

Rib Lake School District

2023-24 Student Emergency Form for Rib Lake Elementary School

Student Legal Name	(Last)	(First)	(Middle)
Birth Date (M/D/Y)		Gender (Circle One) Male Female	Grade Entering
Ethnicity (Circle One) Hispanic Not Hispanic	Race (Circle at least one of the following categories that applies) Asian Black or African American Native Hawaiian/Other Pacific Islander White Native American or Alaskan Native - Tribal Affiliation: _____		
Siblings in Household	Birth Date	School Attending or Will Attend	
1			
2			
3			
4			
Parent 1 - First Person to Contact			
Name (First/Last)			
Address (Street)			
(PO Box - if Available)			
(City/State/Zip)			
Phone (Home)		(Cell)	
Email (may be used for notifications)			
Employer (Phone/Ext)		(Company Name)	
(Dept)		(Supervisor)	
Parent 2 - Second Person to Contact			
Name (First/Last)			
Address (Street)			
(PO Box - if Available)			
(City/State/Zip)			
Phone (Home)		(Cell)	
Email (may be used for notifications)			
Employer (Phone/Ext)		(Company Name)	
(Dept)		(Supervisor)	
In case of an emergency or early dismissal, indicate if your child will go home or not.			
		Home	Other
Please include name and address if going to another destination.			
Name _____			
Address _____			
In case of illness/emergency, if parent/guardian cannot be reached, please call:			
	Name - other than self	Relationship	Phone
1			
2			
3			

Please complete both sides of form.

Signature required.

OVER PLEASE -

If any information changes, you must notify the school.

Student Legal Name	(Last)	(First)	(Middle)
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Parental/Guardian Permissions

Please read the following comments and indicate yes or no for each of them.

Yes	No	Students may have the opportunity to go on a field trip(s) throughout the school year. If you do not want your child to leave the school at any time for mini (within the district) or major (outside the district) field trips, please check no; otherwise check yes; providing your child the opportunity to participate. Please watch for notifications to have your child dressed appropriately and to inform your child's teacher of any concerns you may have about the trip (allergies, etc.).
Yes	No	I understand that the School District may disclose appropriately designated 'directory information' without written consent, unless I advise the District within 14 days of the start of school. I understand that the following information is considered directory information: Student's Name, Photograph/Video, School/Grade, Degrees/Honors/Awards, Participation in Activities/Sports, Weight/Height (for athletics), Date of Birth, and Home Address (BP#347.1).
Yes	No	I give permission for my child to access the Internet and use the school computer hardware (ex. Chromebooks/Ipads) as I have read the <i>Student Acceptable Use of Technology</i> Guidelines (Rule 363.2) found on the district website under <u>Technology Information</u> . I understand this access is designed for educational purposes and I will not hold RLSD responsible for materials on the network. I further understand that any violation of school district policy by my child may result in his/her Internet privileges being restricted or revoked and may lead to additional disciplinary action. If the violation constitutes a criminal offense, appropriate legal action will be taken.
		Signature: _____ Date: _____

Do you need a hard (paper) copy of:

Yes	No	Board Policy 347.1 - Student Directory Data
Yes	No	Rule 347 - Guidelines for Student Records
Yes	No	Board Policy 363.2 - Student Acceptable Use of Technology
Yes	No	Rule 363.2 - Student Acceptable Use Guidelines
Yes	No	Chromebook Procedures and Information Guide
Yes	No	Student Handbook

Language Survey

Yes	No	As a Parent/Guardian, do you require communication in a language other than English? If yes, please indicate language. (Communication in foreign language is not guaranteed.) Language: _____
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Military Service

Yes	No	Is a parent or guardian a member of the armed forces on active duty, serves full-time National Guard duty, or is a traditional member of the National Guard or Reserve?
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If an injury occurs and requires immediate medical treatment, the nearest medical facility will be requested to treat the child. This form signed by the parent or legal guardian will accompany the child and act as an authorization for emergency care. An ambulance or other appropriate transportation will be used to transport the child. The parent or guardian will be sought by school and/or hospital personnel. By signing this form, I also give permission for my child's health information to be shared with the appropriate staff at school.

Signature of Parent/Guardian	Date
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Please complete both sides of form.

Signature required.

OVER PLEASE -

If any information changes, you must notify the school.

This completed and signed form must be returned to the school office before your student is allowed to participate in a field trip, receive a Chromebook, or use the Internet. In addition to parent permissions, students will also be asked to sign agreement forms at school.

Student Legal Name	(Last)	(First)	(Middle)
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Health Questions

Does your child have any allergies? No Yes (please list below)

- Food: _____
- Medications: _____
- Insect Stings: _____

Yes	No	Does your child have an EpiPen or AUVI-Q prescribed?
Yes	No	Does your child take medications regularly?
Yes	No	Will your child need to take any medications at school? (Medication forms will need to be completed)

Please check any of your child's health concerns below:

- None
- Bleeding Disorder
- Diabetes
- Migraine Headaches
- Heart Condition
- Cancer
- Gastrointestinal Condition: _____
- Immunocompromised Condition: _____
- Seizure Disorder
- Other Health Concerns: _____

Yes	No	I give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR) and my Immunization Provider for the purpose of maintaining a complete and accurate record.
Yes	No	I give permission for my child to participate in the hearing screening program at their school.
Yes	No	I give permission for my child to participate in the vision screening program at their school.
Yes	No	I give permission for Rib Lake Schools to use preservative free artificial tears, hydrocortisone cream, and triple antibiotic ointment per package instructions if needed by my child.
Yes	No	Is there anything else you'd like us to be aware of regarding your child's health needs?

If yes, please explain: _____

Please call the school and ask for the school nurse if you would like to talk to them about your child's health condition(s).