



## ELEMENTARY SCHOOL PACKET

\_\_\_\_\_  
To the office of the Principal of:

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

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

City, State, Zip: \_\_\_\_\_

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

We have just moved from your school district and are presently sending our child/children to the Geneseo School District. I am requesting that you send all of the school and health records, including copies of birth certificates, IEP (Individual Education Plan), 504 Plan, RTI (Response to Intervention), McKinney-Vento eligibility and psychological reports that you have accumulated for:

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

**Please send all records to:**

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

\_\_\_\_\_  
Date

## **STUDENT REGISTRATION FORM - Geneseo CUSD #228**

Student Name \_\_\_\_\_  
First Middle Last Name child prefers to be called.  
Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Birth City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Are the parents separated or divorced? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, who has custody of the student (s) \_\_\_\_\_

If joint custody, which parent provides the student's primary, regular, fixed nighttime abode?  
*That is, at which parent's residence does the student sleep on a regular basis?* \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

#### **Primary Parent(s)/Guardian(s)**

Father's Name \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_  
Step Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Grandparent \_\_\_\_\_ Foster \_\_\_\_\_  
Father's Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_  
Step Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Grandparent \_\_\_\_\_ Foster \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Mother's Address \_\_\_\_\_ *Check if same as father* \_\_\_\_\_

#### **Secondary Parent(s)/Guardian(s)**

Father's Name \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_  
Step Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Grandparent \_\_\_\_\_ Foster \_\_\_\_\_  
Father's Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_  
Step Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Grandparent \_\_\_\_\_ Foster \_\_\_\_\_  
Mother's Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

**IS THE STUDENT ELIGIBLE FOR SPECIAL EDUCATION OR OTHER SPECIAL SERVICES?** Yes \_\_\_\_\_ No \_\_\_\_\_

#### **FOSTER PARENTS:**

Does the student reside with a person(s) other than his or her natural or adoptive parents? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the relationship of this person/people to the student? \_\_\_\_\_

Does this person have legal guardianship or custody of the student? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, a copy of the guardianship or custody order is required to have on file.*

Does an Illinois public agency have legal guardianship of the student? Yes \_\_\_\_\_ No \_\_\_\_\_

Has a court ordered a residential placement for the student? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, to either of the two previous questions, please attach a copy of the court order.*

## **STUDENT REGISTRATION FORM - Geneseo CUSD #228**

What is the date your child was first enrolled in a US public school? \_\_\_\_\_  
Month and Year

**LIVING ARRANGEMENTS:** Where is the student currently living: (Check one).

- ☐ With friends or family members other than a parent or guardian  
☐ With more than one family in a house or an apartment  
☐ In a trailer park or campsite  
☐ In a shelter      ☐ In a motel      ☐ In a car/vehicle  
☐ None of the above

***If you checked "None", please go to Step B below. If you checked any other boxes, please complete both Steps A and B.***

A.) Does the living arrangement marked in Step 1 result from a loss of housing or economic hardship? Yes\_\_\_\_ No\_\_\_\_ Unsure\_\_\_\_

B.) The student lives with:

- ☐ One parent      ☐ Two parents      ☐ One parent and another adult  
☐ Alone with no parents      ☐ An adult who is not the parent or legal guardian  
☐ A relative, friend(s), or other adult(s)

Is the student currently living in the Geneseo School District? Yes\_\_\_\_ No\_\_\_\_

It is contrary to the policy of the Board of Education to admit students who do not legally reside with their parents or legal guardian within the District boundaries. School officials will use the information you provide to help establish the admission eligibility of each applicant. Falsification of information on this form, or otherwise submitted to the District, may result in your child being excluded from school and may expose you to monetary liability under Illinois law for payment of tuition for such time as your child has illegally enrolled in the District. Furthermore, any person who knowingly enrolls or attempts to enroll a non-resident student in the District or presents to the District any false information regarding the residency of a student commits a Class C misdemeanor and shall be referred to criminal prosecution.

By completing this questionnaire, you help the District comply with the McKinney-Vento Act, Title X, and Part C of the No Child Left Behind Act. Your truthful and accurate answers help the District identify services that the student may be eligible to receive.

### **Parent/Legal Guardian signature:**

I certify that I am the parent(s) or legal guardian(s) for the above-named student and that this child's residence has not been established solely for the purpose of attending Geneseo School District #228. I further certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian(s)' Signature

\_\_\_\_\_  
Date



### FAMILY ID NUMBERS

Please choose a 4-digit number to use as your family ID and write it below. This number will be used if you need to make transportation changes or if it is necessary for someone other than yourself to pick your child/children up from school. **WE WILL NOT RELEASE YOUR CHILD/CHILDREN TO ANYONE WHO IS UNABLE TO PROVIDE THIS NUMBER.**

\_\_\_\_\_



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## **SIBLINGS IN GENESEO SCHOOL DISTRICT**

Please list any siblings who are currently enrolled in the Geneseo School District:

Name of student enrolling today \_\_\_\_\_

<b><u>Sibling Name(s)</u></b>	<b><u>Grade</u></b>	<b><u>School</u></b>	<b><u>Parent/Guardian Name</u></b>	<b><u>Custody?</u></b>
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date \_\_\_\_\_



## Home Language Survey

The State of Illinois requires District 228 to collect a **Home Language Survey** for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps identify District 228 students that need to be assessed for English language proficiency.

Please answer the questions below and return survey to your child's school.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

1. Is there a language other than English spoken in daily interaction in your home?

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

If yes, what language? \_\_\_\_\_

2. Does your child speak a language other than English in your daily interaction in your home? (This does not include language learned in a classroom setting.)

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

If yes, what language? \_\_\_\_\_

If the answer to either question is yes, Illinois law requires District 228 to assess your child's English language proficiency. (The State of Illinois utilizes the W-APT screening test that measures students' social and instructional English, as well as the language associated with language arts, math, science, and social studies within the school context across the four language domains, which include reading, writing, listening, and speaking.)

### Immigration Education Report Data

3. Was your child born outside of the United States? If yes, please list country. \_\_\_\_\_

4. Has your child attended U.S. schools for less than three full academic years?

Yes \_\_\_\_\_ No \_\_\_\_\_ Date first enrolled in U.S. school \_\_\_\_\_

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

\_\_\_\_\_  
Date

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W-APT screen completed \_\_\_\_\_



## Encuesta sobre casera la lengua

El estado de Illinois requiere el Distrito 228 recoger una encuesta sobre casera la lengua para cada nuevo estudiante. Esta información se utiliza para contar a los estudiantes cuyas familias hablan una lengua con excepción de inglés en el hogar. También ayuda a identificar a los estudiantes del distrito 228 que necesitan ser determinados para el conocimiento de idiomas ingleses.

Por favor contesten las preguntas y devuelvan la encuesta a la escuela de su hijo(a).

Nombre del estudiante \_\_\_\_\_ Edad \_\_\_\_\_

La escuela \_\_\_\_\_ Nivel \_\_\_\_\_

¿Hay una lengua con excepción del inglés hablado en la interacción diaria en su hogar?

Sí \_\_\_\_\_ No \_\_\_\_\_

¿Si sí, qué lengua? \_\_\_\_\_

¿Su niño habla una lengua con excepción de inglés en su interacción diaria en su hogar? (Esto hace no incluir lengua aprendió en un ajuste de la sala de clase.)

Sí \_\_\_\_\_ No \_\_\_\_\_

¿Si sí, qué lengua? \_\_\_\_\_

Si la respuesta a cualquier pregunta está sí, la ley de Illinois requiere el distrito 228 determinar el conocimiento de idiomas ingleses de su niño. (El estado de Illinois utiliza la prueba del W-APT que mide los estudiantes sociales e inglés educacional así como la lengua asociada a artes de lengua, a matemáticas, a ciencia, y a estudios sociales dentro del contexto de la escuela a través de los cuatro dominios de la lengua que incluyen la lectura, la escritura, escuchando, y hablando.)

### Datos del informe de la educación de la inmigración

1. ¿Nació su niño afuera de los Estados Unidos? Si sí, enumere por favor el país. \_\_\_\_\_

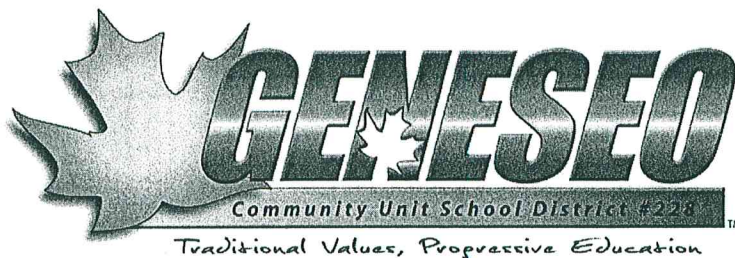
2. ¿Ha asistido su niño a las escuelas de los E.E.U.U. por menos de tres cursos académicos completos?

Sí \_\_\_\_\_ No \_\_\_\_\_ La primera fecha alistó en escuela de los E.E.U.U. \_\_\_\_\_

\_\_\_\_\_  
Firma del padre/del guarda

\_\_\_\_\_  
La Fecha

\_\_\_\_\_  
Para el uso de la oficina



Student's Name: \_\_\_\_\_  
(pre-printed by school district)

**INSTRUCTIONS:** This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

**Part A. Is this student Hispanic/Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

☐ **No, not Hispanic/Latino**

☐ **Yes, Hispanic/Latino**

*The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.*

**Part B. What is the student's race?** **Choose one or more.**

☐ **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.)

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

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

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

**Note:** Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

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

*Illinois State Board of Education, Division of Data Analysis and Progress Reporting December 2009*



# Busing Information

Student Name (First – Middle - Last) \_\_\_\_\_

NOTE: Parents/guardians of all students who are eligible to ride the bus, ***including those who are eligible but DO NOT intend to ride the bus***, MUST fill out the bus information below. To be bus eligible, the student must live 1.5 miles or more away from their assigned school. If there are any questions about eligibility, please call Geneseo Community Unit District #228 at (309) 944-0450.

Please read the note above.

IF YOUR CHILD IS NOT BUS ELIGIBLE, PLEASE CHECK THIS BOX

☐

You do not have to complete the rest of this form.

All bus route and time questions need to be directed to Pinks' Bus Service, Inc. at (309) 944-6417. Please call Pinks' prior to the start of school for your student's bus information.

## **Student's Home Information**

Parents/Guardians' Names \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Phone Number \_\_\_\_\_ Alt Phone \_\_\_\_\_

School \_\_\_\_\_ Gender \_\_\_\_\_

Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Subdivision (ex. Hazelwood 2, Richmond Hill) \_\_\_\_\_ Township \_\_\_\_\_

Bus #'s from last year    AM \_\_\_\_\_ PM \_\_\_\_\_

**Pick-Up Address** (if different from above)

**Drop-Off Address** (if different from above)

Responsible Adult \_\_\_\_\_

Responsible Adult \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

Contact # \_\_\_\_\_

Contact # \_\_\_\_\_

Notes \_\_\_\_\_

Notes \_\_\_\_\_

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AM Bus# \_\_\_\_\_

PM Bus# \_\_\_\_\_

Dwelling \_\_\_\_\_

## STUDENT HANDBOOK AND INTEGRATED PEST MANAGEMENT 2017-18

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

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

Parent/Guardian's Name: \_\_\_\_\_

The 2017-18 Student/Parent Handbook is designed to be an online document. It is understood that not all households have access to the Internet. For those families who do not have Internet access and a hard-copy of the handbook is needed, one will be provided to you upon checking the appropriate box below. **It is the responsibility of the parent or student to obtain the Student/Parent Handbook from the student's school office.**

The 2017-18 Student/Parent Handbooks may be accessed from each school's homepage. [www.geneseoschools.org](http://www.geneseoschools.org)

Please read this acknowledgment and answer the following questions.

I/We agree to access the Student/Parent Handbook through the Geneseo School District website.

View handbook on website:      Yes      No      (circle one)

I/We acknowledge that we would like a hard-copy of the Student/Parent Handbook and are responsible for picking it up in the office.

Need copy of handbook:      Yes      No      (circle one)      Received hard copy:      Yes

I/We understand that we may contact a building administrator if we have any questions about its content. I/We understand that our child/children are responsible for their actions and acknowledge the consequences explained in the discipline policy. I/We further understand that completing this acknowledgment does not necessarily indicate my/our agreement with its content.

It is impossible to identify and include every situation, action, or consequence that may occur. The policies in this handbook are guidelines, and administrators have the authority to make decisions outside of what is written in the handbook. If unique or unexpected circumstances arise, the administration is authorized to take whatever action they deem appropriate under the circumstances in the interest of the school district and the educational process.

I/We have read and understand the above information and I/we accept the handbook.

Student accepts handbook: Yes   No   Student Signature (Or Parent's Signature on behalf of student): \_\_\_\_\_

Parents accept handbook: Yes   No   Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INTEGRATED PEST MANAGEMENT POLICY

A state law requires implementation of the Integrated Pest Management approach to pest control in schools. We have implemented policies and procedures to assure that exposure to pesticides in the school environment is minimized. More information and a schedule of inspections at each building is available in the student handbook and on the Geneseo School District website.

If you would like a hard copy of the Integrated Pest Management Policy in the Geneseo School District, please contact the Unit Office at 309-945-0450. The law also requires notification to parents if chemical treatment will take place. Parents may request to be notified if there will be chemical treatment of the school building or grounds. Forms are available at the office in each school building or on the District's webpage: [www.geneseoschools.org](http://www.geneseoschools.org)

## ACKNOWLEDGMENT OF COMPUTER ACCEPTABLE USE POLICY AND PHOTO POLICY 2017-18

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

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

Parent/Guardian's Name: \_\_\_\_\_

### COMPUTER ACCEPTABLE USE POLICY

#### Student:

I understand and will abide by the Authorization for Electronic Network Access. I understand that the District and/or its agents may access and monitor my use of the Internet, including my Geneseo Schools email and downloaded material without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's electronic network connection and having access to public networks, I hereby release the School District and its School Board Members, employees, and agents from any claims and damages arising from my use of, or inability, to use the Internet.

I accept this policy. Student Signature (Or Parent's Signature on behalf of student): \_\_\_\_\_

#### Parent(s)/Guardian(s):

I understand and will abide by the AUTHORIZATION FOR ELECTRONIC NETWORK ACCESS. I understand that access is designed for educational purposes and that the Geneseo School District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict all access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents or Board members, for any harm caused by materials or software obtained via the network. I accept full responsibility if and when my child's use is not in a school setting. I have discussed the terms of this Authorization with my child. I hereby request that my child be allowed access to the District's Internet. You may access the Geneseo School Board Policies at:

<http://www.dist228.org/PDF%20Board/6235.pdf> and <http://www.dist228.org/PDF%20Board/6235e2.pdf>

I accept this policy. Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### USING A PHOTOGRAPH OR VIDEO RECORDING OF A STUDENT

#### Pictures of Unnamed Students

Students may occasionally appear in photographs and video recordings taken by school staff members, other students, or other individuals authorized by the Building Principal. The school may use these pictures, without identifying the student, in various publications, including the school yearbook, school newspaper, and school website. No consent or notice is needed or will be given before the school uses pictures of unnamed students taken while they are at school or a school related activity.

#### Pictures of Named Students

Sometimes the school may want to identify a student in a school picture. For example, school officials want to acknowledge those students who participate in a school activity or deserve special recognition. In order for the school to publish a picture with a student identified by name, one of the student's parents or guardians must give consent. I grant consent to the School District to identify a picture of my child, by full name and/or the school he or she attends, in any school sponsored material, publications, video recording, or website. This consent is valid for the entire time my child is enrolled in the District. I may revoke this consent at any time by notifying the Building Principal.

I grant consent:      Yes              No              (circle one)              Parent/Guardian Signature: \_\_\_\_\_

#### Pictures of Students Taken by Non-School Agencies

While the school limits access to school buildings by outside photographers, it has no control over news media or other entities that may publish a picture of a named or unnamed student. School staff members will not, however, identify a student for an outside photographer.

## ELEMENTARY PARENT PERMISSION FORM AND SURVEY QUESTIONS 2017-18

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

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

Parent/Guardian's Name: \_\_\_\_\_

### School Trips

I certify that the student named above may go with a District employee(s) on walking field trips within the District boundaries, and has my permission to be transported by a District employee or a contracted transportation provider under District supervision for all school related trips. This authorization will be for the entire 2017-2018 school year.

School Trip Permission:            Yes                      No                      (circle one)

### Medical Information Release

Any medical information provided will be shared with district staff on a need to know basis unless we receive a written request that information not be shared.

The undersigned parent/guardian of the above named student authorizes Geneseo CUSD #228 school personnel to obtain emergency medical care for him/her in the event that such care is needed during the school day. If possible, the parent/guardian of the named individual will be contacted in the event of an emergency. Permission is hereby granted to the licensed physician or accredited hospital and their associates to perform any emergency medical and/or major surgical procedures that are deemed essential to the above named individual.

Medical Release:            Yes                      No                      (circle one)

### Military Questionnaire

The student's Legal Guardian is a member of the Armed Forces or Full-time National Guard on active duty.                      Yes                      No                      (circle one)

"Armed Forces" means the Army, Navy, Air Force, Marine Corps, and Coast Guard.

"Active duty" means full-time duty in the active military service of the United States, including full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned. Such term does not include full-time National Guard duty.

"Full-time National Guard duty" means training or other duty, other than inactive duty, performed by a member of the Army National Guard of the United States or the Air National Guard of the United States in the member's status as a member of the National Guard of a State or territory, the Commonwealth of Puerto Rico, or the District of Columbia under section 316, 502, 503, 504, or 505 of title 32 for which the member is entitled to pay from the United States or for which the member has waived pay from the United States.

## Consent for Phone Calls Using SchoolMessenger 2017-18

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

Due to FCC Regulations, Geneseo CUSD #228 is required to have parents opt-in to phone calls from the district that use SchoolMessenger automated dialing system. Please select YES next to the phone numbers we can call through the automated phone system.

Emergency phone calls will still be made to all phone numbers we have in the system for your child even if you do not opt-in for that number.

REMEMBER: If you do not allow automated phone calls from the school district you will not receive notifications of early dismissals, cancellations, or informational messages.

Family 1 Guardian 1 Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ I grant consent for Home Phone:      Yes      No      (circle one)

Family 1 Guardian 1 Cell Phone: \_\_\_\_\_ I grant consent for Cell #1:      Yes      No      (circle one)

Family 1 Guardian 2 Name: \_\_\_\_\_

Family 1 Guardian 2 Cell Phone: \_\_\_\_\_ I grant consent for Cell #2:      Yes      No      (circle one)

**By selecting YES, I give permission to be contacted using our school's automated notification systems for the selected phone numbers.**

**I UNDERSTAND IF I SELECT NO, I WILL NO LONGER RECEIVE GENERAL CALLS FROM THE DISTRICT OR MY CHILD'S SCHOOL.**

## STUDENT EMERGENCY HEALTH INFORMATION

STUDENT: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

Please make note of any medically documented health concerns your child may have.

### HEALTH CONDITION

### CURRENT TREATMENT

- ☐ ADD \_\_\_\_\_
- ☐ ADHD \_\_\_\_\_
- ☐ Allergies    ☐ Food: \_\_\_\_\_  
                  ☐ Medication \_\_\_\_\_  
                  ☐ Seasonal \_\_\_\_\_
- ☐ Asthma \_\_\_\_\_
- ☐ Diabetes \_\_\_\_\_
- ☐ Hearing/Vision Impairment \_\_\_\_\_
- ☐ Heart Disease \_\_\_\_\_
- ☐ Orthopedic \_\_\_\_\_
- ☐ Psychological/Social Disorder \_\_\_\_\_
- ☐ Seizure \_\_\_\_\_
- ☐ Other \_\_\_\_\_

### EMERGENCY AND MEDICAL CONTACT INFORMATION :

***Any additional emergency contacts OTHER THAN THE PARENTS may be listed here***

- Primary Emergency Contact Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Primary Contact Main Phone \_\_\_\_\_ Primary Contact Work Phone \_\_\_\_\_
- Secondary Emergency Contact Name: \_\_\_\_\_  
Secondary Contact Relationship: \_\_\_\_\_  
Secondary Contact Main Phone: \_\_\_\_\_ Secondary Contact Work Phone: \_\_\_\_\_
- Physician Name and Phone: \_\_\_\_\_
- Dentist Name and Phone: \_\_\_\_\_
- Hospital: \_\_\_\_\_
- Insurance Company: \_\_\_\_\_
- Policy/Group Number: \_\_\_\_\_

### MEDICAL EMERGENCY TREATMENT CONSENT

The undersigned parent/guardian of \_\_\_\_\_ authorizes Geneseo District #228 school personnel to obtain emergency medical care for him/her in the event that such care is needed. If possible, the parent/guardian of the named individual will be contacted in the event of an emergency. Permission is hereby granted to the licensed physician or accredited hospital and their associates to perform any emergency medical and/or major surgical procedures that are deemed essential to the above named individual.

\_\_\_\_\_  
PARENT'S/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE