

**EASTON PUBLIC SCHOOLS – STUDENT EMERGENCY INFORMATION (Grades PK-8)**

Legal Last Name _____	First _____	Middle _____	<b>PHOTO PLACE- HOLDER</b>
Address _____		Unit/Apt/Bldg _____	
City _____		Zip _____	
Date of Birth _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F		
Preferred Phone _____		Home Language _____	
School _____	GR _____	YOG _____ HR _____	

**THIS CONTACT MUST BE A LEGAL PARENT/GUARDIAN ONLY**

<b>LEGAL NAME (no nickname)</b>	
Relationship	
Address	
City, State, Zip	
Home Phone	
Cell Phone	
Work Phone (with Ext)	
Email	
<b>Contact lives with student</b> <input type="checkbox"/>	<b>Receive Email</b> <input type="checkbox"/>

**\*SELECT CHECKBOX  LEGAL PARENT/GUARDIAN  OTHER EMERGENCY CONTACT**

<b>LEGAL NAME (no nickname)</b>		
Relationship		
Address		
City, State, Zip		
Home Phone		
Cell Phone		
Work Phone (with Ext.)		
Email		
<b>Contact lives with student</b> <input type="checkbox"/>	<b>Receive Email</b> <input type="checkbox"/>	<input type="checkbox"/> <b>Non-custodial parent requires duplicate school communications</b>

*Other contacts who are aware and readily available to assume responsibility/transportation of your child:*

**OTHER EMERGENCY CONTACT**

<b>LEGAL NAME (no nickname)</b>	
Relationship	
<input type="checkbox"/> Home Phone	
<input type="checkbox"/> Cell Phone	
<input type="checkbox"/> Work Phone	

**OTHER EMERGENCY CONTACT**

<b>LEGAL NAME (no nickname)</b>	
Relationship	
<input type="checkbox"/> Home Phone	
<input type="checkbox"/> Cell Phone	
<input type="checkbox"/> Work Phone	

**MILITARY FAMILY STATUS** ESSA/US Dept of Education requires that students are identified who are children of active duty members

- Student is child of active duty member?
- Student is child of members or veterans who were medically discharged or retired in the last 12 months?
- Student is child of member who died on active duty in the last year?

**Parents are responsible for contacting the school regarding any parental restrictions that impacts the student at school, e.g. current restraining order.**

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

**PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION**

## EASTON PUBLIC SCHOOLS

Legal Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Gender  M  F  
 Preferred Phone \_\_\_\_\_ Home Language \_\_\_\_\_  
 School \_\_\_\_\_ GR \_\_\_\_\_ YOG \_\_\_\_\_ HR \_\_\_\_\_  
 Hispanic  Yes  No Race \_\_\_\_\_

### MEDICAL CONTACTS - INSURANCE

Name of Primary Care Doctor	Phone No.	
Name of Dentist	Phone No.	
Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Co.	
Health Insurance Number	Is insurance through CommCare/Mass Health	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health insurance (restrictions may apply). If you are interested in more information about these programs, please contact the School Nurse.

### MEDICAL HISTORY

**NOTE: This information is for Emergency Personnel only. Updated medical information must be provided directly to the School Nurse by submitting signed documentation from your Primary Care Provider.**

Medical Illnesses (for example: asthma, seizures, heart condition):	
Allergies:	
Medications:	

### MEDICAL PERMISSIONS AND CONSENTS

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

I give permission to exchange information with my child's primary care provider and/or emergency personnel for the purpose of referral, diagnosis and treatment.

I understand in the event of a medical emergency my child may be transported to the nearest local hospital by ambulance. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

I acknowledge it is my responsibility to provide the School Nurse with Emergency Medication and Medication Documentation to ensure emergency medical treatment at school and for field trips. Failure to send in emergency medication and required documents will put your student at risk for not having access to life saving medications in school and on a field trip.

*(The School Nurse may administer specific medications to students during school hours based on written protocols for these medications that have been developed in collaboration with the school physician. Copies of the protocols are available at your request.)*

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

### STUDENT'S IMAGE AND SCHOOL WORK PERMISSIONS AND CONSENTS

The Easton Public Schools has my permission to use my child's **image** for public use in newspapers/print, TV/video and website/Internet.  Yes  No

The Easton Public Schools has my permission to use my child's **school work** for public use in newspapers/print, TV/video and website/internet.  Yes  No

I hereby release the Easton Public Schools and its school committee, employees, volunteers, agents and other personnel from any liability and legal or equitable claims of any kind arising from or related to, such publication.

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

### STUDENT PARENT HANDBOOK ACKNOWLEDGMENT

I have access to and have read the Student Handbook which is available online at [www.easton.k12.ma.us](http://www.easton.k12.ma.us) (refer to your child's school) which includes the school district's acceptable use policy, and do not require a printed copy.

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

I DO NOT have access to Student Handbook which is available online and I require a printed copy. By checking this box, you will receive a copy of the Handbook along with an acknowledgement form. This form must be returned to your child's school office.