

Terms and Conditions

I. Acceptable Use

- A. I agree to use DoDEA's computer services only in support of my education and research consistent with the educational objectives of the DoDEA. I will not download files or subscribe to bulletin boards that are not related to my educational activities. If I have questions about my computer use, I will ask my teacher.
- B. I will respect and adhere to all of the rules governing access to DoDEA computing resources and the rules of any other network or computing resource to which I have access through the DoDEA equipment.
- C. I understand transmission (sent or received) of any material in violation of any U.S. or state regulation is strictly prohibited and may violate criminal law. I will not transmit obscene, sexually suggestive or offensive, lascivious, harassing, or abusive messages, copyrighted material, or material protected by trademark or as a trade secret.
- D. I will not publish the name, photograph, home address or telephone number of myself, another student, faculty, or any other person.
- E. I understand using the DoDEA computer equipment for commercial, product advertisement or political lobbying is prohibited and may be illegal.

II. Privileges

- A. I understand that the use of the network is a privilege, not a right, and use inconsistent with these Terms and Conditions may result in a cancellation of those privileges. (Each student will receive instruction regarding the terms and protocols referenced in this document before network access is provided.)
- B. I will be disciplined if I send messages or download files inconsistent with these Terms and Conditions. At the discretion of the principal and teacher, I may lose the privilege of using the Internet permanently and face suspension or expulsion. Copies of the inappropriate materials will be reported to the building administration and kept on file.

III. Internet Etiquette

- A. I will be polite. I will not use sexual or abusive language in my messages to others.
- B. I will use courteous, respectful language. I will not swear, use vulgarities, sexual, harsh, or disrespectful language. Illegal activities are strictly forbidden.
- C. I understand any transmission, including electronic mail, is not private and that my communications and access will be monitored.
- D. I will evaluate information carefully. As with any research material, I must review it for accuracy and bias.
- E. I will not use the network in such a way as to disrupt the use of the network by other users. This can be avoided by not sending "chain letters," or "broadcast" messages to lists or individuals.

IV. No Warranties

- A. I understand DoDEA makes no warranties of any kind, whether expressed or implied, for the service it is providing. DoDEA is not responsible for any damages I may suffer. This includes loss of data, delays, non-deliveries, misdeliveries, or service interruptions caused by its own negligence or my errors or omissions.
- B. I understand the use of any information obtained via DoDEA is at my own risk. DoDEA specifically denies any responsibility for the accuracy or quality of information obtained through its services.
- C. I understand DoDEA has no obligation or authority to defend me against any legal actions brought against me by anyone arising from my misuse of DoDEA computer resources or violations of any U.S. or foreign laws.

V. Security

- A. I understand security on any computer system is a high priority, especially when the system involves many users. I will notify my teacher if I notice a security problem. I will not demonstrate the problem to other users.
- B. I will not give my user password to other individuals. Any activity associated with my account will be considered my activity. It is my responsibility to protect my account and password.
- C. I may be denied access to the network if I am identified as a security risk.

VI. Vandalism

- A. I understand vandalism will result in cancellation of privileges.
- B. I will not maliciously attempt to harm or destroy data of another user, Internet, or any other network. This includes, but is not limited to, the uploading or creation of computer viruses.

DEPARTMENT OF DEFENSE DEPENDENT SCHOOLS
KAISERSLAUTERN DISTRICT OFFICE
UNIT 3405
APO AE 09021

MEDICAL AUTHORIZATION SY2013-14

STUDENT INFORMATION:

Student Name: _____ DOB: _____ Grade: _____

Known Allergies and/or Conditions:

PARENTAL AUTHORIZATION:

I _____,

authorize and execute consent for any and all emergency medical, hospital and dental care treatment, if I cannot be contact; including major surgery as deemed necessary by a duly licensed physician selected by DODDS school faculty member, for the health and well being of my child.

Parent's Signature: _____ Date: _____

THIS AUTHORIZATION SHALL TERMINATE AFTER JUNE 15, 2014.

PRIVACY ACT STATEMENT

Disclosure of health information will expedite the medical treatment process if it becomes necessary.
For Official Use Only - Privacy Act of 1974.

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
RETURNING STUDENT HEALTH HISTORY UPDATE**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. sections 2164 and 20 U.S.C. sections 921-932.

PRINCIPAL PURPOSE: To obtain health information about a student enrolling in Department of Defense Education Activity (DoDEA) schools and programs to protect and enhance student health and to promote a safe school environment.

ROUTINE USES: DoDEA may release information without prior consent within the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. section 552a(b)(1). DoDEA also may release information outside the DoD, in accordance with 5 U.S.C. section 552a(b)(2-12), and the "Blanket Routine Uses," published at <http://www.defenselink.mil/privacy/notice/osd>. Examples of release may include for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.

DISCLOSURE: Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

Name (Last, First, Middle Initial)

Grade:

Have there been any changes in your child's health status since last school year?

No

Yes

(If "Yes", you will be directed to DoDEA Form 2942.0 0-M-F1, November 16, 2011/SHSG: H-1 for completion.)

Does your child have any NEW health conditions that the school should be aware?

No

Yes

(If "Yes", you will be directed to DoDEA Form 2942.0 0-M-F1, November 16, 2011/SHSG: H-1 for completion.)

Does your child take any new medications?

No

Yes *

(If "Yes", you will be directed to DoDEA Form 2942.0 0-M-F1, November 16, 2011/SHSG: H-1 for completion.)

*** MEDICATIONS DURING SCHOOL HOURS:** A **SHSG: H-3-2 or H-3-3** form must be signed by the physician and a parent; it must accompany prescribed medications that are to be given during school hours. The medication will be in the original container properly labeled by the physician or pharmacy. All medications will remain at school for the duration of the prescription.

Parent/Sponsor's Signature:

Date: