

Holy Family School
1900 St. Clair Ave.
Granite City, IL 62040
618-877-5500

January 10, 2018

Session to Help Children with Online Challenges

Cyber Crime Specialist Christine Feller from the Illinois Attorney General's Office will meet with students at St. Elizabeth School on Monday, Jan. 22, to explain online challenges facing young people in the form of attention seeking, online drama, sexting, cyberbullying, and/or oversharing personal information. Holy Family School's PSA will provide a bus for our fifth through sixth and seventh through eighth grades to attend two separate age-appropriate sessions of forty-five minutes each.

The fifth and sixth grades will board a bus at noon from the HFS front drive. Their session will begin at 12:30 and conclude at approximately 1:15 p.m. After dropping off the first group at St. Elizabeth School, the bus will return to pick up our seventh and eighth grade students for a 1:15 to 2:00 p.m. session.

Parents must sign and return the attached permission slip by Wednesday, Jan. 17.

A half-hour session is also available for 3rd and 4th grade students at 10:30 a.m. that day. If parents wish to pick up their own child from Holy Family and drive them to St. Elizabeth School and attend the session, they may do so. They should send a note as soon as possible to the school office letting us know who will be picking up their child.

According to the Illinois Attorney General's Office, "Today's youth integrate digital devices into their daily lives and utilize social media apps to communicate with the world around them. Technology integration that encourages social interaction and self-expression presents new opportunities for youth. However, it can present challenges for both parents and teachers when it disrupts your homes and/or school environment."

To learn more about the online issues facing our children and to continue the conversation started by the Internet Safety Specialist, visit the Attorney General's website at: http://illinoisattorneygeneral.gov/cyberbullying/for_parents.html.

RETURN ATTACHED NOTE BY WEDNESDAY, JAN. 17

PLEASE RETURN THIS FORM WEDNESDAY, JAN. 17

Onlines Challenges Session

I/we request that our child, _____, Grade, _____, be allowed to travel by school bus with students from Holy Family School (hereafter the "Organization") the afternoon of Jan. 22 to St. Elizabeth School, 2300 Pontoon Road, Granite City, to attend a session on online challenges. We believe this activity will benefit our child both educationally and spiritually.

I/we understand that all rules of conduct and standards of behavior, as deemed by the Organization will apply to this activity and we have discussed these with my/our child. In consideration for making this agreement, I/we hereby release and save harmless the Organization and all its employees from any and all liability arising to my child as a result of this activity.

My/our child has been informed that he/she is to abide by the rules and regulations including the directions and instructions from the school's administrators, instructors, and supervisors as imposed on students while participating in this activity. This shall include his/her participation in any planning and information sessions and all the prerequisites prior to his/her participation in this activity. In the event that our child fails to abide by the rules and regulations imposed on the student while participating in this activity, disciplinary action may either require that he/she not participate in the activity.

I/we further understand that the Organization is not responsible for any damages or accidents that may result from our child's actions or the actions of others. To the greatest extent possible, we release the Organization and the Diocese of Springfield in Illinois, and all those acting on their behalf, from all liability for damages to or caused by our child as a result of this activity, and I/we agree to indemnify them for any such damages.

In the event of an emergency, we hereby grant permission to the adults supervising this activity, or any licensed hospital or physician, to authorize immediate emergency medical treatment for our child. Additionally we give permission to transport our child for emergency medical treatment. We wish to be advised prior to any further treatment by the hospital or doctor.

Emergency Contact / Medical Information: (Please Print)

Father/Guardian: _____ Daytime Phone: (____) _____
Mother/Guardian: _____ Daytime Phone: (____) _____
Address: _____ Home Phone: (____) _____
Other Contact Person: _____ Phone: (____) _____
Medical Insurance Company: _____
Company Address: _____ Policy Number: _____
Medical Conditions/Allergies: _____

PLEASE CHECK ONE APPROPRIATE BOX

I request my child _____, **NOT** participate.

My child _____, **WILL** participate.

Parent Signature

Date