

**FAMILY NAME: (Please Print):** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_

~~~~~  
**OVER THE COUNTER MEDICATIONS**

Please sign here to give the school permission to check your child's temperature and administer over-the-counter medications as needed: *Acetaminophen (Tylenol), Ibuprofen (Advil/Motrin), Tums, Neosporin, Benedryl Spray, Cortizone Cream, Cough Drops, Temperature Check (ear or forehead)*

Parent/Guardian Signature: \_\_\_\_\_

~~~~~  
**STUDENT HANDBOOK**

I have reviewed the Parent/Student Handbook with my children as presented on the website.

Parent/Guardian Signature: \_\_\_\_\_

\_\_\_\_\_ We do not have the ability to review the handbook on-line. Please send a hard copy.

~~~~~  
**INTERNET USAGE**

I hereby give permission to Saint Gregory School to provide network/Internet access to my child and I have read over this contract with my child/ren.

Parent/Guardian Signature: \_\_\_\_\_

~~~~~  
**FAMILY SHARE PROGRAM**

I have reviewed and understand the Family Share Program information. I also understand that if my child/ren participate in sports, I am required to volunteer for his/her team in various areas as needed.

Parent/Guardian Signature: \_\_\_\_\_

~~~~~  
**PUBLICITY RELEASE**

Permission is hereby granted to the Department for Catholic Schools of the Diocese of Pittsburgh and St. Gregory School of Zelienople to use voice recording, photographs, video, and quotations of the following students. I understand that this is a blanket permission and WILL NOT be reviewed on a case by case basis. If you do not sign this release your child/ren will be removed from any event that involves photos and/or videos.

Parent/Guardian Signature: \_\_\_\_\_

~~~~~  
**SCHOOL DIRECTORY**

Please check which information you would like us to include in the school directory.

- Parent Names     Primary Phone     Primary E-Mail

Other Notes: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_