

# FARMINGTON RIVER REGIONAL SCHOOL DISTRICT

OTIS & SANDISFIELD

555 North Main Road, P.O. Box 679, Otis, MA 01253  
Phone (413) 269-4466 ■ Fax (413) 269-7659



## WELCOME TO FARMINGTON RIVER ELEMENTARY!

Enclosed is the 2024-2025 Registration packet for your student enrolling in Grade 1<sup>st</sup> – 6<sup>th</sup>.

**Please complete these forms using only BLUE or BLACK INK and return them to the school ASAP.**

The following forms must be completed only once per family:

- Student Emergency Information Card
- Parental Permission to Display
- Consent & Release & Indemnification Agreement
- Parental Permission for Transportation of Student(s)

The following forms must be completed only once per student:

- Home Language Survey
- Ethnicity & Military Questionnaire
- Student Acceptable Internet Use Policy
- School Records Release Form (if applicable)
- School Health Form
- First Aid and Emergency Medical Care Consent Form

Please submit a copy of the following:

- Copy of Birth Certificate
- Copy of Proof of Residency

*(Examples include Mortgage Statement or Tax Bill, Current Utility Bill, Current Lease Agreement, etc. with physical/residential address listed. A P.O. Box is not accepted for the purpose of determining residency.)*

- Immunization Record

*(see Immunizations section below)*

- Copy of Physical Examination

*(within 13 months of initial enrollment)*

**\*\* Updated physician physical exams reports are required for 4<sup>th</sup> Grade. \*\***

- Custody Paperwork (if applicable)

*If you have difficulty obtaining any of the above documents, or have any questions about the above documents, please contact Michael Saporito, Director of Students Services.*

**If your student was enrolled in any school prior to enrolling at Farmington River Elementary, please fill out below:**

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

Has your child ever been enrolled in a school in Massachusetts?  Yes  No

Former School: \_\_\_\_\_ Grade last completed: \_\_\_\_\_

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

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

Reason for Transfer: \_\_\_\_\_

Any previous special needs services (IEP), special education, Title 1 or 504 plans? If so, please describe: \_\_\_\_\_

Any other information you would like us to know about your student? \_\_\_\_\_

*Please fill out the School Records Release Form, included in your packet, so we can contact your former school to request applicable documentation.*



**Dear Parents/Guardians:** Please read and complete **both** sides of this form and return it to the office. You will only need to complete one form per household. If at any time your information changes (i.e. emergency contact person, telephone numbers, addresses, email), contact the front office immediately.

**STUDENTS :**

_____	_____	_____	_____	____/____/____	_____
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Grade</i>	<i>Date of Birth</i>	<i>Gender</i>
_____	_____	_____	_____	____/____/____	_____
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Grade</i>	<i>Date of Birth</i>	<i>Gender</i>
_____	_____	_____	_____	____/____/____	_____
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Grade</i>	<i>Date of Birth</i>	<i>Gender</i>
_____	_____	_____	_____	____/____/____	_____
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Grade</i>	<i>Date of Birth</i>	<i>Gender</i>

**STUDENT ADDRESS :**

**Student(s) Residential Address:**

\_\_\_\_\_

*Street Address*

\_\_\_\_\_

*City*                      *State*                      *Zip*

**Student(s) Mailing Address:**

*Same as Residential*

\_\_\_\_\_

*Address/P.O. Box*

\_\_\_\_\_

*City*                      *State*                      *Zip*

**PARENT / GUARDIAN INFORMATION :**

**\*\*\* Please do not duplicate phone numbers. If you do not have a home/work phone number, please leave the field blank. \*\*\***

**Parent/Guardian #1:** Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Home Address (if different from Student): \_\_\_\_\_  N/A

Mailing Address (if different from Student): \_\_\_\_\_  N/A

Place of Work: \_\_\_\_\_ Hours of Work: \_\_\_\_\_

**Parent/Guardian #2:** Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Home Address (if different from Student): \_\_\_\_\_  N/A

Mailing Address (if different from Student): \_\_\_\_\_  N/A

Place of Work: \_\_\_\_\_ Hours of Work: \_\_\_\_\_

**EMERGENCY CONTACTS :**

**\*\*\* These contacts will assume temporary care of your student(s) in the event that you cannot be reached. \*\*\***

1. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

## PHYSICIAN INFORMATION :

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make necessary arrangements for my child. Your child may be transported by ambulance to an emergency care facility if necessary.

Physician's Name: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## HEALTH INSURANCE INFORMATION :

Health Insurance Company: \_\_\_\_\_ Group: \_\_\_\_\_ Policy #: \_\_\_\_\_

*If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. All communication will be confidential.*

Do you need confidential assistance obtaining health insurance for your child? \_\_\_\_\_ YES \_\_\_\_\_ NO

## HEALTH INFORMATION :

I give permission to the School Nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs.

Please list all medications that your child takes with dosage: \_\_\_\_\_

I give permission to have the School Nurse, or School Personnel delegated by the nurse) to administer the following:

<input type="checkbox"/> <b>ALL of the following:</b>	<input type="checkbox"/> Benadryl	<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Soft Peppermint
<input type="checkbox"/> <b>NONE of the following:</b>	<input type="checkbox"/> Calamine Lotion	<input type="checkbox"/> Ibuprofen (Advil)	<input type="checkbox"/> Hydrocortisone Cream 1%
	<input type="checkbox"/> Antacid Tab (Tum)	<input type="checkbox"/> Bacitracin Ointment	<input type="checkbox"/> Sunscreen (if provided)
	<input type="checkbox"/> Cetirizine (Zyrtec)	<input type="checkbox"/> Cough Drops (Gr.1-6 only)	<input type="checkbox"/> Aloe Vera Gel

I understand that any medication which needs to be administered at school, other than the list above, will need to be brought in to the nurse in the original container/prescription bottle or box and requires a physician order to be dispensed by the school nurse or nurse personnel designated by the school nurse. Forms are available in the health office and on the website.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## EMERGENCY WEATHER CLOSING

We are continuing to use the **SCHOOL MESSENGER** system to contact parents in the event of an emergency or weather closing. The School Messenger system can contact up to 3 phone numbers and 1 email address. Please provide the phone numbers/email address you would like the school to use to contact you. Please remember that this is an automated system, if you provide us with a work number that is not direct to you, it will leave a message with the person who answers the phone.

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
4. Email Address: \_\_\_\_\_

Please discuss your emergency/weather closing plans with your student(s). If there is an emergency/weather closing, my students will be (please select one option):

- Picked up at the School
- Take the bus to his/her home only if a parent/guardian is visible to the driver. My student(s) will be returned to school if a parent/guardian is not visible.
- Take the bus to the following caretaker: Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**Parent/Guardian Signature:**

**Date:**



# FRRES: PARENTAL PERMISSION TO DISPLAY

School Year: 2024-2025

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Students' Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_

Dear FRRES Parent/Guardian:

Our school receives requests from local organizations - such as libraries, town halls and museums - to display student work products (posters, projects, stories, poems, paintings, etc.), as well as photos or videos of our students. This is a wonderful opportunity for our students to receive well-deserved recognition from local communities. It is also a nice way for students to give something back to the communities that support their school district.

We also receive requests from media organizations, like *The Berkshire Eagle*, that wish to feature performances, concerts and programs at our school. These articles include photographs of students participating in events and/or examples of student work products. Again, this is for the purpose of highlighting our talented student body.

**We respect everyone's right to privacy. Please indicate your agreement to the following:**

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PARENTAL PERMISSION TO DISPLAY outside of the school building or on the school's website, with or without the student's name, the following:

- Photographs / images / videos / recordings of student at FRRES;
- Samples of student work and program/ performance information;
- School awards, honors or recognitions.

**Yes**, I give permission to display the above  - **with** /  - **without** student's name.

**No**, I do not give permission to display the above.

Parent/Guardian's Name: \_\_\_\_\_  
*(please print)*

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





# FRRES: CONSENT & RELEASE & INDEMNIFICATION AGREEMENT

School Year: 2024-2025

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The Undersigned, being the parent(s)/guardian(s) of the following minor(s):

\_\_\_\_\_, in Grade \_\_\_\_\_  
\_\_\_\_\_, in Grade \_\_\_\_\_  
\_\_\_\_\_, in Grade \_\_\_\_\_

do hereby consent to my/our child’s participation in any **voluntary athletic and/or recreation program(s)** of the Farmington River Regional School District (“District”).

Further, in consideration of permitting my/our child’s participation in any voluntary athletic and recreational program(s) of the District the Undersigned releases and forever discharges the District and those for whom it is legally liable and members of the District’s School Committee and the District’s employees, agents, volunteers and any and all individuals and organizations assisting or participating in a voluntary athletic or recreation program(s) of the District (“the Releasees”) from any and all claims, rights of action and causes of action and damages for personal injury and death and property damage resulting, arising from or occasioned by my/our child’s participation in any District voluntary athletic or recreational program(s) regardless of whether or not such claims, rights of action and causes of action and damages were caused in whole or in part by one or more of the Releasees.

Further, each parent/guardian, jointly and severally, agree to indemnify, defend and hold harmless including, but not limited to attorney’s fees and expenses, the Releasees against any and all claims, rights of action and causes of action and damages for personal injury and death and property damage, resulting, arising from or occasioned by my/our child’s participation in any District voluntary athletic or recreational program(s) regardless of whether or not such claims, rights of action and causes of action and damages for personal injuries, death or property damage was caused in whole or in part by one or more of the Releasees.

The Undersigned further affirms that the Undersigned has/have read this Consent and Release and Indemnification Agreement and understand the contents thereof. The Undersigned understands that my/our child’s participation in any voluntary athletic and recreational program(s) is not required by the District’s course of instruction and that my/our child need not participate in such program(s) and the Undersigned are free to choose to not have my/our child participate in such program(s). By signing this document, the Undersigned affirm that the Undersigned have decided to allow my/our child to participate in the District’s athletic and recreational program(s) with full knowledge that the Releasee will not be liable to anyone for personal injuries, death to my/our child or property damage resulting, arising from or occasioned by my/our child’s participation in any voluntary athletic and recreational program(s).

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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Parent / Guardian Signature

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Parent / Guardian Signature

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## Parental Permission Form for Transportation of Student(s): 2024-2025 School Year

*The following is Farmington River Regional Elementary School, in coordination with Dufour, Inc., procedure for afternoon bus drop-off for those who are transported by Dufour, Inc.*

All students who are normally transported by bus at the end of the school day, including half days and emergency closings, will need to have a supervising adult present at the bus stop, in order for the bus driver to allow the child to be dropped off. In the event that there is not a supervising adult present, the student(s) will be brought back to Farmington River Regional Elementary School. The school will attempt to contact a parent/guardian to pick up the student(s) here at the school. In the event that the parent/guardian is unreachable, the school will then attempt to contact names of others – listed on the Emergency Contact Form – who will assume the responsibility and provide transportation for your student(s).

Your consent to the above is assumed, UNLESS YOU NOTIFY THE SCHOOL IN WRITING USING THE FORM BELOW that you want your student(s) to be dropped off at their bust stop without a supervising adult present.

By signing, I certify that I have read and understood the PARENTAL PERMISSION FORM FOR TRANSPORTATION OF STUDENT(S).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Student's name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
\_\_\_\_\_ **Grade:** \_\_\_\_\_  
\_\_\_\_\_ **Grade:** \_\_\_\_\_

\*\*\*\*\*

### FILL OUT THE FOLLOWING SECTION ONLY IF YOU WOULD LIKE YOUR STUDENT DROPPED OFF WITHOUT A SUPERVISING ADULT PRESENT:

I, \_\_\_\_\_, give Farmington River Regional Elementary School and it's agent, Dufour, Inc., permission for my child(ren) to be dropped off at the bus stop each day without a supervising adult present.

**Student(s) name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
\_\_\_\_\_ **Grade:** \_\_\_\_\_  
\_\_\_\_\_ **Grade:** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# FRRSD: HOME LANGUAGE SURVEY

School Year: 2024-2025



Massachusetts Department of Elementary and Secondary Education regulations require that all schools determine the language(s) spoken in each student’s home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information:			
_____ First Name	_____ Middle Name	_____ Last Name	<input type="checkbox"/> F <input type="checkbox"/> M Gender
_____ Country of Birth	____/____/____ Date of Birth (mm/dd/yyyy)	____/____/____ Date first enrolled in ANY U.S. school (mm/dd/yyyy)	
School Information:			
____/____/____ Start Date in New School (mm/dd/yyyy)	_____ Name of Former School and Town	_____ Current Grade	
Questions for Parents/Guardians:			
<b>What is the native language(s) of <u>each</u> parent/guardian? (circle one)</b> _____ (mother / father / guardian) _____ (mother / father / guardian)	<b>Which language(s) are spoken with your child?</b> (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always		
<b>What language did your child first understand and speak?</b>	<b>Which language do you use most with your child?</b>		
<b>Which other languages does your child know? (circle all that apply)</b> _____ speak / read / write _____ speak / read / write	<b>Which languages does your child use? (circle one)</b> _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always		
<b>Will you require written information from school in your native language?</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Will you require an interpreter/translator at Parent-Teacher meetings?</b> Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>Parent/Guardian Signature:</b> X		____/____/____ 20____ Today's Date: (mm/dd/yyyy)	

# FRRES: ETHNICITY & MILITARY QUESTIONNAIRE

School Year: 2024-2025



Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

The revised federal guidelines for reporting student race/ethnicity require that schools offer individuals the opportunity to select one or more races when reporting information on race in federal/state data collections. In addition, race and Hispanic origin are to be considered two separate and distinct concepts. This change is being made to comply with the federal Office of Management and Budget (OMB) revisions to the standards for classification of Federal data on race and ethnicity announced in the Federal Register Notice of October 30, 1997.

Please answer BOTH questions 1 and 2.

## 1. Is this student Hispanic or Latino? Select only one below.

**No, not Hispanic or Latino** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

**Yes, Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

## 2. What is the student's race? You may select one or more races below.

**White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

**Black or African American** (A person having origins in any of the black racial groups of Africa.)

**American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

**Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

**Native Hawaiian** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

As part of the VALOR Act of 2012, Massachusetts joined other states as part of the Interstate Compact on Educational Opportunity for Military Children. As a result, the information below must be reported to the Department of Elementary and Secondary Education. Please let us know whether any member of your family meets the following criteria by completing and returning this letter to the main office.

Military family criteria consists of: Active duty members of the uniformed services, National Guard and Reserve on active duty orders; members or veterans who are medically discharged or retired within one year; and members who die on active duty.

Military family criteria DOES NOT consist of: Inactive members of the National Guard and Reserves; members now retired not covered above; veterans not covered above; Department of Defense personnel, federal agency civilians and contract employees not defined as active duty.

**Military Family Status:** \_\_\_\_\_ **Yes, applicable** \_\_\_\_\_ **No, not applicable**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# FRRES: STUDENT ACCEPTABLE INTERNET USE POLICY

School Year: 2024-2025

1. Access to network information resources is to be used only to pursue educational objectives through student or staff conducted communication, research and other structurally related activities. Students are responsible for good behavior on all school computers just as in the classroom and during other school activities.
2. The use of the school's computers is a privilege afforded to all students and staff. Each student is expected to take this privilege seriously and abide by all the rules. **Parental permission to use network services is required.** Rules to be followed are listed below:
  - a. A student must treat all computer equipment and materials with care and respect.
  - b. While using a computer, students may only use those applications assigned to them and access the Internet with teacher supervision.
  - c. A student may not copy, move or remove files or programs from a school computer's hard drive or from the school's file server.
  - d. A student may not download or print large files without permission.
  - e. A student may not add programs to a school's computer or file server.
  - f. A student may not use a floppy disk to transfer files to the school's computer without permission from the technology teacher. This is to prevent viruses.
  - g. A student is expected to obey all rules dealing with copyrighted materials.
  - h. A student may not access, upload, download, transmit, display, or distribute obscene or sexually explicit material.
  - i. A student may not use abusive or otherwise objectionable language in messages, or represent the Farmington River Elementary School or staff in an unfavorable way.
  - j. A student may not use another person's password or trespass in another person's folder, work, or files.
  - k. A student may not submit another person's work as his or her own (including Internet sources)

### 3. CONSEQUENCES FOR UNACCEPTABLE USE OF COMPUTERS AT FARMINGTON RIVER ELEMENTARY SCHOOL:

Violation of the above rules may be determined at the building or classroom level, and the consequences will be:

**First Offense:** Student will lose his/her Internet privileges for **one week**, and the teacher will phone the parent or guardian. Any assigned work will be completed with pen and paper using traditional texts and resources.

**Second Offense:** Student will lose his/her Internet privileges for **one month**, and the teacher will phone the parent or guardian. Any assigned work will be completed with pen and paper using traditional texts and resources.

**Third Offense:** Internet privileges will be revoked for **1 Trimester**, the teacher will call the parent or guardian, and a written discipline report from will be sent home. To regain privileges, students will need to appeal to the administration.

## NETWORK INFORMATION RESOURCES PERMISSION FORM

Internet access is coordinated through a complex association of government agencies as well as regional and state networks. With access to computers and people all over the world also comes with the availability of materials available precautions to restrict access to controversial materials. However, on global network it is impossible to control all materials and an industrious user may discover controversial information. The District firmly believe that the valuable information and interaction available on this worldwide network far outweigh the possibility that users may procure material that is not consistent with the educational goals of the Farmington River Regional School District.

### Student: Please Sign the Following:

I have read, or have had read to me, and have discussed the Student Acceptable Internet Use Policy and the Network Information Resources Policy and agree to use the District's computers in accordance with those policies.

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

Student Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian: Please Initial One of the Following and Sign Below:

\_\_\_\_\_ I have read and have discussed with my child the Student Acceptable Internet Use Policy and the District's Network Information Resources Policy and hereby give the District permission for my child to access Network Information Resources. I hereby agree to pay any and all financial obligations resulting from my child's use of the Network Information Resources whether billed to the District or my child, which have not been authorized by the District.

\_\_\_\_\_ I do not give the District permission for my child to access the District's Network Information Resources.

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

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



# FRRES: SCHOOL HEALTH FORM

School Year: 2024-2025

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

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Physician(s) Child Sees: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ Date of last dental exam: \_\_\_\_\_

*REMINDER: Updated physician physical exams reports (within the last 13 months) are required for grades K, 4<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup>. Please provide them to the school nurse at **least** that often.*

Explain any dental problems that might cause discomfort at school: \_\_\_\_\_

Accidents (explain): \_\_\_\_\_

Past Surgeries: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Known Vision Problems: \_\_\_\_\_ Glasses:  Yes  No

Known Hearing Problem: \_\_\_\_\_ Known Physical Problem: \_\_\_\_\_

Identify any current health problems:

- |                                       |   |   |  |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Asthma       | <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Heart Disease            | <input type="checkbox"/> Sickle Cell Anemia  |
| <input type="checkbox"/> Allergies    | <input type="checkbox"/> Eczema                     | <input type="checkbox"/> Broken Bones             | <input type="checkbox"/> Vision              |
| <input type="checkbox"/> ADD/ADHD     | <input type="checkbox"/> Frequent Ear Infections    | <input type="checkbox"/> Kidney/Bladder Disorders | <input type="checkbox"/> Weight              |
| <input type="checkbox"/> Cancer       | <input type="checkbox"/> Gastrointestinal Disorders | <input type="checkbox"/> Bed-wetting              | <input type="checkbox"/> Bowels/Constipation |
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Seizures                   | <input type="checkbox"/> Other: _____             |  |

Identify any medical or physical condition that would limit child's full participation in gym or school activities: \_\_\_\_\_

*IMPORTANT: If your child has asthma, please obtain a physician order, an inhaler and spacer for use in the health room.*

List allergies to:

Foods: \_\_\_\_\_

Medicine: \_\_\_\_\_

Insect Bites: \_\_\_\_\_

Is Epi-Pen required? \_\_\_\_\_

List medication taken regularly: \_\_\_\_\_

**If your child needs medication at school, we require a new physician order and signed parental consent every year. All medication, including inhalers must be kept in the nurse's office. To request self-carry, please contact the school nurse.**

If you checked Yes to any of the above, please describe. Is there anything else you want the school nurse to know? Please explain: \_\_\_\_\_

I give permission to the school nurse to contact my child's physician if medically necessary. I give permission for the school nurse to provide information relevant to my child's health condition to appropriate school personnel when necessary to meet my child's health and safety needs, and to exchange my child's information with medical authorities for the purpose of referral, diagnosis, and treatment.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# FRRES: FIRST AID & EMERGENCY MEDICAL CARE CONSENT FORM

School Year: 2024-2025



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

I authorize staff in school who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_ and to secure necessary medical treatment for my child.

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

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

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

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

## EMERGENCY CONTACTS (IN ORDER TO BE CONTACTED):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you give permission for child to be released to this person?  Yes  No

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you give permission for child to be released to this person?  Yes  No

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you give permission for child to be released to this person?  Yes  No

Health Insurance Coverage: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (Valid for one year)