



Dear Residential Families,

As a returning residential student, we kindly ask that you complete all of the attached forms included in this matriculation package by August 7, 2020. We understand that certain travel bans may prevent you from joining us at SEM in the fall, but we would like to be prepared with the proper paperwork when it is safe for you to arrive. Please note that the full completion of these forms is mandatory for continued enrollment at the school.

If you are able to travel to Buffalo in August, we will require students to arrive on August 22, 2020. When your daughter arrives, she will need to quarantine for two weeks. This will allow her involvement in orientation and back-to-school activities by September 5. All travel must be scheduled and communicated with me by August 1 in order to prepare our campus for her arrival.

You will notice I did not include a health physical form to be filled out by your family physician. This is because our returning residential students are patients of Allentown Pediatrics with whom we have current and up to date physicals with.

Thank you for your cooperation and best wishes for a safe and healthy summer. We hope to be able to see you in the fall! Please feel free to contact me with any questions you may have.

Sincerely,

Natalie Stothart
Assistant Head of School for Community Life

Buffalo Seminary

205 Bidwell Parkway Buffalo, NY 14222-1295
(716)885-6780 ext. 203
(716)885-6785 fax
nstothart@buffaloseminary.org

Buffalo Seminary Residential Student Check List 2020-2021

Included on the following pages are important forms from the Residential Life, Health, and Business Offices that need to be returned by August 7, 2020. Before returning these forms, please take a few moments to be sure you have signed and dated all the appropriate areas. If at any point during this process you have questions please feel free to contact Natalie Stothart at nstothart@buffaloseminary.org.

Forms can be emailed to Natalie Stothart at nstothart@buffaloseminary.org or faxed to (716)885-6785.

Please complete all forms in English.

Checklist of Forms:

- ☐ Custodial Consent Form
- ☐ Emergency Contact and Medical Release Form
- ☐ Permissions Form
- ☐ Photo Release Form (Opt-out only)

I hereby certify that all information provided in this matriculation packet is true and accurate to the best of my knowledge. I understand and agree that misrepresentation, falsification, or material omission of information on any of the provided forms in this matriculation packet may result in dismissal from the school.

Parent/Guardian Name:

Date:

Signature:

Student Name:

Date:

Signature:

Buffalo Seminary Residential Student Emergency Contact & Medical Release 2020-2021

This form must be submitted each year. Please email forms by August 7, 2020.

Forms should be emailed to Natalie Stothart at 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:

To receive stock OTC medication, a completed Buffalo Seminary Provider and Parent Permission to Administer Medication form must be on file with the Nurse.

Please indicate any allergies, medication allergies or special medical conditions and recommended treatment:

Parent/Guardian Name:	Date:
Signature:	

For Office Use Only

Buffalo Seminary Custodial Responsibility Form

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 Aug. 30, 2020 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 Permissions Form 2020-2021

This form must be submitted each year. Please email or fax forms by August 7, 2020. Forms should be scanned and emailed to Natalie Stothart at nstothart@buffaloseminary.org or faxed to (716)885-6785.

*Please note the permissions below can't reflect the ever changing nature of the government mandates and guidelines regarding COVID-19 safety, yet SEM remains committed to the continuous review and compliance with all regulations dictated at the time the permission is needed.

As a part of daily activity at SEM, students may 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

☐ Taxi/Uber/Lyft and any other ride share service. An additional permission form will be sent in September if you permit the use of rideshare services for your daughter.

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

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

☐ 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.

☐ 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 _____

It is our practice to take candid photos and video of students in person and on our video conferencing software. These images are used in print and digital media for school publications, our social media sites and in advertising. Buffalo Seminary has its own Facebook, Instagram, Twitter, YouTube, and LinkedIn.

Sensitive to the need for privacy and discretion because your daughters are minors, we do not disclose students' last names.

The following points will guide our use of any and all images and information:

- We will use *only images that reflect positively on the student and Buffalo Seminary*.
- We will take advantage of online cross-promotion through purposeful links. Social media sites allow us to link to blogs, as well as online magazine and newspaper articles. If, for instance, there is a feature in *The Buffalo News*, we may link to that item from our SEM Facebook page, Twitter page or the news section of our website – or any combination – depending on the content.
- 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*.

We request that parents and guardians review this Photo and Video Usage Policy with their daughters each year as we do not wish for any uncomfortable participation in SEM media.

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 appropriate for the production of educational or promotional materials and any other lawful purpose.

There is no need to return this form unless you choose to Opt Out of SEM media. If Opting Out, please complete and return this form to Erin Kelly, Director of Communications, 205 Bidwell Parkway, Buffalo, NY, 14222 or email a signed, scanned copy, or send a picture of it to ekelly@buffaloseminary.org.

☐ 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.