

## SUMNER COUNTY SCHOOLS STUDENT HEALTH INFORMATION FORM School Year 2018-19

Dear Parents/Guardians: Please complete the following information, **FRONT & BACK**, and return it as soon as possible. This information will only be shared with the necessary school personnel to maintain and promote the student's health/wellbeing.

Student Name: \_\_\_\_\_ Sex: Male / Female Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom or 1<sup>st</sup> Period Teacher: \_\_\_\_\_

School attended last year: \_\_\_\_\_

Student is a: Bus rider \_\_\_\_\_ (Bus number-AM \_\_\_\_\_ PM \_\_\_\_\_) Car rider \_\_\_\_\_ Drives \_\_\_\_\_ Other \_\_\_\_\_

Parents/guardians are responsible for providing ALL medications, including over-the-counter (OTC) medicines, for their children. All medications must be delivered to the school in person by the parent, guardian, or parent/guardian's adult designee.

If your child PRESENTLY HAS OR HAD, **IN THE LAST 2 YEARS ONLY**, any of the problems listed below, check "Yes" beside the health problem and explain in the space provided:

Disease/Condition	Yes	No	Please explain/elaborate here:
Diabetes			If yes, Type I or Type II? (please circle) Any medications?
Heart Problems			
Kidney or Urinary Problems			
Asthma (in last 2 years)			Is a rescue inhaler used? Y / N Other medications?
Psychological Concerns			If yes, please list current medications:
Stomach/Intestinal Problems			
Seizure Disorder			Type: _____ Date of last seizure: _____ Medications: _____
			Is Diastat prescribed? Y / N Has it ever been given? Y / N Date last given: _____
<b>Life-Threatening Allergies</b>			To what?
			Is an EpiPen® prescribed? Y / N Has it ever been used? Y / N Date last used: _____
			Is Benadryl given with the EpiPen®? Y / N
List All Other Known Allergies (i.e. Meds, Foods, Nuts, Bee Stings, etc.):			
Other Health Concerns:			

Does your child have a physical or mental impairment that significantly limits one or more major life activities? Y / N If Yes, please explain: \_\_\_\_\_

Does your child take medication regularly not listed above? Y / N If Yes, what? \_\_\_\_\_

Student's primary doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's dentist/orthodontist (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

**Your signature is an informed consent to share health history information with school staff on a need-to-know basis for emergency plans & health plans. Student health information, within the school setting, is limited to the information necessary to serve the student's education and health interests. Your signature gives the school nurse permission to communicate with your student's health care provider(s) regarding health concerns.**

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work/Ext: \_\_\_\_\_

Parent e-mail address(es): \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

SUMNER COUNTY SCHOOLS  
MEDICATION ADMINISTRATION PROTOCOL

**NEVER SEND MEDICINE OF ANY TYPE TO SCHOOL WITH YOUR CHILD.** Only medications required to maintain student's attendance will be given. All students must have prescription and non-prescription forms completed before the school can administer medication to the student. **Over the counter/non-prescription medications will be given according to package directions only**, unless accompanied by a physician's order with alternate directions. All prescription medications require physician and parent signature. The pharmacy label **MUST** match the physician's written order. Non-prescription medications require a parent's signature only and must be sent in a sealed, unopened bottle. **No Ziploc baggies, unlabeled bottles, or expired medications will be accepted.**

**\*Please note; alternative medicines and/or treatments such as herbal supplements, homeopathic medicines, vitamins, salves, nutritional supplements, essential oils and any other products that are not generally considered part of conventional medicine, regulated by the FDA, will not be administered at school. The actions and potential side effects of these products are not readily available to health care providers and cannot be safely administered by school staff.\***

- ◆ Morning & 1-time a day medications should be given at home. This includes over-the-counter medications, such as Advil & Tylenol.
- ◆ Antibiotics ordered **less than 4 times** a day will not be given during school hours.
- ◆ Narcotics will not routinely be given during school hours.
- ◆ A new medication form must be completed each school year. This includes insulin and emergency medication orders.
- ◆ Medication guidelines for Sumner County Schools does not allow aspirin or products containing aspirin to be given without a doctor's order (BC Powder, Pamprin, Excedrin Migraine, Bayer Aspirin, Midol, Goody's Powder, Pepto-Bismol, etc.). If you are not certain if a product contains aspirin, please check the list of active ingredients for "*salicylate*" or "*salicylic acid*" or consult your pharmacist.
- ◆ Any changes in medication must be accompanied by a new form with the changes noted and signed by the physician. This includes discontinuing a daily medication.
- ◆ All unused medication will only be returned to the parent/guardian/parent's adult designee. If medication is not picked up within two weeks of the request being made, or the medication being discontinued **the medication will be discarded**. No medication will be stored over the summer; medications left at the end of the school year will be discarded after dismissal on the last full day of instruction.
- ◆ No student should ever transport or possess medications on school property, aside from emergency medications permitted by state law & physician order (i.e. EpiPen, rescue inhaler, Glucagon, CF enzymes).

I have read and understand the above information and I am aware that my child will not receive medications at school unless my designee or I bring it in. I understand that I will be notified to come to school to sign for any medication that is not brought in correctly.

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

\_\_\_\_\_  
Date

**PARENT/GUARDIAN PLEASE COMPLETE BOTH SIDES OF THIS FORM**

Nurse/Staff Notes Only: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Howard Elementary

Student Name \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Nickname \_\_\_\_\_ State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_ City of Birth \_\_\_\_\_ County of Birth \_\_\_\_\_  
 Race: White \_\_\_\_\_ American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_ Pacific Islander/Native Hawaiian \_\_\_\_\_ Check all that apply  
 Ethnicity: Hispanic \_\_\_\_\_ Not Hispanic \_\_\_\_\_  
 List sibling(s) currently attending the SCS: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_  
 School Last Attended \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Dates \_\_\_\_\_

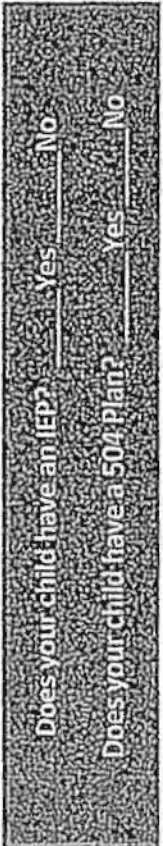
Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_ Custody Papers On File In Office? Y or N \_\_\_\_\_ Non Custodial Parent May Pick Child Up From School? Y or N \_\_\_\_\_  
 Visitation Restrictions: \_\_\_\_\_ Non Custodial Parent May Attend School Functions and Join Child For Lunch? Y or N \_\_\_\_\_  
 Please List Any Person(s) Your Child Should NEVER Be Allowed Contact With. You Must Provide A Valid No-Contact Order For Us To Deny Contact With A Non-Custodial Parent.  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Secondary \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Email \_\_\_\_\_

[ ] Primary Residential Parent [ ] Child Lives At This Address [ ] Primary Residential Parent [ ] Child Lives At This Address  
 List Persons (over 18) Who Have Permission To Sign Out & Transport Your Child If You Cannot Be Reached. Parents Are Required To Notify The School Office In Writing If Any Pick Up Information Changes  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I affirm that all information given is complete and accurate, and that the home address provided is the legal residence of the student and the student's primary custodian. I understand that the student's assignment to a school is based on the legal residence of the primary custodian.  
 Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

[ ] Car Rider AM / PM / BOTH [ ] Bus Rider AM / PM [ ] Bus # \_\_\_\_\_ / BOTH  
 [ ] \_\_\_\_\_ Daycare AM / PM / BOTH





**Sumner County Board of Education  
Acknowledgement of 2018-2019  
Important Policies for Parents and Students**

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_

School Name \_\_\_\_\_ Homeroom/1<sup>st</sup> Period teacher \_\_\_\_\_ Student ID # \_\_\_\_\_ Student Grade \_\_\_\_\_

<b>PLEASE MARK YES OR NO FOR ALL OPTIONS</b>		YES	NO
A. I am aware that the Sumner County Schools Handbook is available online at <a href="http://sumnerschools.org/studenthandbook">sumnerschools.org/studenthandbook</a> .			
B. I will read the policies included in the <b>2018-2019 Important Policies for Parents and Students Handbook</b> . I will discuss these policies with my child and explain their meaning and associated consequences.			
C. I give permission for my child's name and/or picture to be released for use in the newspaper, on television, on the school's website, or in other published media in recognition for events such as honor roll, student of the month, athletics, or other school activities.			
D. My child has permission to participate in surveys that will be used in developing system policies and strategic plans, school health programs, curriculum and initiatives, and school improvement plans. Surveys will be available for review at <a href="http://www.sumnerschools.org">www.sumnerschools.org</a> .			
E. My child has permission to participate in the hearing, vision, height, weight, blood pressure, and dental screenings.			
F. I will read the Sumner County Guidelines for Dispensing Medications at School and discuss them with my child.			
G. I will read Policy JGCC Student Communicable Diseases and Conditions in the handbook.			
H. Pursuant to TCA § 49-1-201, do you have <u>home</u> Internet connectivity?			

**FAMILY LIFE EDUCATION NOTICE**

The Family Life portion of the State Health Education Standards covers the dynamic process of growth and development encompassing physical, mental, emotional, and social maturation. Courses taught in grades 6-12 that use the family life curriculum may include but are not limited to: Health, Teen Living, Wellness, Family and Consumer Science. Parents have the right to examine the grade level instructional material. Parents should request in writing to the principal, school counselor, or instructor if they would like their student to be excluded from any portion of the family life curriculum.

**I acknowledge receipt of this notice. Parent/Guardian Initials:** \_\_\_\_\_

**COMPULSORY ATTENDANCE NOTICE**

It is the parent or guardian's duty to monitor their student's attendance and require the student to attend school. A student is subject to a juvenile court referral for a total of 5 or more unexcused absences.

**I acknowledge receipt of this notice. Parent/Guardian Initials:** \_\_\_\_\_

**MILITARY RECRUITER ACCESS TO STUDENT INFORMATION**

Parents of students in 6-12 grade have a right to request their child's name, address, and telephone number not be released to a military recruiter without their prior written consent. 20 U.S.C 7908(A)(2)

**I acknowledge receipt of this notice. Parent/Guardian Initials:** \_\_\_\_\_

**Sumner County Schools Student Internet Use Agreement**

**CONSENT OF PARENT / GUARDIAN**

As the parent or legal guardian of the student named above, I have read the Student Use Technology Resources policy and agree that my student will be bound by these terms. I understand that the school district provides filtered Internet access, but this technology may not prevent access to all inappropriate content; therefore, I agree not to hold the Sumner County Board of Education responsible for access to inappropriate online materials. I also understand that student violation of this policy may result in confiscation of personal electronic devices, suspension of technology access privileges, or other disciplinary actions up to and including suspension, expulsion, and where appropriate the involvement of appropriate law enforcement.

**Parent/Guardian Initials:** \_\_\_\_\_

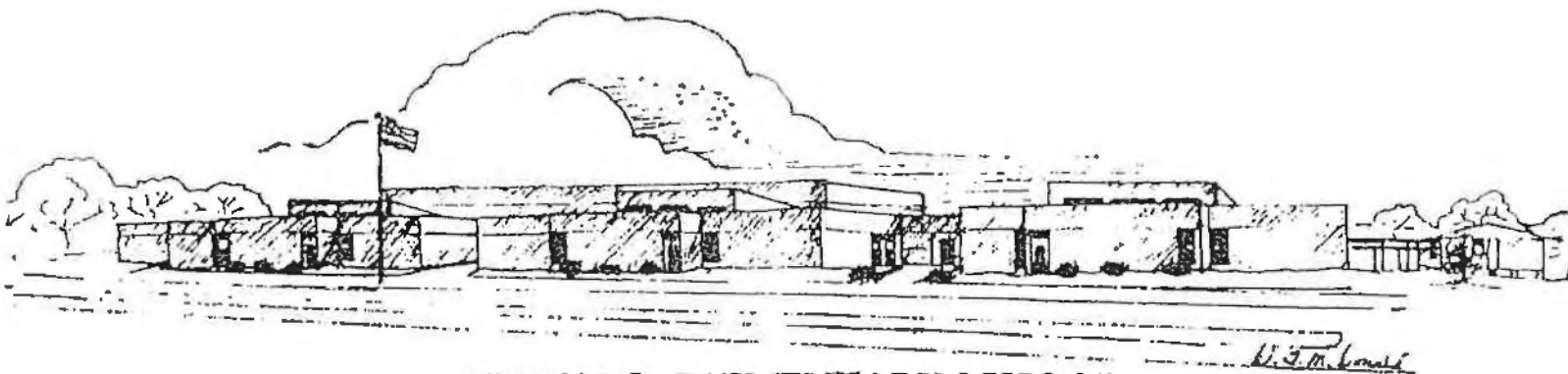
**STUDENT ACCEPTANCE OF POLICY**

As a student in the Sumner County School District, I have read and agree to comply with the Student Use of Technology Resources policy. I understand that violation of this policy may result in confiscation of personal electronic devices, suspension of technology access privileges, or other disciplinary actions up to and including suspension, expulsion, and where appropriate the involvement of appropriate law enforcement.

**Student Initials:** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_



**HOWARD ELEMENTARY SCHOOL**

805 Long Hollow Pike  
Gallatin, Tennessee 37066  
Phone: 452-3025  
Cindy Swafford, Principal

**Cell Phone/Ipad Contract**

I understand that the requested use of a cell phone/ipad is for the purpose of communication for transportation needs. My child understands that they must remain in the backpack for the duration of the day. They should only be used at the designated time specified for the purpose of transportation. Below is the progression of consequences if the cell phone/ipad is removed from the backpack and used for another purpose or during an undesignated time.

**1<sup>st</sup> Infraction** – It will be taken by the classroom teacher and returned to the student at the end of the day.

**2<sup>nd</sup> Infraction** – It will be taken from student, an office referral will occur, and the parent will be responsible for picking up the phone/Ipad in the front office.

**3<sup>rd</sup> Infraction** – It will be taken from the student, an office referral will occur, the parent will be responsible for picking up the phone/Ipad in the front office, and privileges will be revoked.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Student Signature

\*\*Howard Elementary is not responsible for lost or stolen items. \_\_\_\_\_