

# Rib Lake School District

## 2019 - 20 Student Emergency Form

<b>Student Legal Name</b>	(Last)	(First)	(Middle)
<b>Birth (M/D/Y)</b>	<b>Student Cell Phone Number</b>	<b>Sex (Circle One)</b> Male      Female	<b>Grade Ente</b>

**Siblings in Rib Lake Schools**

1
2
3
4

**Parent 1**

<b>Name</b> (First/Last)
<b>Address</b> (Street)
(PO Box - if Available)
(City/State/Zip)
<b>Phone</b> (Home) (Cell)
<b>Email</b> (may be used for notifications)
<b>Employer</b> (Phone/Ext) (Company Name)
(Dept) (Supervisor)

**Parent 2**

<b>Name</b> (First/Last)
<b>Address</b> (Street)
(PO Box - if Available)
(City/State/Zip)
<b>Phone</b> (Home) (Cell)
<b>Email</b> (may be used for notifications)
<b>Employer</b> (Phone/Ext) (Company Name)
(Dept) (Supervisor)

**In case of an emergency or early dismissal, indicate if your child will go home or not.** Home

Please include name and address if going to another destination.

<b>Name</b> _____
<b>Address</b> _____

**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 ch  
you must notify the s

<b>Student Legal Name</b>	(Last)	(First)	(Middle)
---------------------------	--------	---------	----------

**Student Health Conditions/Allergies**

**Name of person responsible for food service account (Breakfast/Lunch)**

**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 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/Sport, Weight/Height (for athletics), Date of Birth, and Home Address (BP#347.1).
Yes	No	<b>2nd - 5th grade only</b> - I give permission for my child to access the Internet and use the school computer hardware (ex. Chromebooks) as I have read the <i>Student Acceptable Use of Technology Guidelines</i> (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 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.

**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:
-----	----	--

If an injury occurs and requires immediate medical treatment, the nearest medical facility will be requested to treat the child. This form, when 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.

**Signature of Parent/Guardian**

**Date**

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.




u do it- ppor- / and
nation'
ame, :s,
ol /logy :r- or / my
al

es,
orm ther nnel.

anges,  
:school.