*

Company: _____ Phone #: _____

Name of Policy Holder: _____ Policy #: _____

Type of Coverage: _____

Doctor's Name: _____ Phone#: _____

(Please attach copy of additional health insurance card as it applies– front and back)

Dental Insurance Information

Note: Dental Services are available to students through the **Health Insurance Plan** purchased from the school once a month by appointment only. We unfortunately do not offer a dental insurance plan. If you would like to purchase a dental plan you must do so through an outside carrier.

Company: _____ Phone #: _____

Name of Policy Holder: _____ Policy #: _____

Type of Coverage: _____

Doctor's Name: _____ Phone#: _____

(Please attach copy of additional dental insurance card as it applies– front and back)



Health/Medical Release Information Form

2014-2015

Resident's Name: _____

Date: _____

Health Information

Please place your initials on the lines provided next to the allergy, health problem, or physical limitations that your child may be living with:

_____ Asthma _____ Epilepsy _____ Seizures _____ Diabetes

_____ Migraines _____ ADD _____ ADHD _____ Autism

_____ Cancer _____ Lupus _____ Depression _____ Heart Problems

_____ Dental Work _____ Food Allergy _____ Allergies to Medicines

_____ Other health concerns

Please further explain any of the items initialed above on the space provided:

Is your child taking any medications? Please indicate by circling **Yes or **No**. If **yes**, please complete the Medicine Instruction Sheet found in the back of this page.**



Medicine Instruction Sheet

2014-2015

Resident's Name: _____ **Date of Birth:** _____ **Age:** _____

Please list all the medications that your child is taking along with detailed instructions on how to administer the medication. **All medication must be in the original bottle with the child's name, doctor's name, date, name of medication, dosage, directions of administration, and duration of administration. All medication must be stored and placed in the medicine cabinet in the storage provided by the Residential Life Program. No residents are allowed to have medications in their room at any moment. In addition, residents are not allowed to bring medications from their home countries. Medication brought to the hall will be confiscated.**

All prescription medications must be kept in the Residence Life Office and administered by **Residence Life Staff or School Staff only.**

1. **Medication Name:** _____
General reason for medication: _____
Dosage: _____ Number of times to take the medication per day: _____
Special Instructions (with food, water, etc.): _____
2. **Medication Name:** _____
General reason for medication: _____
Dosage: _____ Number of times to take the medication per day: _____
Special Instructions (with food, water, etc.): _____
3. **Medication Name:** _____
General reason for medication: _____
Dosage: _____ Number of times to take the medication per day: _____
Special Instructions (with food, water, etc.): _____
4. **Medication Name:** _____
General reason for medication: _____
Dosage: _____ Number of times to take the medication per day: _____
Special Instructions (with food, water, etc.): _____
5. **Medication Name:** _____
General reason for medication: _____
Dosage: _____ Number of times to take the medication per day: _____
Special Instructions (with food, water, etc.): _____



Non-Prescription Medication Approval Form 2014-2015

Resident's Name: _____ Date of Birth: _____ Age: _____

Residents will be allowed to use over-the-counter (non-prescription) medications only with parental permission. These medications will be kept in the Madeleine Hall office and will be dispensed by the staff. Please initial on the line to the left of the non-prescription (over-the-counter) medications that you approve for your son/daughter to take when necessary.

Pain relievers:

_____ Tylenol
_____ Ibuprofen
_____ Excedrin
_____ Aspirin
_____ Aleve
_____ Midol

Cold/Cough/ Flu/Allergy:

_____ Tylenol Cold
_____ Sudafed
_____ Nyquil/Dayquil
_____ Robitussin (for coughs)
_____ Thera-flu
_____ Benedryl
_____ Zyrtec
_____ Clariton
_____ Allegra

Stomach Ailments:

_____ Pepto Bismol
_____ Immodium AD
_____ Maylox
_____ Alka-Seltz
_____ Pepcid AC
_____ Tums

Please list other Non-Prescription Medication you approve your son/daughter to take/use:

Any other medications will only be given as prescribed by the doctor in case of a student illness.

**Once again, residents are not allowed to bring medications from
their home countries. Medication brought to the hall will be
confiscated.**



Texas Immunization Requirements

2014-2015

Resident Immunizations:

To complete the residential life program health record we must have the most current listing of all of your child's immunizations. This is required in order for your student to attend high school in the state of Texas. Please attach a copy to this packet.

Please note that all immunizations must include day, month and year and be validated by a physician. A complete immunization record is required by the Texas Department of Health.

Vaccine	Requirement
Bacterial Meningitis Immunization	<ul style="list-style-type: none">• Texas Education Code requires all students residing in on campus dormitories or other on-campus housing facilities to have received the vaccination against meningitis. Provide proof within the last 5 years and at least 10 days prior to the student's arrival. Students will not be allowed to move in until they have submitted this vaccination.
DPT (Diphtheria, Tetanus, Pertussis)	<ul style="list-style-type: none">• Three doses are required with one dose after the 4th birthday• Td/Tdap Booster must be given within 10 years of the student's last DPT or Td booster. Therefore, the student must have had a booster within the last 10 years.
POLIO	<ul style="list-style-type: none">• Four or Three doses are required with one dose given after the 4th birthday
MMR (Measles, Mumps, Rubella)	<ul style="list-style-type: none">• One dose is required after the 1st birthday• 7th-12th grade students are required to have two doses of a measles-containing vaccine, and 1 dose each of mumps and rubella vaccine
HEPATITIS A	<ul style="list-style-type: none">• Two doses are required with the first dose administered after the 1st birthday
HEPATITIS B	<ul style="list-style-type: none">• Three doses are required
VARICELLA (Chickenpox)	<ul style="list-style-type: none">• One dose is required unless the child was 13 when they received the first dose, then 2 doses are required• A written validated history including the date of the disease by parent or physician is also acceptable

Spinal Screening: A spinal screening will be done for all freshmen on the day of registration or in the first semester. Please dress accordingly. Alternatively, you may bring a doctor's note for a screening performed during the 8th grade or upon entering the 9th grade.