



MIDDLE 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:

GENESEO MIDDLE SCHOOL

333 E. OGDEN AVE.

GENESEO, IL 61254

phone: 309-945-0599

fax: 309-945-0580

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



SIBLINGS IN GENESEO SCHOOL DISTRICT

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

Name of student enrolling today _____

<u>Sibling Name(s)</u>	<u>Grade</u>	<u>School</u>	<u>Parent/Guardian Name</u>	<u>Custody?</u>
_____	_____	_____	_____	<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

For Office Use Only

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: _____

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 _____

For Office Use Only

AM Bus# _____

PM Bus# _____

Dwelling _____

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.

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

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

GENESEO MIDDLE SCHOOL 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)

Parent/Guardian Signature: _____

Date: _____

All High School students must submit to the Front High School Office the Authorization for Medical Treatment on Form 7:300E3 with a parent/guardian signature prior to the first day of school or the first day of practice, whichever comes first.

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.

GENESEO MIDDLE SCHOOL EXTRA-CURRICULAR PERMISSION FORM - ALL ACTIVITIES 2017-18

Student's Name: _____

Student's Grade: _____

Parent/Guardian's Name: _____

EXTRACURRICULAR ACTIVITY PERMISSION FORM - ALL ACTIVITIES MIDDLE SCHOOL

I have read the requirements and insurance information and give my permission for my son/daughter named above to play/practice/participate in extracurricular activities at Geneseo Middle School for the 2017-18 school year. I have read the disclosures concerning student accident insurance, and I understand that Geneseo CUSD #228 does provide limited accident insurance at no cost to parents. I am aware that playing in or practicing for any sport or extracurricular activity can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing and/or practicing in athletic/other extracurricular activities include, but are not limited to, death, brain damage, serious neck and spinal injuries, which may result in complete or partial paralysis, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and all other aspects of the musculoskeletal system. I understand that the Board of Education does not assume responsibilities for injuries sustained in practice or games. All student athletes are required to report injuries to the coach and the school nurse.

These forms will be distributed to students prior to practice or participation. Authorization for Medical Treatment 7:300-E3 MUST be signed and returned to their COACH or ACTIVITY SPONSOR prior to practice/participation in any sport or extracurricular activity.

By signing below, I give my permission for my son/daughter to play and/or practice in athletic/other extracurricular activities in 2017-18. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees and for all members of my family. In the event of an injury or accident, my son/daughter may receive immediate medical attention by the District's athletic trainer, health aide, or the nearest hospital if that care is deemed advisable.

Parent/Guardian Signature: _____

Date: _____

Student Athlete Concussions and Head Injuries

District 228 takes concussions and head injuries very seriously. Student safety is a top priority. District 228 complies with the concussion protocols, policies, and by-laws of the Illinois High School Association, including its Protocol for NFHS Concussion Playing Rules and Return to Play Policy.

Protocol for NFHS Concussion Playing Rules and Return to Play Policy

- a) A student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion in a practice or game shall be removed from participation or competition at that time.
- b) A student athlete who has been removed from an interscholastic practice or contest/event for a possible concussion or head injury may not return to that practice or contest/event unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer.
- c) If not cleared to return to that practice or contest/event, a student athlete may not return to play or practice until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branch in Illinois or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois.

Have you read and understand the Protocol for NFHS Concussion Playing Rules and Return to Play Policy?

I have read the above policy:

Parent/Guardian Signature: _____

Date: _____

GENESE0 MIDDLE SCHOOL ACTIVITY CODE OF CONDUCT ACKNOWLEDGEMENT FOR 2017-18

Student's Name: _____

Student's Grade: _____

Parent/Guardian's Name: _____

Student activities are separate from the regular school program. Extracurricular activities are privileges extended by the district to students who wish to participate and who agree to comply with the rules and regulations established for the respective activity. Compliance allows for ongoing participation in the particular activity. Failure to comply with the rules and regulations shall result in appropriate sanctions as listed in the Activity Code of Conduct, which may be found in the current issue of the Student Handbook. Because activities are regarded as privileges and not property interests of the students, only those procedural and substantiated considerations as provided for within this handbook shall be afforded to students when a disciplinary sanction must be considered. We hereby acknowledge that we have read the Activity Code of Conduct and agree to adhere to the Code while participating in activities at Geneseo Middle School. Students who participate in activities are ambassadors of the school and the community; therefore when they choose to participate in an activity, the expectations of the students will be higher, both while in school and out of school on a year-round basis. We may speak with a school administrator at any time regarding questions about the Code.

By signing below, the above named student and guardian acknowledge that they have read the Activity Code of Conduct and agree to adhere to the code while participating in activities at Geneseo Middle School during the 2017-18 school year.

Student Signature (Or Parent's Signature on behalf of student): _____

Parent/Guardian Signature: _____

Date: _____

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.

Students**Exhibit – Authorization for Medical Treatment**

This form contains critical information that may be used in the event of an emergency and a parent/guardian cannot be reached. Please review the information listed below for your child. Please correct any information that needs to be updated, as well as list any new medical information that is not listed below for your child. Please sign and return this form to the high school front office. This form is required from all high school students, regardless of whether or not he/she participates in athletics/activities. For those students participating in a summer sport/activity, the form needs to be turned in prior to participating in that sport/activity. All other students must turn in the form no later than the first day of school.

Student Name_____
Parent/Guardian_____
Home address_____
Home phone_____
Cell phone_____
Alternate phone number (i.e. work)_____
Physician Name_____
Physician Phone**Known Medical Information:**

Additional Medical Information Not Listed Above: *(list all allergies, medications being taken, conditions and any known restrictions)*

In the event of a medical emergency and if reasonable attempts to contact me using the telephone numbers listed above are unsuccessful:

I, as parent or legal guardian of the above student, do hereby authorize:

1. Treatment by a licensed medical physician of my child/ward in the event of a medical emergency that, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, and
2. Transfer of my child/ward to any hospital reasonably accessible at my expense.
3. This authorization is effective during the entire 2017-18 school year.

Parent/Guardian Signature_____
Date

Superintendent Review January, 2011
Superintendent Review May, 2012
Superintendent Review April, 2014
Superintendent Review January, 2016

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