

Stoughton Public Schools Emergency Form
Helen H. Hansen Elementary School 2017-2018

Please print all information in blue ink.

Student's Name: _____ Date of Birth: _____ Gender: _____ Grade: _____
Address: _____ Home Phone: _____ Unlisted: _____

Child Lives with: _____ Both Parents _____ Mother _____ Father _____ Guardian _____ Other _____
Any Parental Restrictions? _____ Custody Documents: _____

Parent/Guardian: _____	Parent/Guardian: _____
Address: _____	Address: _____
Email Address: _____	Email Address: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Please send notifications to Email: _____	Phone: _____

Sibling #1 Name _____ Grade _____ School _____
Sibling #2 Name _____ Grade _____ School _____
Sibling #3 Name _____ Grade _____ School _____

In case of an emergency and we cannot reach you, list two adults who have agreed to take responsibility for your child and have consented to the release of their information.

Contact #1 _____ Phone _____ Relationship _____
Contact #2 _____ Phone _____ Relationship _____

Health Information

DOES YOUR CHILD HAVE ANY MEDICAL PROBLEMS, CHRONIC CONDITIONS, KNOWN ALLERGIES OR TAKE ANY MEDICATION?
_____ YES _____ NO **IF YES, PLEASE CONTACT YOUR CHILD'S SCHOOL NURSE.**

Physician's Name: _____ Physician's Phone _____
Dentist's Name: _____ Dentist's Phone _____

Health Insurance Information _____ Private _____ Public (e.g. Mass Health, etc.) _____ No Insurance _____ Unknown
Health Insurance Company _____ Policy Number _____

If you have no health insurance, Massachusetts has health plans that will provide uninsured children with affordable healthcare. Please contact your school nurse for more information. All communications will be confidential.

(Over)

Student's Name: _____ Grade: _____

Home Language Survey

First language spoken by your child: _____ Languages spoken at home: _____

What languages does your child speak to his siblings and friends? _____ grandparents? _____

Race/Ethnicity

Choose One: Hispanic Not Hispanic

Choose all that apply: American Indian/Alaskan Native Asian Black Hawaiian/Other Pacific Islander White

MIC3-Military Service

Is there a household member actively serving full-time in or has been discharged or retired in the past year from any branch of the military including the National Guard?

Name _____ Relationship _____ Branch: _____

Has this person recently been deployed? _____ Where? _____ When? _____

Does this person anticipate deployment? _____ Where? _____ When? _____

Parent/Guardian Permission: Please indicate permissions below and initial

Health Information:

I give permission for the school nurse to share medical information with the appropriate school personnel. I authorize school authorities to call my child's physician if I cannot be reached and such a call is considered necessary for school personnel to have my child transported to the local hospital for treatment in the event of an emergency. Yes/No Initial _____

Student Handbook:

I have seen and am aware of the Stoughton Public School's Student and Parent Handbook which includes the Code of Conduct, Attendance Policy, Internet Policy, the Hazing Law and the Disciplinary Procedures. Yes/No Initial _____

Field Trip Permission:

I grant permission for my child to attend in-district functions. Yes/No Initial _____

Photograph/Media Release:

I give permission for my child to be photographed/videoed during the school year. I understand that these materials will be used for educational purposes only. Yes/No Initial _____

I give permission to allow pictures of my child to be placed on the Stoughton Public Schools website, social media, and local news outlets for purposes of documenting activities and achievements Yes/No Initial _____

I give permission to allow pictures of my child to be published in the school yearbook. Yes/No Initial _____

I give permission for my child's name to be used with their photo on the Stoughton Public Schools website, social media, and local news outlets for purposes of documenting activities and achievements. Yes/No Initial _____

For Kindergarten Students Only:

I authorize the person named below to be present at the bus stop to meet my child, identification may be required.

Name: _____ Relationship _____ Phone _____

Military Recruiter Information: For grades 9-12 only

Every Student Counts Act states that schools must comply with a request by a military recruiter or an institute of higher education for secondary student's names, addresses and phone numbers, unless the parent denies this request in writing. I grant permission to release information to a military recruiter or an institute of higher education. Yes/No Initial _____

Volunteer: For Elementary and Pre-School

Are you interested in volunteering as a room parent? Yes/No Initial _____

Are you interested in volunteering in the classroom? Yes/No Initial _____

At the beginning of the school year the classroom teacher assigns a room parent and will occasionally ask for volunteers to come in the classroom to read a story, help with fundraisers, special event helpers, etc. Yes/No Initial _____

For all Stoughton Public Schools

Any volunteer who works in the school must complete a C.O.R.I. (Criminal Offender Record Information) report application every year. If you are interested in serving as a volunteer or room parent, please fill out the CORI form and return it to the school office.

Volunteers may need to be fingerprinted under certain circumstances. Please contact the building principal.

Parent/Guardian Signature:

Name: _____ Date _____

Printed Name: _____