

Shelburne Community School Emergency Form 2005 - 2006

Please list all children attending SCS:

Student name: _____ Birth Date _____ Grade _____ Team _____

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ADDRESS: _____

Student lives with:

Father Mother Both Other Stepfather Stepmother Foster father Foster mother

Name of person(s) who have custody of child: _____

Father's name: _____ Home phone #: _____

Father's address (if different from above) _____

Name of employer: _____ Work phone #: _____

Email: _____ Beeper/Cell phone #: _____

Mother's name: _____ Home phone #: _____

Mother's address (if different from above) _____

Name of employer: _____ Work phone #: _____

Email: _____ Beeper/Cell phone #: _____

Emergency contact name: _____ Emergency phone #: _____

Doctor's name: _____ Doctor's phone #: _____

Health insurance company name: _____

List child's allergies: _____

May Tylenol be given? Yes No

May Ibuprofen be given? Yes No



(Parent/Guardian signature required)



Please check one of the following:

Student rides bus (letter of bus _____)

Student walks

Student is driven by parent

Please read the following statement and sign for your permission:

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school personnel to seek emergency medical care, including transportation to the emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.



Signature of Parent/Guardian _____

Date _____

PLEASE RETURN TO THE MAIN OFFICE BY THE FIRST DAY OF SCHOOL.

****OVER****

Student name(s): _____

Shelburne Community School Blanket Permission Form 2005-2006

2005-2006 FIELD TRIP PERMISSION FORM:

The school requires written permission from a parent or guardian of each child before she/he may participate in field trips. Transportation for field trips will normally be by walking or school bus. Sometimes private, non-school owned vehicles might be used. The drivers of private vehicles must have adequate insurance coverage as specified by our School board Policy Transportation: Use of Non-School Owned Vehicles effective February 9, 1978. **Drivers must have insurance coverage on file at the school.** By signing below, I hereby grant permission for my child to participate in in-state field trips during the 2005-2006 school year. It is understood that adequate supervision will be provided. Notification will be sent to parents prior to trips indicating dates, times and destinations. I also grant permission for emergency medical services for my child, in the event that parent(s) cannot be reached.



Signature of Parent/Guardian

Date

2005-2006 VIDEO AND PHOTO PERMISSION FORM:

The Shelburne Community School regularly captures images of students that will be submitted to the local media. In the case of photographs taken of individual or small groups of students, identification will be made using captions with names. With photographs of larger groups, no individual names will be included, only a group caption. For videos of non-public performances (such as classroom projects) written permission must be made prior to any broadcast on a local television channel. No permission is required for the re-broadcast of public performances (concerts, sporting and special events). By signing below you are hereby granting the Shelburne Community School permission to publish photographs with the local print media and to air non-public performances on television networks (please note that the following does not cover video re-broadcasts of public performances where no written permission is required).



Signature of Parent/Guardian

Date

2005-2006 PERMISSION TO PUBLISH STUDENT WORK ON THE INTERNET FORM:

An important vehicle for communicating with the community is through the Shelburne Community School Internet Home Page. Information pertaining to school events, class projects and student work are regularly included on the Home Page. We will not use a child's full name and will not give out any information about the student other than that pertaining to the event or work referenced. The school has, and will continue, to practice steps that promote safe use of the Internet with all levels of learning. Please note that this information may be accessible to anyone having Internet access. By signing below you hereby grant the Shelburne Community School permission to include an image of your child, and/or work done by your child, on the school Internet Home Page that will only include their first name and possibly last name initial only.



Signature of Parent/Guardian

Date

2005-2006 PERMISSION TO PARTICIPATE IN 360 FEEDBACK SURVEYS:

Annually, students will be asked to provide anonymous feedback on their teachers via a "360" survey so as to improve the quality of education provided at the Shelburne Community School. This survey will be administered via the Internet and conducted by CSSU on behalf of the Shelburne Community School. No student names or other identifiers will be used by students when participating in the "360" survey. By signing below you hereby grant permission for your child to participate in future "360" teacher feedback surveys.



Signature of Parent/Guardian

Date

PLEASE RETURN TO THE OFFICE BY THE FIRST DAY OF SCHOOL.

**** OVER ****