

## Buffalo Seminary Custodial Responsibility Form

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I/We (Parent(s)) \_\_\_\_\_ have full legal custody of  
(Name of Child/Minor) \_\_\_\_\_, whose date of birth is \_\_\_\_\_, and do  
hereby appoint individuals designated by Buffalo Seminary (the "Custodian") to act as custodian of my child and do the  
following acts or things in my name and in my behalf:

1. To act *in loco parentis* of my child and do all acts necessary for maintaining my child's health, education, and welfare, including the registration and enrollment of my child in educational and recreational programs; to maintain reasonable living standards, including, but not limited to, provision of living quarters, food, medical, entertainment, and other customary matters; and
2. To administer general first aid treatment for my child for injuries or illnesses, and to approve and authorize any and all medical testing and treatment deemed necessary by a certified medical provider, and to execute any consent, release or waiver of liability required by medical or dental authorities incident to the provision of medical, surgical or dental care to my child by qualified medical personnel; to consent to surgery or any other medical procedures or assistance to my child; to authorize my child's admission to a medical, nursing or residential care facility, and to enter into agreements for my child's care.

### **Emergencies and Situations of Significant Risk**

In emergency situations, the Custodian shall attempt to contact the Parent before making health care decisions, including the consent for emergency transportation if necessary.

If treatment decisions carry significant risks to my child, in the judgment of the Custodian, and time permits, the Custodian or the School will make reasonable efforts to contact me for approval utilizing the contact information provided to the School, prior to treatment. In the event that I cannot be reached within a reasonable time, and the Custodian, on the advice of a licensed physician, surgeon or dentist, determines that the treatment decision should be made without further delay, the Custodian may approve such treatment.

### **Effective Date and Termination**

This Custodial Responsibility and Consent for Medical Treatment Authorization (the "Authorization") shall become effective 12:01 AM on Sept. 1, 2017 and will remain effective until the earliest of the following:

1. Termination by operation of law;
2. Revocation of this Custodial Responsibility and Consent for Medical Treatment Authorization by the grantor(s), the custodian(s), or a court of law; or
3. Termination or completion of the Student's participation in all programs by the School.

### **Parent Approval of Custodian's and the School's Actions; Indemnity**

I do hereby ratify and confirm the School's selection of the Custodian and each of the acts of the Custodian lawfully done, on my behalf, pursuant to the authority herein above conferred.

I am aware that the exercise of the powers and authority granted herein may involve expenses to my child and/or me. I approve the reasonable expenses associated with the activity. Any activity or event for which the charge would exceed \$250 will not be approved by the Custodian for my child without advance consent from me, unless I cannot be reached

through reasonable means. The Custodian shall not be responsible for damages or losses incurred by my child or me caused by my failure to respond within a reasonable time to a request for approval of participation in activities or trips.

I agree, to the fullest extent permitted by law, to indemnify, hold harmless, and defend the School, and any of their affiliates, subsidiaries, boards, commissions, committees, employees, officers, directors, servants, agents, contractors, and assigns, whether past, present, or future (collectively, "Indemnified Parties"), from and against any and all claims, demands, actions, liabilities, losses, damages, settlements, judgments, costs, and expenses (including reasonable attorneys' fees), which are related to or may arise directly or indirectly out of the Indemnified Parties' performance under, use of or reliance upon this Authorization, but excluding claims arising from the gross negligence of the Indemnified Parties. This provision will survive termination or expiration of this Authorization.

**Other Provisions**

This Authorization is written in the English language. In case of discrepancies between the English text version of this Authorization and any translation, the English version shall prevail.

All pronouns and any variation thereof refer to the masculine, feminine or neuter, singular or plural, as the identity of the person or persons may require.

Photocopies of this Authorization shall have the same force and effect as the original.

This Authorization is intended by me to be valid in any jurisdiction in which it is presented. The various powers granted herein are separate and severable to the effect that the possible invalidity of any one or more of such powers shall not affect the validity of any other powers.

I authorize the Custodian and the School to share copies of this Authorization with the host family or residential services provider, and its boards, commissions, committees, employees, officers, directors, servants, agents, and assigns.

The validity and interpretation of this Authorization shall be governed by the laws of New York State, without regard to its choice of law provisions or the choice of law provisions of other jurisdictions.

It is understood that this Authorization is given in advance of custody of my child and any such medical treatment and is given to provide authority and power on the part of the Custodian in the exercise of his or her best judgment. If the Student is 18 years of age or over on the date of signing, then the Student's signature is required.

Parent/Guardian Name:	Date:
Signature:	
Student Name:	Date:
Signature if over 18 years of age:	

## Buffalo Seminary Residential Student Emergency Contact & Medical Release 2017-2018

This form must be submitted each year. Please email forms by July 1, 2017. Forms should be emailed to Natalie Stothart at [nstothart@buffaloseminary.org](mailto:nstothart@buffaloseminary.org) or faxed to (716)885-6785.

### Emergency Contact Information: It is important that contact person be English-speaking.

Student Name:	Date of Birth:
Parent/Guardian 1 Name:	Relationship:
Phone number:	WeChat ID:
Email:	
Address:	
Parent/Guardian 2 Name:	Relationship:
Phone number:	WeChat ID:
Email:	
Address:	
Alternate Contact Name:	Relationship:
Phone number:	
Email:	

### Permission for Emergency Medical Treatment:

In the event of an emergency requiring medical attention, I hereby authorize and consent to the designated responsible Buffalo Seminary representative in charge, present with my daughter, to act in accordance with his or her judgment to seek appropriate care for my daughter with a licensed physician, nurse or emergency personnel for treatment. This representative is absolved from any liability or financial responsibility in connection herewith.

### Permission for Over-the-Counter (OTC) Medication Administration:

I hereby authorize and give consent for the school nurse or designated responsible Buffalo Seminary representative to assist with the administration of over-the-counter medications to my child. These medications include, but are not limited to, pain reliever, fever reducer, anti-inflammatory, antihistamine, decongestant, antacid, topical applications, sunscreen. I also grant permission to immunize my daughter in cases where immunization is necessary per NY State requirements.

Please indicate any allergies, medication allergies or special medical conditions:

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Parent/Guardian Name:	Date:
Signature:	

For Office Use Only

## Buffalo Seminary Residential Student Permissions Form 2017-2018

This form must be submitted each year. Please email or fax forms by July 1, 2017. Forms should be emailed to Natalie Stothart at [nstothart@buffaloseminary.org](mailto:nstothart@buffaloseminary.org) or faxed to (716)885-6785.

As a part of daily activity at SEM, students will attend school sponsored field trips, residential outings, sporting events, club activities, service projects, cultural and social activities, etc. Transportation is arranged by Buffalo Seminary bus, authorized vehicle or faculty/staff member's personal vehicle. Buffalo Seminary does NOT permit Residential Students to drive cars while under the jurisdiction of the school.

☐ I give permission for my daughter to attend outings as stated above

I permit my daughter to ride in the vehicle of:

- ☐ Parents of students with the parent driving  
☐ Licensed student driver

The following activities are SUPERVISED. We encourage you to give permission for these activities. Please check all where permission is granted:

- ☐ School trips, dances, and other social events  
☐ Dinner, movies, concerts, and other cultural events  
☐ Dances/events at other local schools with permission from Residential Director

The school permits the following UNCHAPERONED activities with permission and proper sign-out procedure. Please check all where permission is granted:

- ☐ Walk to local shops and restaurants  
☐ Ride a bike/rollerblade/skateboard with helmet in accordance with school regulations  
☐ Trips to shopping malls, movie theaters, and dinner  
☐ Excursion trips in the region including Ontario, Canada in which transportation is arranged by SEM and students do not have to be chaperoned at destination. Please arrange for your daughter to get a Canadian Visa prior to arrival.  
☐ Visit or overnight stay with day student/boarding student/or in any private homes. Invitation from adult host (written or email), completion of Residential Leave Permission Form, and permission from Residential Director are required.  
☐ Social visit to college campus of sibling or friend. Invitation from adult host (written or email), completion of Residential Leave Permission Form, and permission from Residential Director are required.  
☐ Visit overnight for college interview. Completion of Residential Leave Permission Form, and permission from College Counselor and Residential Director are required.  
☐ Independent vacation or weekend travel. Completion of Residential Leave Permission Form and permission from Residential Director are required.

I understand the above permissions will be granted only in accordance with the rules and regulations of the school. I understand that there are normal risks of travel and participation in trips and I hereby assume the risk of any injury to my child however caused and whether by negligence or otherwise.

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

WeChat ID: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Primary Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Photo and Video Usage Policy:**

1. We will use only images (video and still photography) that reflect positively on the student and the school.
2. We may identify an individual student with her picture if she has earned a specific honor (e.g., top scorer in an athletic game, National Honor Society inductee, community award winner, etc.) and/or is identified publically elsewhere, such as The Buffalo News or Buffalo Business First.

**Parent/Guardian Agreement to the Use of Photos and Videos of Students:**

Buffalo Seminary reserves the right to use video footage and/or photographs of my daughter. The video footage and/or photographs will be the property of the school. Rights to these materials are waived, including the right to inspect and/or approve copy that may be used in conjunction with uses to which they may be applied. The pictures and/or video footage may be used as Buffalo Seminary sees fit for the production of educational or promotional materials and any other lawful purpose.

**Media Opt-Out:**

☐ I **do not** give Buffalo Seminary the right to use video footage and/or photographs of my daughter.

Student name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please address any questions to Erin Kelly, Director of Communications, at [ekelly@buffaloseminary.org](mailto:ekelly@buffaloseminary.org).*