

# FRANKLIN COUNTY SCHOOL SYSTEM



*"Preparing Students for the Challenges of Tomorrow"*

Mr. Wayne Randall  
Superintendent

(706) 384-4554  
Fax (706) 384-7472

## RELEASE OF RECORDS FORM

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

Student Date of Birth: \_\_\_\_\_

Please send records directly to the school marked below:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Carnesville Primary<br>825 Hull Avenue<br>Carnesville, GA 30521<br>706-384-4523 Office<br>706-384-2226 Fax<br>cathie.brock@franklin.k12.ga.us | <input type="checkbox"/> Carnesville Intermediate<br>11555 Highway 59<br>Carnesville, GA 30521<br>706-384-7326 Office<br>706-384-5510 Fax<br>crystal.freeman@franklin.k12.ga.us | <input type="checkbox"/> Lavonia Elementary<br>818 Hartwell Road<br>Lavonia, GA 30553<br>706-356-8209 Office<br>706-356-2966 Fax<br>sophia.clark@franklin.k12.ga.us | <input type="checkbox"/> Royston Elementary<br>660 College Street<br>Royston, GA 30662<br>706-245-9252 Office<br>706-245-0903 Fax<br>elizabeth.cochran@franklin.k12.ga.us |
|--|---|---|---|

Previous School Name: \_\_\_\_\_

Previous School Address: \_\_\_\_\_  
\_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please include the following:

1. A copy of report cards
2. A copy of all disciplinary records
3. A current immunization form
4. Any current testing data
5. Other pertinent information (custody papers, SST/POI minutes, birth certificate, etc)
6. **EL/ESOL Screeners and ACCESS Scores**
7. Send all Special Education and 504 records to any of the below:

Franklin County Schools  
280 Busha Road  
Carnesville, GA 30521  
Attn. Special Education Department tami.black@franklin.k12.ga.us  
Fax: 706-384-7472

**NOTE:** It is not necessary for parents to sign a release when records are being passed from public school to public school. June 17, 1976, Part II HEW-Privacy right of parents and students. FINAL (vol. 41, 118-24673)

Mailed Release \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Faxed Release \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

280 Busha Road ■ Carnesville, Georgia 30521  
www.franklin.k12.ga.us

*The Franklin County School System does not discriminate on the basis of sex, race, religion, age, national origin, marital status, or handicapping conditions.*

Student Legal Name: \_\_\_\_\_  
 (Last) (First) (Middle) (Preferred)

Gender:  Male  Female

Student's Date of Birth: \_\_\_\_\_

Student Social Security Number\*: \_\_\_\_\_

Is this student a Foster Child?  Yes  No

Did this student attend Pre-K?  Yes  No

If yes, where? \_\_\_\_\_

Has this child attended Franklin County Schools before?

Yes  No Which school? \_\_\_\_\_

Has this child ever attended a Georgia School before?

Yes  No Name & City: \_\_\_\_\_

Is this student Hispanic/Latino?  Yes  No

Please check all Ethnicities that apply:

- American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Pacific Islander  
 White

Special Programs (Check yes or no to each)

- Yes  No – Student is being tracked by SST (Student Support Team)  
 Yes  No – Student is in EIP (Early Intervention Program)  
 Yes  No – Student is in Special Education (this includes speech services)  
 Yes  No – Student has a 504 Plan  
 Yes  No – Student is in the Gifted Program  
 Yes  No – Student is in the ESOL Program

**RESIDENCY INFORMATION:** The answers in this section will help determine the services students can receive if eligible under the McKinney-Vento Homeless Assistance Act under No Child Left Behind.

Yes  No – Is your current address a temporary living arrangement?

Yes  No – Is this temporary living arrangement due to loss of housing or economic hardship?

(If you answered YES to the above questions, please complete the remaining questions.)

(If you answered NO, you do not have to answer the remaining questions in this section.)

Where is the student presently living? Select one

\_\_\_\_\_ Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason

(Example: evicted from home, cannot afford housing, etc.)

\_\_\_\_\_ In a motel, hotel, campground or similar setting due to lack of alternative adequate accommodations.

\_\_\_\_\_ In emergency or transitional shelters such as domestic violence or homeless shelter.

\_\_\_\_\_ In a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans.

\_\_\_\_\_ In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

\_\_\_\_\_ None of the above.

How long do you anticipate living at this location? \_\_\_\_\_

Children living in homeless situations have certain rights under the McKinney-Vento Homeless Assistance Act under No Child Left Behind. Please contact our, Social Worker, local Homeless Liaison at 706-384-4554 if you have any questions.

**DISTRICT USE ONLY:**

I certify the above-named student qualified for the Children Nutrition Program under provisions of the McKinney-Vento Act.

Initials: \_\_\_\_\_

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

**FRANKLIN COUNTY SCHOOLS ADMIN RULE FOR OUT OF COUNTY AND OUT OF DISTRICT STUDENTS:**

**Out of County:** All students not residing in Franklin County (new enrollees or currently enrolled students who move from Franklin County within a school year) will be required to apply for enrollment. Enrollment procedures can be located on the Franklin County School System website. Tuition shall be due upon application approval. Students who are identified as "out of county within the school year" from the descriptions below will be subject to the following actions:

- **New enrollees** – completed application, approval process, and full tuition due before attending school if approved
- **Residential property owners** – notice of withdrawal from attendance officer/principal/designee, completed application for re-enrollment consideration, approval process and full tuition may be eligible for waiver based upon local property tax records/schedule.
- **Non-property/homeowners** – notice of withdrawal from attendance officer/principal/designee, completed application for re-enrollment consideration (found on system website), approval process and full tuition must be paid within **5 business days**.

All applications will be approved individually based upon school enrollment and/or administrative discretion.

**Intra District:** Any Franklin County student who is identified as living outside of district lines within a current school year will be allowed to stay enrolled in that school until the end of the school year based upon the principal's approval. However, no transportation will be provided to any student described as living outside of district lines as defined by the FCSS, and the student must enroll in their correct district school before attending the FCSS the following school year.

**\*\*\*Rule Exception:** these policies do not apply to the legal children of FCSS employees.

I have reviewed and understand the Franklin County School System Admin Rule for Out of County and Intra District transfers.

Legal Signature of Parent or Guardian (Required)

\* Pursuant to O.C.G.A. § 20-2-150, before the final enrollment of a student to a publicly-funded Georgia school is complete, a parent, guardian, or other person shall provide a copy of the enrolling student's social security number to the proper school authorities or shall complete and sign a form stating the individual does not wish to provide the social security number. Enrollment will not be denied if a parent does not provide a social security number. Social security numbers are used by the Department of Education for means of identifying students for FTE funding and/or for tracking

**Section 1: Primary Household (Household in which student resides the majority of time.)**

STUDENT LEGAL NAME: \_\_\_\_\_  
 (Last) (First) (Middle) (Preferred)

PHYSICAL ADDRESS: \_\_\_\_\_  
 (City) (State) (Zip)

Mailing address is same as Physical

MAILING ADDRESS: \_\_\_\_\_  
 (City) (State) (Zip)

**Mother/Guardian Name:**  
 \_\_\_\_\_  
 (Last) (First) (Middle)

Email: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Other Phone: \_\_\_\_\_

Lives in the household with the student?  Yes  No  
 Active Military:  Yes  No

**Father/Guardian Name:**  
 \_\_\_\_\_  
 (Last) (First) (Middle)

Email: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Other Phone: \_\_\_\_\_

Lives in the household with the student?  Yes  No  
 Active Military:  Yes  No

**Section 2: Contact Information (OTHER THAN PARENT/GUARDIAN LISTED ABOVE)**

Name	Relationship to Student	Phone Number	<input type="checkbox"/> Lives in household	<input type="checkbox"/> Emergency contact	<input type="checkbox"/> Allowed to pickup
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 3: Other Franklin County Students Living in the Household**

Name	Relationship to Student	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENT/GUARDIAN: I swear/affirm, under penalty of law, that the information given on this registration form is correct, that the above address is the primary residence where my child and I live, and that I will notify the school of any change in residence status within thirty (30) days of change.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Franklin County School System

"Preparing Students for the Challenges of Tomorrow"

## Student Acceptable Use Agreement & Permission Form

We are pleased to offer students of the Franklin County School District access to the district computer network for Internet use. To be allowed Internet search access, all students must obtain parental permission and must sign and return this form to their school. Students 18 years of age and older may sign their own forms.

Access to the Internet enables students to explore many libraries, websites, databases, etc. throughout the world. While it is our intent to make Internet access available to further the educational goals and objectives, the school system cannot guarantee that the content is not illegal, defamatory, inaccurate or potentially offensive. The school system provides content filtering to all school computers, but due to the vastness of the Internet it is impossible to guarantee all objectionable material will be blocked. We believe that the benefits to students in the form of informational resources exceed the disadvantages. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and informational sources.

**District Internet Rules** Students are responsible for good behavior on school computer networks just as they are in a classroom. Access to network services is given to students who agree to act in a considerate and responsible manner. Parent permission is required.

## Access is a privilege ---not a right!

The Franklin County School District monitors activity on the Internet. Information submitted over the Internet is not private and should not be personal in nature. Students should never give out personally identifiable information.

### **The following are NOT permitted:**

- Sending or displaying offensive messages and/or pictures.
- Harassing, insulting or attacking others.
- Violating copyright laws.
- Using or attempting to use the passwords/accounts of another person.
- Use of network for commercial, political or financial gain.
- Entering and communicating in chat rooms.
- Installing, removing or exchanging hardware and/or unauthorized software.
- Use of obscene language
- Damaging computers, computer systems and/or networks.
- Use of another's user name and/or password
- Playing games.
- Altering or attempting to alter the configuration of a computer.
- Use of any means to bypass content filtering.
- Gaining access or attempting to access unauthorized network resources and/or data.
- Misuse of student Google account.

**Violations will result in a loss of access to technology, detention, suspension, and/or expulsion in compliance with the school's code of conduct and discipline codes.**

## User Agreement & Permission Form

As a user of the Franklin County Schools network, I hereby agree to comply with the above stated rules while honoring all relevant laws and restrictions. By signing you understand that you will be held responsible for the use of your login ID to access the Internet.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Printed Student's Name

\_\_\_\_\_  
Date

As parent/guardian of the student signing above, I grant permission for my son or daughter to access the Internet. I understand that students may be held liable for violations. I understand that the Franklin County School District will not be held responsible for objectionable or inaccurate material accessed via the Internet. This permission is binding for the duration of enrollment in Franklin County Schools unless notification is presented to the school.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Printed Parent's Name

\_\_\_\_\_  
Date

## Release for Use of Student Work / Photos

From time to time we like to recognize our students on the Franklin County Schools Web Site or in the local news media. In doing so, your child's work and/or photo may be used. By signing below, you are granting permission for your child's photo and/or work samples to appear on the Franklin County School District web site or in the local news media. This permission is binding for the duration of enrollment in the Franklin County School District unless notification is given to the school.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Printed Parent's Name

\_\_\_\_\_  
Date

# Franklin County Schools

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

## HEALTH & PHYSICAL EDUCATION

We are looking forward to having your child participate in our health and physical education program. State Department of Education Rules and Regulations require that each student receive a minimum of 60 hours per school year in health and physical education. The majority of our students are able to participate in the regular health and physical education program that is correlated to the Quality Core Curriculum that the State requires all schools to follow.

However, there are some students who have medical limitation which require that modifications be made in the health and physical education instructional program. If your child has medical limitations which will impact his/her health and physical education program, then the health and physical education program will be modified to accommodate whatever medical limitations are prescribed by the child's physician. Examples of these medical limitations are seizures, asthma, or a physical disability, which makes it impossible for the child to participate without modifications. If the medical limitations are chronic, then your child must be identified as in need of a restricted program. To provide this restrictive program, the school must have medical verification of the limitations as well as recommendations for methods to modify and restrict the health and physical education program.

**Please list any medical or physical conditions that will impact your child's participation in our health and physical education program:**

\_\_\_\_\_

**Please check one of the following options for your child's participation in our health and physical education program.**

Regular health and physical education

Restricted/modified health and physical education program (This option requires a medical verification form to identify the medical and physical limitations.)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## GOOD TOUCH/BAD TOUCH

The following good touch/bad touch prevention program will be offered to our students during the first few months of school. We do need parental permission for our students to participate in this program. It is a comprehensive program designed to help our young children recognize good and bad behavior towards them

√ Good Touch/Bad Touch: This is a body safety program, which teaches our children a comfortable way to talk about a very sensitive problem. The program teaches concepts to lessen a child's vulnerability to abuse.

Yes, I give my child permission to participate in the Good Touch/Bad Touch program.

No, I do not give my child permission to participate in the Good Touch/Bad Touch program. **Parent**

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

**Franklin County School System**  
**Family Educational Rights and Privacy Act (FERPA)**  
**Annual Notice for Disclosure of School Directory Information**

Dear Parent/Guardian:

The Family Educational Rights and Privacy Act (FERPA) is a federal law that requires the school district, with certain exceptions, to obtain your written consent prior to the disclosure of personally identifiable information from your child's educational records. However, the school may disclose some student information without written consent when the information is designated "Directory Information" unless you have advised the district to the contrary in accordance with district procedures.

The primary use for Directory Information by the district is to include this type of information in certain school publications. It is generally not considered harmful or an invasion of privacy if released. Examples of school publications are:

- A playbill or program, showing your child's role in a drama or music production
- The annual yearbook
- Honor roll or other recognition lists published at school or in newspapers
- Graduation programs
- Sports statistics listed in programs, such as football which may include height and weight of team members
- School or district website

Directory Information can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to:

- Other schools the student is seeking to attend (transcripts, etc.)
- Class ring manufacturers
- State or federal authorities auditing, evaluating programs or enforcing state or federal laws
- A court by order of subpoena

The school district has designated the following as Directory Information:

Student Name	Degrees, honors and awards received	Dates of Attendance
Address	Most recent educational agency or institution attended	Date and Place of Birth
Phone Number	Participation in school sponsored activities and sports	Weight & Height of members of athletic teams

Two federal laws require school districts that receive assistance under the No Child Left Behind Act of 2001 to provide military recruiters, upon request, with three Directory Information categories - names, addresses, and telephone listings - unless parents have notified the district that they do not want their child's information disclosed without prior written consent.

If you do not want the district to disclose Directory Information about your child without prior written consent, you must notify the district in writing by \_\_\_\_\_. Please complete the lower portion of this form and return the entire form to your child's school if you do not want your child's directory information disclosed.

**Parent: ONLY complete and return this entire form IF you DO NOT give your consent for release of School Directory Information. Use a separate form for each child and return it to his/her school.**

Check the blank below and complete the following information:

\_\_\_\_\_ Do not release my student's directory information at any time.

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

**NOTICE OF STATE COMPULSORY ATTENDANCE LAW O.C.G.A. CODE 20-2-690**

**ATTENDANCE TERMS AND INFORMATION**

**Truant**

Any child subject to compulsory attendance who during the school calendar year has more than five days of unexcused absences is considered truant. Each unexcused absence after five unexcused absences is considered a separate offense (S.B.O.E. 160-5-1.10).

**Excused Absence**

An excused absence is an absence that is the result of one of the following reasons:

1. Personal illness or when attendance in school endangers a student's health or health of others.
2. A serious illness or death in a student's immediate family necessitating absence from school.
3. A court order or an order by a governmental agency
4. The observance of religious holidays, necessitating absence from school.
5. Conditions rendering attendance impossible or hazardous to student health or safety.
6. Registering to vote or voting in a public election, which shall not exceed one day.
7. Visiting a parent on active duty in the military or National Guard who is being deployed or home on leave (granted up to 5 days only).
8. Any other absence not explicitly defined in this policy but deemed to have merit based on circumstances as determined by the Superintendent or his/her designee.

A foster care student who attends court proceedings related to the student's foster care shall be counted present at school for the day.

Any student serving as a page of the Georgia General Assembly shall be counted present at school for the day.

**NOTE: An excuse must be submitted within three days of the student's return to school. If the excuse is not received within 3 days, the absence will be marked unexcused.**

**CONSEQUENCES AND PENALTIES OF EXCESSIVE ABSENCES**

**Parents/Guardians**

Any student under the age of 16 who has five unexcused absences will be referred to the Attendance Support Team. The parent will receive written notice of the time and date of the meeting. Other consequences for excessive absences may be as follow:

1. Legal charges may be filed against the parents/guardian if the child is under age 16 and has excessive absences. If this happens, the parents/guardian may be placed under protective order and must abide by the rules set forth by the Juvenile Court Judge.
2. The Juvenile Court Judge may invoke the following consequences for each separate offense: a \$25.00 - \$100.00 fine per unexcused absence, imprisonment of parent/guardian not to exceed 30 days, community service, probation, and/or any combination of the above.

**Students**

Any student under the age of 16 who has five unexcused absences will be referred to the Attendance Support Team. The parent will receive written notice of the time and date of the meeting. Other consequences for excessive absences may be as follow:

1. Students may earn poor grades and test scores resulting in retention. High school students face possible loss of course credit as a result of 5 absences in a class during a semester.
2. Charges may be filed in Juvenile Court if a student is under the age of 16 and has five or more unexcused absences. The Juvenile Court Judge may invoke the following consequences: informal probation for up to 24 months, detention or placement outside of the home, community service, and/or referral to a counseling or support program for students and/or parents,

**ATTENDANCE REQUIREMENT FOR LEARNER'S PERMIT/DRIVER'S LICENSE (O.C.G.A. 40-5-22 Section 21B of H.B. 1190)**

To obtain a learner's permit or driver's license a student must be enrolled in school and not expelled out of school. The Georgia DDS requires that a *Certificate of School Enrollment* be signed by a school official and notarized when obtaining both a learner's permit and a driver's license. A *Certificate of School Enrollment* can be acquired in the Franklin County High School main office.

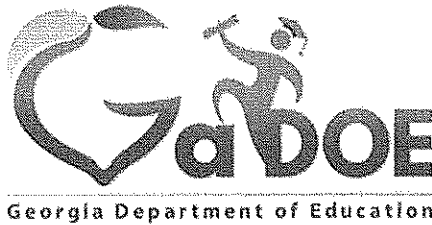
If a student is enrolled in a home education program, he/she must be enrolled in a program that satisfies the requirements of all state laws governing such courses.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**Richard Woods, Georgia's School Superintendent**  
*"Educating Georgia's Future"*

School District: Franklin

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

**Parent Occupational Survey**

**Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C**

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years?  Yes  No
2. Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years?  Yes  No

**If you answer "yes", check all that applies:**

- 1) Planting/picking vegetables (such as tomatoes, squash, onions) or fruits (such as grapes, strawberries, blueberries)
- 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- 3) Processing/packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Meatpacking/Meat processing/Seafood
- 6) Fishing or fish farms
- 7) Other (Please specify occupation): \_\_\_\_\_

Names of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank You!  
Please return this form to the school

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

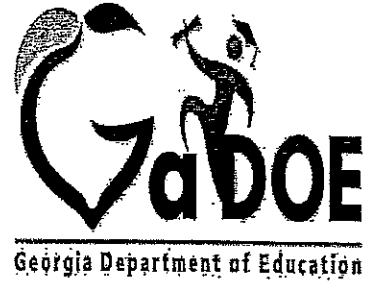
Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, P.O. Box 780, 201 West Lee Street, Brooklet, GA 30415  
Toll Free (800) 621-5217 Fax (912) 842-5440

GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637  
Toll Free (866) 505-3182 Fax (229) 546-3251

Regional Office use only:





## Required Home Language Survey

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

Thank You

**Student Name (required information):**

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**Language Background (required information):**

1. Which language does your child best understand and speak?  
\_\_\_\_\_
2. Which language does your child most frequently speak at home?  
\_\_\_\_\_
3. Which language do adults in your home most frequently use when speaking with your child?  
\_\_\_\_\_

**Language for School Communication:**

4. In which language would you prefer to receive school information?  
\_\_\_\_\_

**Please answer the following questions if you answered any of the questions above with a language other than English:**

- A. Was your child born in the United States? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If no, in what other country? \_\_\_\_\_
- B. What year did your child first enter a U. S. school? \_\_\_\_\_

---

**Signature of Parent/Guardian/Other**

---

**Date**

# Franklin County School System



## *School Health Clinic Information Form* *School Year 2018–2019*

Student's Name: \_\_\_\_\_

Homeroom/Pride: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex: Male    Female    Birthday: (MM/DD/YYYY) \_\_\_\_\_

### *Parent/Guardian Emergency Contact Information*

Father/Guardian: \_\_\_\_\_ Lives with Student: YES NO

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Lives with Student: YES NO

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### *Additional Emergency Contact Information*

In case of an emergency and the above contacts cannot be reached, please list three nearby persons who you give permission to assume care of your child.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Healthcare Provider: \_\_\_\_\_

Pediatrician's Phone Number: \_\_\_\_\_

I give permission to contact my child's healthcare provider for further medical information.

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

I understand that in the event of an emergency and I can't be reached, the school will have my child transported to the hospital via the EMS / 911 service to receive appropriate treatment. I also understand that it is my responsibility to update the school's nurse and office staff of any changes to this information.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Please complete the additional information on the BACK of this page \*\*\***

## **Health History**

*(Please answer 'YES' or 'NO' and give information as needed)*

\*Allergies \_\_\_\_\_ \*Diabetes \_\_\_\_\_  
\*Asthma \_\_\_\_\_ Inhaler Required? **YES NO** \*Physical Disabilities \_\_\_\_\_  
\*ADD/ADHD \_\_\_\_\_ \*Sickle Cell \_\_\_\_\_  
\*Cancer \_\_\_\_\_ \*Seizure Disorder \_\_\_\_\_  
\*Nosebleeds \_\_\_\_\_ \*Frequent Headaches \_\_\_\_\_

Other physical or mental health issues which may be a concern at school: \_\_\_\_\_

Does your child have any conditions that would limit physical activities? **Yes No**  
If so, explain: \_\_\_\_\_

Does your child take any prescription or non-prescription medication on a daily basis? **Yes No**  
Name of Medication: \_\_\_\_\_

Will your child take this medication each day at school? \_\_\_\_\_

**\*\*\* Please cross out any medication that you *DO NOT* wish to be used for your child. Application of any medication will be noted in the child's agenda \*\*\***

* Rubbing Alcohol	* Medi-Quick Spray	* Cortizone Cream	* Burn Cream
* Sting Kill/After-Bite	* Anbesol/Orajel	* Anti-Fungal Cream	* Peroxide
* Benadryl Syrup	* Caladryl Cream	* Neosporin (Antibiotic Ointment)	

### **Severe Allergy Care Plan**

My child is severely allergic to: \_\_\_\_\_  
EpiPen Prescribed: (Circle One) **YES NO**  
Date of last reaction: \_\_\_\_\_  
Symptoms seen during reaction: \_\_\_\_\_  
Treatment needed: \_\_\_\_\_

### **Actions To Be Taken By School For Severe Allergies**

**Step #1** If exposure occurs or is suspected, and symptoms are mild (localized, redness, swelling, pain at exposure site only) or if ingestion of known allergic substance occurs, or is suspected, and child is exhibiting only mild symptoms (itch, rash, nausea, cramps, vomiting, and/or diarrhea) administer oral antihistamine. Benadryl: \_\_\_\_\_ mg by mouth and observe in clinic. Notify parent and follow parental instructions regarding the child returning to class or being picked up from school. If symptoms are severe (swelling and/or itching of lips, tongue, mouth, tightness of throat, hoarseness, shortness of breath, repetitive coughing, wheezing, "thready" pulse, passing out) proceed to Step #2.

**Step #2** Administer Epi-Pen in outer thigh. Hold Epi-Pen against outer thigh for 3-5 seconds. **CALL 911! NOTIFY PARENT!** Medication will last 15-20 minutes and may need to be repeated.

*IF YOUR CHILD HAS A SEVERE ALLERGY, PLEASE OBTAIN A DOCTOR PRESCRIBED EPI-PEN AND HAVE IT STORED IN THE CLINIC. THIS IS FOR YOUR CHILD'S SAFETY!*