

Portage-Geauga County Juvenile Detention Center
8000 Infirmary Road
Ravenna, Ohio 44266
(330) 297-5233

Authorization to Release Information

Resident:

Last Name: _____ DOB: ____ - ____ - ____

First Name: _____ SS#: ____ - ____ - ____

Parent/Legal Guardian/Legal Custodian:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: () _____ Relationship to Child: _____

I, _____, do hereby give permission to the Portage-Geauga County Juvenile Detention Center to release any and all records related to my child's detainment, including but not limited to intake materials, medical / mental health records, school adjustment, performance in the detention center, etc., as directed by the _____ County Juvenile Court.

I understand that this information shall be treated in a confidential manner. A copy of this authorization shall be considered valid. This consent (unless expressly revoked earlier) expires one (1) year from the date recorded below.

Resident Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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Authorization to Obtain Educational Information

Resident:

Last Name: _____ DOB: ____ - ____ - ____

First Name: _____ SS#: ____ - ____ - ____

Parent/Legal Guardian/Legal Custodian:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: () _____ Relationship to Child: _____

I, _____, do hereby give permission to the Portage-Geauga County Juvenile Detention Center to obtain any and all records related to my child's education/academic status including but not limited to grades, transcripts, IEPs/ETRs, class schedules, screenings, and evaluations for the purpose of addressing my child's educational needs during detainment. The Detention Center shall provide report cards and academic content to the school districts.

I understand that information obtained shall be treated in a confidential manner. A copy of this authorization shall be considered valid. This consent (unless expressly revoked earlier) expires one (1) year from the date recorded below.

Signature: _____ Date: _____

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Authorization for Clergy / Guidance Service

The Portage-Geauga County Juvenile Detention Center offers both denominational and non-denominational church services and bible study for the residents detained at the Center.

Participation in any religious service is strictly voluntary.

Clergy are here to help the residents and provide spiritual guidance, not to teach theology or doctrine.

My child _____ has permission to participate in religious services of his/her choice and/or to speak to a clergy member of his/her choice for spiritual guidance.

Signature: _____ Date: _____

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Authorization for Medical / Psychological Services

Resident:

Last Name: _____ DOB: ____ - ____ - ____

First Name: _____ SS#: ____ - ____ - ____

Parent/Legal Guardian/Legal Custodian:

Last Name: _____ Employer: _____

First Name: _____ Health Insurer: _____

Address: _____ Group #: _____

City: _____ State: ____ Zip: _____ Policy #: _____

Telephone #: () _____ Relationship to Child: _____

SS#: ____ - ____ - ____ DOB: ____ - ____ - ____

A PHOTOCOPY OF THE HEALTH / MEDICAL INSURANCE CARD FRONT AND BACK, WHETHER PRIVATE INSURANCE OR A MEDICAL CARD, MUST BE INCLUDED WITH THIS FORM. Do not leave the above lines blank, if parent/Guardian has no insurance for the child, write "none". If the child is insured through a medical card, the CURRENT number must be written on the policy # line. If the child is insured through private health insurance, ALL information must be included.

COPY OF HEALTH / MEDICAL INSURANCE CARD MUST BE ATTACHED

I authorize the Portage-Geauga County Juvenile Detention Center and its medical provider, in their sound discretion, to facilitate/administer/provide any and all necessary medical, mental

health, and psychological services and care to _____ (name of child) during the course of detainment.

I authorize the Portage-Geauga County Juvenile Detention Center to transport my child when determined necessary and release any and all claims which might arise between the child, parent, guardian, custodian, and the Portage-Geauga County Juvenile Detention Center staff as a result of such transport.

I authorize all medical and mental health services, including prescriptions, to be billed to me and agree to save the Portage-Geauga County Juvenile Detention Center harmless therefrom.

Further, I understand that placement of my child in the Detention Center does not relieve me of my ongoing obligation to provide for the medical, mental health, dental, and optical needs of my child including, but not limited to, the provision of necessary prescriptions and ongoing medical coverage.

Authorization to Release and/or Obtain Information

I, _____, consent for the hospital, treatment provider, or the medical clinic to which the child is transferred, to provide care/services for the child. I do hereby give permission to the Portage-Geauga County Juvenile Detention Center to provide and/or obtain screening, evaluation, and/or treatment findings to and/or from the party or parties for the purpose of assisting in the evaluation of the individual. I understand that knowledge so provided and/or obtained will be treated in a confidential manner. A copy of this authorization shall be considered valid. This consent (unless expressly revoked earlier) expires one (1) year from the date recorded below.

Waiver:

On behalf of the child, and for myself, I waive all claim for loss of, or damage to, any contact lenses, glasses, and/or retainers worn by, or in the possession of the child during the term of his/her detainment.

I hereby grant permission for the child to participate in recreational, athletic and special activities programming of the Portage-Geauga County Juvenile Detention Center and release any and all claims which might arise between the child, parent, guardian, custodian, and the Portage-Geauga County Juvenile Detention Center staff as a result of such participation.

Signature: _____ Date: _____

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Resident Medication Validation

CHILD'S NAME: _____

RX NUMBER: _____

RX NAME: _____

DIRECTIONS: _____

DRS. NAME: _____

PHARMACY WHERE FILLED: _____

NUMBER OF PILLS ORDERED: _____

NUMBER OF PILLS IN BOTTLE: _____

DATE RX FILLED: _____

ANY SPECIAL INSTRUCTIONS: _____

I, _____ parent / guardian of _____

hereby acknowledges that my child's medication _____

has been prescribed by Dr. _____.

Signature: _____ Date: _____

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Resident/Student Acceptable Use Policy Computer and Network Resources

This agreement is entered into this _____ day of _____, 20_____, between

(PLEASE PRINT STUDENT NAME CLEARLY) _____

and (PLEASE PRINT PARENT NAME CLEARLY) _____ hereinafter referred to as Student and the Portage-Geauga County Juvenile Detention Center, hereinafter referred to as the "Center."

The purpose of this agreement is to provide Word Processing software, and Internet access, hereinafter referred to as Network, for educational purposes to the student. As such, this access will (1) assist in the collaboration and exchange of information, (2) facilitate personal growth in the use of technology, and (3) enhance information gathering and communication skills.

The intent of this contract is to ensure that students will comply with all Network and Internet acceptable use policies approved by the Center.

In consideration for the use of the Network resources at the Center, I understand and agree to the following:

1. The use of the Network is a privilege, which may be revoked by the Center at any time and for any reason. Appropriate reasons for revoking privileges include, but are not limited to, the altering of system software, the placing of unauthorized information, computer viruses or harmful programs on or through the computer system in either public or private files or messages. The Center reserves the right to remove files, limit or deny access, and refer the resident/student for other disciplinary action

2. The Center reserves all rights to any material stored in files and will remove any material which the Center, at its sole discretion, believes may be unlawful, obscene, pornographic, abusive, or otherwise objectionable. Resident/Student will not use their Center approved computer account/access to obtain; view, download, or otherwise gain accesses to such material.

3. All information services and features contained on Center or Network resources are intended for the private use of its registered users and any use of these resources for commercial-for-profit or other unauthorized purposes (i.e. advertisements, political lobbying), in any form, is expressly forbidden.
4. Their registered users intend the Center and/or Network resources for the exclusive use of the educational process. The resident/student is responsible for the use of his/her access privilege. Any problems, which arise from the use of a Student's access is the responsibility of the resident/student. Any inappropriate use of computer access may be grounds for loss of access privileges.
5. Any misuse of the access will result in suspensions of the access privileges and/or other disciplinary action determined by the Center. Misuse shall include, but not be limited to:
 - a. intentionally seeking information on, obtaining copies of, or modifying files, other data, or passwords belonging to other users.
 - b. misrepresenting other users on the Network.
 - c. malicious use of the Network through hate mail, harassment, profanity, vulgar statements, or discriminatory remarks.
 - d. interfering with others use of the Network.
 - e. extensive use for non-curriculum related communications.
 - f. illegal installation of copyrighted software.
 - g. unauthorized down-sizing, copying, or use of licensed or copyrighted software.
 - h. allowing anyone to use an account other than the account holder.
 - i. attempting to disable or circumvent Internet screening, security, and/or virus protection software.
6. The use of Center and/or Network resources are for the purpose of (in order of priority):
 - a. Support of the academic program
 - b. Telecommunications
 - c. General Information
 - d. Recreational
7. The Center and/or Network does not warrant that the functions of the system will meet any specific requirements the user may have, or that it will be error free or uninterrupted; nor shall it be liable for any direct or indirect, incidental, or consequential damages (including lost data, information, or time) sustained or incurred or connection with the use, operation, or inability to use the system.
8. There is no email communication privilege.
9. The Center and/or Network will periodically make determinations on whether specific uses of the Network are consistent with the acceptable-use practice. The Center and/or Network reserve the right to log and to monitor Internet use by users.

10. The Student may not transfer program files, shareware, or software from information services and/or electronic bulletin boards with the intent to violate copyright laws.
11. The Student may transfer files from information services from the home school district. The Student may not transfer shareware or software from information services and/or electronic bulletin boards. Should the Student transfer a file and knowingly downloads a virus which infects the Network and causes damage, the Student will be liable for any and all repair costs to make the Network once again fully operational and may be subject to other disciplinary measures as determined by the Center.
12. The Student may only log on and use the Network under the immediate supervision of a staff member.
13. The Center reserves the right to log computer use and to monitor fileserver space utilization by users. The Center reserves the right to remove any User account on the Network to prevent further unauthorized activity.

In consideration for the privileges of using the Center and/or Network resources, and in consideration for having access to the information contained on the Network, or by the Network, I hereby release the Center, Network, and their operators and administration from any and all claims of any nature arising from my use, or inability to use the Center and/or Network resources.

This application must have the STUDENT and PARENT signature and be filled out completely. Please return this form to the Center Network/Internet Director.

I agree to abide by such rules that the Center and/or Network may further add regulations of system usage as from time-to-time.

Student's Signature

Date

As the Resident/Student's parent or legal guardian, I agree to this agreement and will indemnify the Center for any and all fees expenses, or damage incurred as a result of my child's use or misuse of the Network or equipment.

Parent's Signature

Date