

**HEBER-OVERGAARD UNIFIED SCHOOL DISTRICT NO. 6
STUDENT REGISTRATION**

DATE: _____ SCHOOL YEAR _____ GRADE _____
 LEGAL LAST NAME LEGAL FIRST NAME LEGAL MIDDLE NAME

STUDENT INFORMATION			
	PREFERRED NAME	DATE OF BIRTH	PLACE/TOWN/STATE/COUNTRY
STUDENT RESIDENCE			GENDER: M F

Both Parts **MUST** be answered

Part 1: Ethnicity (choose one) <input type="checkbox"/> Hispanic/Latino – A person who is Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. <input type="checkbox"/> Not Hispanic/Latino	Part 2: Race (Choose one of more regardless of Ethnicity) <input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North, South and Central America). <input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, South East Asia, or the Indian subcontinent). <input type="checkbox"/> Black or African American (A person having origins in Africa). <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person origins in Hawaii, Guam, Samoa, or other Pacific Islands). <input type="checkbox"/> White (A person having origins in Europe, Middle East, or North Africa).
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Student Primary Home Language

1.	What is the primary language used in the home regardless of the language spoke by the student?
2.	What is the language most often spoken by the student?
3.	What is the language that the student first acquired?

PARENT/GUARDIAN INFORMATION	RELATIONSHIP (circle one)			TITLE		LAST NAME	FIRST NAME
	Father	Mother		Mr.	Mrs.		
	Stepfather	Stepmother		Dr.	Ms.		
	Guardian	Other	Foster				

	PLEASE CIRCLE			PLEASE CIRCLE	
Legal Custody?	YES	NO	Student Resides Here?	YES	NO
Ok to Pick-up?	YES	NO	Contact Allowed?	YES	NO
Should Receive School Mail?	YES	NO	Person Responsible for Student?	YES	NO

MAILING ADDRESS (Please include city)			LOCATIONAL ADDRESS (Please include city)		
HOME PHONE	EMPLOYER	WORK PHONE	OTHER PHONE		

PARENT/GUARDIAN INFORMATION	RELATIONSHIP (circle one)			TITLE		LAST NAME	FIRST NAME
	Father	Mother		Mr.	Mrs.		
	Stepfather	Stepmother		Dr.	Ms.		
	Guardian	Other	Foster				

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Ok to Pick-up?	YES	NO	Contact Allowed?	YES	NO
Should Receive School Mail?	YES	NO	Person Responsible for Student?	YES	NO

MAILING ADDRESS (Please include city)			LOCATIONAL ADDRESS (Please include city)		
HOME PHONE	EMPLOYER	WORK PHONE	OTHER PHONE		

BC First Enrollment _____
 IMM Residency Teacher/Grade _____ FERPA _____

HEBER-OVERGAARD UNIFIED SCHOOL DISTRICT NO. 6 STUDENT REGISTRATION

Has the student ever attended a school in this District? Y N If Yes, which school? Date Withdrawn		Has the student ever been enrolled in a Special Education Program or does the student have any handicapping condition that would affect performance in a regular program? If Yes, please explain	Y N
Special Custody Considerations:	Paperwork? Y N	Does your child have a current 504 Accommodation Plan?	Y N
		Does your child have a current IEP?	Y N
Please indicate if your child has been enrolled in any of the following: <input type="checkbox"/> Chapter I <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Resource <input type="checkbox"/> Gifted			

To the best of my knowledge, the information I have provided on this form is accurate and true. I hereby certify that I am the parent (with legal custody, if separated or divorced) or legal guardian of my student:

_____ Print Student Name

Signature of Parent/Guardian	Date
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Student Residency – The McKinney-Vento Homeless Education Assistance Improvement Act 42 U.S.C. 11435

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship?
 Yes No

If YES, Please fill out supplemental form

Domicilio del estudiante – Ley: Act 42 U.S.C. 11435: McKinney-Vento (información sobre estudiantes que no tienen domicilio.)

1. ¿Su dirección actual es temporánea? Sí No
2. ¿Es esta situación temporánea por pérdida de su casa o por otra dificultad económica? Sí No
 Si responde que "Sí", hay que llenar otra forma para proveer más información. Gracias.

**Section 504 of the Rehabilitation Act and Americans with Disabilities Act
Notice of Nondiscrimination**

Applicants for admission and employment, students, parents, persons with disabilities, employees, and all unions or professional organizations holding collective bargaining or professional agreements with the Heber-Overgaard Unified School District are hereby notified that this district does not discriminate on the basis of race, sex, color, national origin, age, or disability in admission or access to, or treatment or employment in, its programs and activities.

Any person having inquiries concerning the district's compliance with the regulations implementing Title VI, Title IX, the Americans with disabilities Act (ADA) or Section 504 is directed to contact the following individual who has been designated by the school to coordinate efforts to comply with the regulations regarding nondiscrimination:

Name: Ron Tenney
 Title: Superintendent
 Phone: 928-535-4622 x 0

STUDENT CONTACT INFORMATION SHEET SCHOOL YEAR _____ GRADE _____

STUDENT NAME			
PARENTS' NAME(S)			
MAILING ADDRESS			
STREET ADDRESS			
HOME PHONE			
DAD'S WORK			PHONE:
MOM'S WORK			PHONE:

LAST NAME		FIRST NAME	
EMERGENCY CONTACT 1			
RELATIONSHIP (circle one) 1		PLEASE CIRCLE	PHONE
Grandma	Grandpa	OK to Pick-up? YES NO	
Aunt	Uncle		
Neighbor	Friend Other		

LAST NAME		FIRST NAME	
EMERGENCY CONTACT 2			
RELATIONSHIP (circle one) 2		PLEASE CIRCLE	PHONE
Grandma	Grandpa	OK to Pick-up? YES NO	
Aunt	Uncle		
Neighbor	Friend Other		

MEDICAL INFORMATION-EMERGENCY TREATMENT

STUDENT NAME	DOB	GRADE
Current Medical Condition		
Known Allergies: Medical/Food/Seasonal, etc		
List Any Daily Medications:		
Child's Physician:		Phone:

I give permission for my child _____ to be transported in case of emergency and to be medically treated if I am unable to be contacted.

Parent/Guardian

Phone

Date

Dear Parents,

Keeping you informed is a top priority at the Heber-Overgaard School District. That's why we have adopted an ALERT notification which will allow us to send a telephone or email message to you providing important information about school events or emergencies. We anticipate using the system to notify you of school delays or cancellations due to inclement weather, as well as remind you about various events, including report card distribution, parent-teacher conferences, open house, field trips, and more. In the event of an emergency at school, you can have peace of mind knowing that you will be informed immediately by phone.

What you need to know about receiving calls sent through the Alert System:

- ❖ Caller ID will display the school's main number when general announcement is delivered.
- ❖ A message will be left on your answering machine or voicemail.
- ❖ If the message stops playing, press any key 1-9 and the message will replay from the beginning.

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone number and email address. If this information changes during the year, please let us know immediately.

ADDITIONAL PHONE CONTACTS (you don't need to put down what you already have in the packet),

Student Name _____ Grade _____

Name	Phone Number	OK to pick up
		YES NO
		YES NO
		YES NO
		YES NO
		YES NO
Email Address		
Text message to your Cell*		
Phone Carrier		
Parent Signature		

*District not responsible for text charges

HEBER-OVERGAARD UNIFIED SCHOOL DISTRICT #6
Acceptable Internet Resource Use Policy

The School District specifically denies any responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information service (EIS) is used and bears the risk of reliance on the information obtained. I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information.

Student or Employee Signature

Name (Print) _____

Signature _____ Date _____
(Student or Employee)

School _____

If a student: Grade _____ Teacher _____ Class _____ Period _____

Note that this agreement applies to both students and employees.

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will upload this agreement.

Parent or Guardian Cosigner

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials and I will not hold the District responsible for materials acquired by use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a School District administrator. Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement. I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Parent or Guardian Name _____
(Printed)

Signature _____

For Technology Department Use Only

Assigned User Name _____ Password _____

Needs E-mail? Yes No

Account created on _____ / _____ / _____ Phone # _____

HEBER-OVERGAARD UNIFIED SCHOOL DISTRICT #6

NOTIFICATION BY PARENTS OF PUPIL'S ABSENCE FROM SCHOOL (ARS 15-807)

According to Arizona Revised Statutes 15-807, it is the responsibility of the parent/guardian to notify the school in which the pupil is enrolled prior to or at the time of any absence of the pupil.

If the student is not in attendance at school and the school has not been notified, reasonable effort will be made to contact parents/guardian by phone.

By law, the School District is required to ask for a telephone number where either parent can be contacted for purposes of attendance and that the school be notified promptly of any change in telephone numbers.

Parent/Guardian

Date

Phone

EMERGENCY SCHOOL CLOSINGS

Occasionally, it will be necessary to close school because of excessive illness or extreme bad weather conditions, etc. When such occurs, word will be disseminated as quickly as possible through our ALERT system, the available media, including the radio stations in Show Low and Holbrook. If possible, information will be sent home in writing in advance of such closing.

Should the emergency be declared after school has begun for the day, students will be transported to their regular bus drop areas, unless specifically requested otherwise by the parents. Parental approval to remain with another family, etc. must be in writing and in the student's folder.

Please provide the following information:

Should an emergency occur, and school is dismissed early, and students have already been transported to the schools, my child, _____, is hereby authorized to:

{ } Go directly home as he/she would on any other day.

{ } Go to the home of _____
Name

Address

Phone

{ } Remain at the school until picked up by parents, but not later than 5:00pm on the date of the emergency.

Signature of Parent/Guardian

Date

Daytime Phone



State of Arizona
 Department of Education
 Office of English Language Acquisition Services

**PRIMARY HOME LANGUAGE OTHER THAN ENGLISH (PHLOTE)
 HOME LANGUAGE SURVEY**

(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1),(2)(a-c)

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

 Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language

1535 West Jefferson Street, Phoenix, Arizona 85007 * 602-542-0753 * www.azed.gov/oelas

HEBER-OVERGAARD UNIFIED SCHOOL DISTRICT #6

PARENTAL NOTIFICATION AND CONSENT FORM

School Year

AZELLA Testing, Placement into an English Language Learner Program

To the Parent/Guardian of: _____ SAIS ID _____

Since you have indicated that English is not the primary language in your home, we are requesting your consent to test your student with the state of Arizona's English Language Learner (ELL) recommended test. The AZELLA (Arizona English Language Learner Assessment), and for possible placement into an ELL program within our district. The AZELLA will measure your student's English proficiency in the following areas: listening, speaking, reading, writing, and writing conventions.

Your student's English proficiency will fall under one of five labels:

- Pre-Emergent
- Emergent
- Basic
- Intermediate
- Proficient

No special placement will be necessary if your student tests proficient; if your student tests as an intermediate, basic, emergent, or pre-emergent English Language Learner, your child will be placed into a Structured English Immersion Program. This program is designed to adjust instruction according to your individual student's identified strengths and weaknesses, and assist limited English speaking students in becoming proficient in making a full transition into mainstream classrooms.

I give permission to have my student tested using the AZELLA.

Signature of Parent or Legal Guardian

Date

ADMISSION OF RESIDENT STUDENTS

ARIZONA RESIDENCY DOCUMENTATION FORM

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

_____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration

_____ Valid Arizona Address Confidentiality Program (ACP) authorization card

_____ Real estate deed or mortgage documents

_____ Property tax bill

_____ Residential lease or rental agreement

_____ Water, electric, gas, cable, or phone bill

_____ Bank or credit card statement

_____ W-2 wage statement

_____ Payroll stub

_____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona

_____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

_____ Temporary on-base billeting facility (for military families)

_____ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit. (JFAA-EB)

Signature of Parent/Legal Guardian

Date

ADMISSION OF RESIDENT STUDENTS
STATE OF ARIZONA AFFIDAVIT OF SHARED RESIDENCE

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____, swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program (ACP) authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of Navajo

The foregoing was acknowledged before me this ____ day of _____, 20____.

By _____

My Commission Expires _____

Notary Public

HEBER-OVERGAARD UNIFIED SCHOOL DISTRICT #6

MEDIA RELEASE FORM

We need students and parent permission to use a person's photograph, voice, and/or name in various social media projects. We will be highlighting teachers, staff, students, events, and other activities on our Face Book page, Twitter, and Instagram. Please read the following, then date and sign where indicated. Thank You

Please initial next to your choice:

_____ **Yes- I consent.** I grant permission for my child to participate and appear in video or audio recordings, films, photographs, written articles, or on websites and social media sites. This consent includes the use and editing of my child's image, voice and name in media projects by the Heber-Overgaard School District to print, broadcast, or Internet, media outlets, such as newspaper, radio and television stations and news websites. In consideration of the opportunity for my child to participate, I release the Heber-Overgaard School District, including its employees and contractors, from all claims resulting from the use and editing of my child's image, voice, or name, and the use, sale, editing and release to media outlets.

_____ **No- I do not consent** to Heber-Overgaard School District to use of my child's photograph, voice and/or name in various media projects.

Your selection remains valid for all media projects occurring during the school year in which this form is signed. You may change your selection at any time by completing a new form at your school.

Date: _____
(Day, Month, Year)

Student Name: _____

Parent or legal guardian signature is required if the participant is under 18 years of age.

Parent or legal guardian name: _____

CORPORAL PUNISHMENT PERMISSION FORM

Heber-Overgaard Unified School District #6 policy JKA, allows the use of corporal punishment. Regulation JKA-R reads as follows:

Corporal Punishment

In determining whether to use corporal punishment, the following considerations should be taken into account: the seriousness of the offense, the attitude and past behavior of the student, the age and strength, the student, and the availability of equally effective nonphysical means of discipline.

Corporal punishment may not be administered for academic deficiency or conduct not related to the school.

Corporal punishment must be approved by the school administrator. Corporal punishment may be administered by the school administrator or by educationally certified employees designated by the school administrator. One adult employee of the school shall be present to witness the spanking.

There must be at least 30 minutes lapse time between the referral and the decision to and administration of corporal punishment.

Parental/Guardian permission slips approving corporal punishment must be on file prior to administering corporal punishment. A parent/guardian of the student shall be notified prior to administering corporal punishment and will be invited to witness the administration of the punishment.

Corporal punishment will be administered by spanking the buttocks, no more than (3) times, of a student with a flat-surfaced paddle that will cause no more than temporary pain and not inflict permanent damage to the body. No other form of corporal punishment is authorized.

I have read regulation JKA-R and understand that I have the right to choose whether or not corporal punishment may be used in disciplining my child(ren).

{ } I hereby **authorize** the use of corporal punishment under the conditions outlined in regulation JKA-R for the following children:

{ } I **do not** wish for corporal punishment to be administered to the following children:

Signature of Parent/Guardian

Date

Daytime Phone

This authorization is valid as long as said child(ren) are attending Heber-Overgaard School District. It may be revoked at any time by submitting a new form to the appropriate school official(s).

MOUNTAIN MEADOWS PRIMARY

DATE: _____

PREVIOUS SCHOOL: _____

PHONE: _____

FAX: _____

REQUEST FOR AND RELEASE OF INFORMATION

STUDENT: _____

BIRTHDATE: _____

GRADE: _____

- Please send the following information:
- Arizona SAIS number (If Arizona school)
 - Grade records through withdrawal date
 - Last Report Card
 - Explanation of your grading system
 - Record of Immunizations
 - Copy of Birth Certificate
 - Standardized test records
 - Discipline Records
 - Special Education Records, including IEP

Send records to:
Mountain Meadows Primary
Atten: Elwanda Reidhead
PO BOX 40
Overgaard, Arizona 85933
Phone (928) 535-4622 x 4000
Fax (928) 535-5146
elwanda.reidhead@h-oschools.org

I acknowledge notification of this transfer of records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a non-school third party without my consent.

Signature of Parent/Guardian

Date

HEBER-OVERGAARD UNIFIED SCHOOL DISTRICT #6

Notification of Rights under FERPA

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days of the day the school receives a request for access.

Parents or eligible students should submit to the School Principal a written request that identifies the records they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the school to amend a record should write the School Principal, clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School board; a person or company with whom the school has contracted as its agent to provide a service instead of using its own employees or officials (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the school discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.

4. The right to consent to disclosure of directory information;

Information contained in an education record of a student that generally would not be considered harmful or an invasion of privacy if disclosed. It includes, but is not limited to, the student's name, address, telephone listing, electronic mail address, photograph, date and place of birth, gender, dates of attendance, grade level, enrollment, participation in officially recognized activities and sports, weight and height of members of athletic teams, honors and awards received, and most recent education agency or institution attended.

A student may request that all or a portion of this information not be released by filing a written request to that effect with the school office. Requests to withhold directory information must be filed annually with the school office.

5. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School District to comply with the requirements of FERPA. The name and address of the office administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5920



*Office of the Assistant Director
Public Health Prevention Services*

150 N. 18th Ave, Suite 320 Doug Ducey, Governor
Phoenix, Arizona 85007
(602) 542-1866 ----- FAX (602) 364-1494

Dental decay is present in about 95% of Arizona's population. Recent surveys conducted on Arizona school children indicate that 66% of the children examined had experienced dental decay, also known as cavities.

While community water fluoridation and fluoride treatments received at a dental office are of great value, the additional regular routine of weekly mouth rinsing has proven to be effective. This mouth rinse program, endorsed by the American Dental Association, has been tested and proven to be effective in preventing tooth decay. In a three-year study conducted in Arizona schools, participants in the program were found to have 50% less cavities than non-participants. The mouth rinse does not, however, take the place of regular dental check-ups, treatment, or proper home care.

If your child has grown up in a community whose water supply is optimally fluoridated (0.7-1.0 parts per million) and has had no dental decay, they may not need to participate in this program. If you do not know the fluoride content of your drinking water, contact your local water company.

Children in the program rinse their mouths once a week in the classroom under the supervision of their teacher, school nurse, or parent volunteer. We are sure you can appreciate the importance of this program. We encourage you to allow your child(ren) to take advantage of this opportunity. Please fill out the form below and return it to your child's teacher promptly.

_____ I want my child to participate in the fluoride mouth rinse program until she or he ages out of the program. I understand I may withdraw this permission at any time by notifying the school office in writing.

_____ I do not want my child to participate in the fluoride mouth rinse program.

Child's Name _____ Age _____ Grade _____

School's Name _____ Teacher _____

Signature of Parent or Guardian _____ Date _____

This form should be filed with the student's permanent record and kept until he/she ages out of the program.
Leadership for a Healthy Arizona

PARENT/GUARDIAN CONSENT FOR
OVER THE COUNTER AND NON PRESCRIPTION
MEDICATION ADMINISTRATION DURING SCHOOL HOURS

Dear Parent/Guardian:

There are certain procedures to be followed should it be necessary for our child to be given over the counter medications during school hours. Please review and sign this document and return it to the school as soon as possible.

ADMINISTRATION OF NON PRESCRIPTION MEDICATION:

Non prescription medications or over the counter medications (such as Tylenol or Cough Drops) may be administered to students who have written permission from parent/guardian.

**Homeopathic and naturopathic medications will not be administered at school.
Homeopathic and naturopathic remedies are not FDA approved for use and are therefore not considered for use as over the counter medications.**

A Parent/Guardian consent for permission to administer Over the Counter Medications must be signed and on file with the school nurse. Non prescription medications will be given in a dosage consistent with the child's weight and/or age as indicated on the medication package.

I have read and understand the above and I request that designated school personnel assist my child, _____, by administering him/her the over the counter medications he/she needs.

PARENT/GUARDIAN'S PERMISSION:

Signature of Parent/Guardian

Printed Name

Date

MOUNTAIN MEADOWS PRIMARY
PARENT/GUARDIAN CONSENT FOR EMERGENCY TREATMENT

As the parent/guardian of _____, I grant permission
Student's Name

for the school district to provide emergency treatment, transport to an emergency medical facility, and render emergency services to said minor, which may be necessary under the general

or specific direction of Dr. _____, who can be reached at
Physician's Name

_____, or by any emergency medical facility physician.
Physician's Phone Number

I also give permission for my child to be transported by any available emergency medical transport to the nearest medical facility for emergency care and treatment.

PARENT/GUARDIAN PERMISSION:

Signature of Parent/Guardian

Printed Name

Date