



Seaford High School Model Congress

Behavior Contract

Mr. Coniglio, Advisor

Attendance: Attending weekly meetings is expected and necessary in becoming a prominent delegate. In order to maintain accountability within Model Congress, attendance will be carefully monitored. **A student who misses more than THREE meetings for any reason will not be permitted to attend any further competitions within this school year.** You are allowed to leave a meeting early only if extenuating circumstances exist; however, leaving before the halfway point of a meeting will count as an absence. Your attendance at the meetings is extremely important and indicative of your dedication to Model Congress. We look forward to seeing you each week.

Behavior: Exhibiting decorum is an essential aspect of a Model Congress delegate. Although Model Congress is a student-run club, the advisors have the final say in any decision. **A Model Congress delegate who is insubordinate to an advisor or executive board member or demonstrates inappropriate behavior will immediately be placed on probation and possibly be prohibited from attending an upcoming event. At all events the Seaford School District Code of Conduct must be followed.** If a student on probation exhibits further inappropriate behavior, he/she will be immediately dismissed from Model Congress. As you see proper behavior and adherence to procedures lead to a better club for all.

I, _____ give permission for my child,
Parent Name (please print)

_____ to attend foreign congress events
Child's Name (please print)

with Seaford High School's Model Congress. I am fully aware of the rules and regulations regarding conduct at a foreign congress. I also recognize that unlawful behavior at Seaford High School Model Congress meetings, academic probation and behavior referrals may prevent my child from attending a foreign congress. (Subject to administrative approval.)

I understand that all students must go directly to the host home and may not leave the host home, except in an emergency. I understand that the students may not engage in any illegal or unlawful acts during a foreign congress. I am free to contact the host home in regards to the level of supervision to ensure they are in compliance with the United Model Congress code of conduct.

Parent Signature: _____ Date: _____

Student's Signature: _____ Date: _____

STUDENT'S LAST NAME: _____



education . . . the adventure of a lifetime

SEAFORD UNION FREE SCHOOL DISTRICT

SEAFORD HIGH SCHOOL • 1575 SEAMANS NECK ROAD • SEAFORD • NEW YORK • 11783 • (516) 592-4380 • FAX (516) 592-4301

SCOTT BERSIN
PRINCIPAL

DR. ADELE PECORA
SUPERINTENDENT OF SCHOOLS

JENNIFER BISULCA
ASSISTANT PRINCIPAL

NICOLE SCHNABEL
ASSISTANT PRINCIPAL

Medical Information & Authorization to Consent to Medical Treatment for a Minor Child

*****This form must be filled out by parent/guardian AND child's physician.*****

I, _____, am the parent/ legal guardian of
(Full Name)

_____, a minor child in ____ grade who was born on _____
(Student's Full Name)

and whose age is _____ and resides at: _____
Street Address, Town, State & Zip Code

Parent's Home Phone

Parent's Work Phone

in the County of Nassau.

I give permission for an adult chaperone provided by the Music Department of the Seaford Union Free School District, 1575 Seaman's Neck Road, in the County of Nassau, State of New York, to authorize emergency treatment which may be necessary for my minor child named above, while participating in this year's events, when efforts to contact me are unsuccessful or not possible. Such treatment to include, but not limited to: examinations, x-rays, laboratory tests, medical and surgical treatment, use of medication, anesthetics, cultures and admission for hospital care as may be required.

It is understood that such care will be upon the advice of a duly licensed practitioner.

Parent/Guardian Signature _____ Date ____ / ____ / ____

******Emergency Phone Numbers******

Name: _____ Relation: _____ Phone: (____) _____

Name: _____ Relation: _____ Phone: (____) _____

*****Form will last through all 4 years of High School. Please send in updates as needed*****

Medical History

Name of Child's Doctor: _____ Parent's Family Doctor: _____

Phone:(____)_____

Phone:(____)_____

Child's Allergies(including Foods):_____ Drug Allergies:_____

Medications Child is taking/ how often/Dosage:_____

Form (Pills, liquid, Inhaler, injection, etc.):_____

For What Condition:_____

Has your Child been instructed in and understands purpose and appropriate method and frequency of use?_____

Other pertinent past medical history or present medical restrictions: (explain fully)

Date of last Tetanus Shot:___/___/___ Does child have a physical handicap? If so, explain:_____

Should nature and amount of physical exercise be limited? If so, explain:_____

PLEASE CHECK ONE: Student () May () May NOT Swim. (if left blank, student will not be able to swim.)

Please check as necessary: () Glasses () Contact lenses () Braces () Other(specify)_____

Please check and date if child has had any of the following: () Rheumatic Fever, () Tuberculosis,

() Asthma, () Diabetes, () Thyroid Disease, () Emotional Disease,

() Pneumonia, () Heart Disease (murmurs), () Hives,hay fever allergies,

() Bone/joint Disease, () High or low blood pressure, () Liver Disease (hepatitis),

() Stomach/ bowel trouble, () Kidney or urinary problems, () Epilepsy, convulsions

() Other (please list)_____, () Other (please list)_____

*Attach copy of updated
health insurance card*



**ATTACH CARD
HERE**