

Student Name \_\_\_\_\_

## Parent Permission Form 2017-2018

Staff Int.   
Binder

### Parent Permission for Excursions:

Weld County School District Re-3J sponsors activities and field trips each year. In order for your student to participate in these activities and field trips or be permitted to ride the bus, we must have signed permission slips on file. Please sign below for your student.

I give my permission for the student named above to attend activities and field trips sponsored by Weld County School District Re-3J. According to District Policy I-33 you will receive a permission slip prior to each Field Trip excluding extra-curricular activities. **Parent Initials:** \_\_\_\_\_

### Parent Permission for Media:

The Weld County School District Re-3J has designated the following information as directory information that may be used in newspaper publications and on the Weld Re-3J School District Website: student name, grade level, participation in officially recognized activities and sports, honor rolls, digital imaging and awards received. If you do not want Weld County School District Re-3J to use your child's directory information in news publications or the Weld Re-3J website, without your prior written consent, sign this form and return it to the office at the school your child attends, no later than September 1 or two weeks after you register your child. If directory information is released prior to receiving your opt-out request, the District may not be able to stop the use of your child's information.

- Yes, I give my permission to Weld County School District Re-3J to allow the following information as directory information that may be used in newspaper publications.
- No I do not give my permission to Weld County School District Re-3J to allow the following information as directory information that may be used in newspaper publications. **Parent Initials:** \_\_\_\_\_

### Parent Permission for Internet Use:

As the parent or guardian of a Weld County School District Re-3J student I have read Policy J-34, Internet Policy, understand its contents, and agree that my child will abide by it. I am fully aware that the school technology system is administered by the Weld County School District Re-3J and is intended for official Weld County School District Re-3J business and educational use only. Should my child commit any violation of Policy J-34, his/her access privileges may be revoked and other disciplinary action may be taken.

I hereby give permission to issue Internet access for my child. **Parent Initials:** \_\_\_\_\_

### Snow Day/Emergency Closure Information

Please indicate which procedure to follow in the event of a school closure due to inclement weather or other emergency situation that would cause the school to dismiss students early.

- Go Home** as usual                       **Go to Daycare**                       **Ride the Bus** as usual
- Go to Neighbor's House:** Name of Neighbor \_\_\_\_\_  
Address and Phone Number of Neighbor \_\_\_\_\_
- Other** (describe): \_\_\_\_\_ **Parent Initials:** \_\_\_\_\_

### Transportation: Please indicate how this student will be arriving to and from school

- Walker** to and from school                       **Parent Driven** to and from school                       **\*Bus** provided by District
- HS Student Driver:** Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Plate Number \_\_\_\_\_  
Parking Permit Number \_\_\_\_\_ (**issued by High School**)

If student will be using different vehicles please inform Weld Central High School Office.

**\*I have access to the Transportation Handbook via the Re3j.com website listed under the Parents Tab.**  YES  NO

**Other please describe:** \_\_\_\_\_ **Parent Initials:** \_\_\_\_\_

### Student Handbook

I do have access to the Student Handbook or I have received a copy of the Student Handbook for the student listed above.

Yes  No **Parent Initials:** \_\_\_\_\_

### Infinite Campus Parent/Guardian and Student Portal

I have received information on how to log into Parent Portal for access to student information and school communications.

Yes  No **Parent Initials:** \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



# STUDENT HEALTH INFORMATION SHEET 2017-2018

Staff Int. 

*Purpose:* This information is to help us provide for the safety and well-being of your child in our care. This is also important information that will be given to Emergency Medical Services (EMS) if they need to be called for your child.

pg 1 of 2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Grade: \_\_\_\_\_

**Medical Insurance: Check the appropriate box to indicate the current health insurance status of the student:**

Private Insurance \_\_\_\_\_ Uninsured student \_\_\_\_\_ Medicaid # \_\_\_\_\_ CHP+ # \_\_\_\_\_

### Other Information

Primary Doctor's Name \_\_\_\_\_ Primary Doctor's Telephone Number \_\_\_\_\_

Preferred Hospital Name \_\_\_\_\_ Preferred Hospital Telephone Number \_\_\_\_\_

### All medications are to be provided by parent/guardian.

All medications require written parent permission and written physician authorization including OTC pain medication and Cough Drops.

Forms are available in the Health Office.

All medications are to be kept in the Health Room-Exceptions are case by case.

### Medications Given at School

(including before and after school activities/sports)

Emergency medication for severe allergy (EpiPen or similar)  Yes  NoEmergency medication for a seizure (Diastat or similar)  Yes  NoAsthma medication (Inhaler or Nebulizer)  Yes  NoEmergency medication for Diabetes (Glucagon)  Yes  NoOther Medications  Yes  NoList \_\_\_\_\_  
\_\_\_\_\_

### Medications Given at Home

List all Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Medical Care/Equipment Required at School

#### Medical Care

- GT Feeding
- Catheterization
- Oxygen
- Assisted Oral Feedings
- Toileting/Diapering
- Other \_\_\_\_\_

#### Medical Equipment

- Wheelchair
- Walker
- Other \_\_\_\_\_

In the event of an emergency, I give permission for school staff responding to the emergency, first responders and ambulance personnel to have all the above information.

Print Parent/Guardian Name \_\_\_\_\_

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

Student Name \_\_\_\_\_

**Health Information 2017-2018**

Staff Int.

What health information do you want school personnel that work with your child to know?  
This information will also be given to Emergency Medical Services if they are required.  
(School personnel could include teacher, teacher's aides, health room staff, front office staff, and/or kitchen staff)

pg 2 of 2

<b>ADD</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ADHD</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Allergies to Medications</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, to what _____ Reaction _____	
<b>Allergies to Foods</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
List Foods _____	
<b>Allergies (other)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
List Allergies _____	
<b>Asthma/Respiratory/Lung Problems</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Asthma <input type="checkbox"/> Cystic Fibrosis	
<input type="checkbox"/> Chronic Lung Disease	
<input type="checkbox"/> Other _____	
<b>Autism/Autism Spectrum/Asperger's</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Blood Disorder</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hemophilia <input type="checkbox"/> Anemia <input type="checkbox"/> Sickle-cell Disease	
<input type="checkbox"/> Unusual Bleeding/Bruising	
<input type="checkbox"/> Other _____	
<b>Bone Disease/Joint/Muscle Problems</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Current Fractures <input type="checkbox"/> Cerebral Palsy	
<input type="checkbox"/> Arthritis <input type="checkbox"/> Muscular Dystrophy	
<input type="checkbox"/> Other _____	
<b>Cancer</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cardiovascular/Heart Problems</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Enlarged Heart	
<input type="checkbox"/> High Blood Pressure	
<input type="checkbox"/> Other _____	
<b>Emotional/Behavioral Problems</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Anorexia <input type="checkbox"/> Anxiety <input type="checkbox"/> Bipolar	
<input type="checkbox"/> Bulimia <input type="checkbox"/> Depression <input type="checkbox"/> ODD	
<input type="checkbox"/> Other _____	

<b>Gastrointestinal/Stomach Problems</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Daytime Bowel Incontinence <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other _____	
<b>Head Injury/Concussion/TBI</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently Under Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	
Past and Resolved <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Hearing Problems</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wears a hearing aid(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ear Surgery _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
Currently has Tubes <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Immune System/Autoimmune Problems</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	
<input type="checkbox"/> Celiac <input type="checkbox"/> Crohn's <input type="checkbox"/> Lupus	
<input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Rheumatoid Arthritis	
<input type="checkbox"/> Scleroderma <input type="checkbox"/> Transplant	
<input type="checkbox"/> Other _____	
<b>Kidney/Bladder Problems</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Kidney Stones <input type="checkbox"/> Daytime Incontinence	
<input type="checkbox"/> Other _____	
<b>Prosthesis</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
List _____	
<b>Seizure Disorder/Epilepsy</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Skin Problems</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Eczema <input type="checkbox"/> Rashes	
<input type="checkbox"/> Other _____	
<b>Thyroid Problems</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Vision Concerns</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contacts <input type="checkbox"/> Yes <input type="checkbox"/> No	
Glasses to be worn:	
All the time <input type="checkbox"/> Yes <input type="checkbox"/> No	
Classroom Only <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reading Only <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Past Illness/Injuries/Hospitalizations**

Illness:

Injuries:

Hospitalizations:

Print Parent/Guardian Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



# Program Eligibility Survey



Dear Parents/Guardian,

Our school district receives funding to provide additional support and services for students who qualify for specific programs. Your cooperation in completing this form will assist us to identify eligible students and for our school district to receive supplemental funding. All information is confidential and will not be used for any other purpose.

Parents/Guardian Names: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Please list all children in your home from birth to 22 years of age.

Child Name	Date of Birth	Name of School

What year did your family last move? Year: \_\_\_\_\_

Has either parent/guardian worked in, or applied for employment in any of the following areas within the past 3 years?      Yes       No

**If yes, please mark the appropriate employment areas with an X:**

- |  |   |
|--|---|
| <input type="checkbox"/> Farming/Ranching                            | <input type="checkbox"/> Hauling Fruits or Vegetables |
| <input type="checkbox"/> Planting/Harvesting Field Crops             | <input type="checkbox"/> Canning                      |
| <input type="checkbox"/> Poultry                                     | <input type="checkbox"/> Orchards                     |
| <input type="checkbox"/> Dairy                                       | <input type="checkbox"/> Greenhouse/Nursery           |
| <input type="checkbox"/> Food Processing Plant                       | <input type="checkbox"/> Tree Processing/Forestry     |
| <input type="checkbox"/> Meat Packing Plant                          | <input type="checkbox"/> Irrigation                   |
| <input type="checkbox"/> Sort/Grade/Sack Vegetables and/or Fruits    | <input type="checkbox"/> Sod Farms                    |
| <input type="checkbox"/> Clean/Prepare/Pack Vegetables and/or Fruits | <input type="checkbox"/> Feed Lots                    |
| <input type="checkbox"/> Seed Packaging                              | <input type="checkbox"/> Hog Farms                    |

Estimado Padre/Tutor:

Nuestro distrito escolar recibe fondos para proveer apoyo y servicios adicionales a los estudiantes que califican para programa específicos. Su cooperación al contestar este formulario nos ayudará a identificar a los estudiantes elegibles y ayudará a nuestro distrito escolar a recibir fondos suplementarios. Toda la información es confidencial y no será utilizada para otros propósitos.

Nombre del padre o tutor: \_\_\_\_\_ Fecha \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Teléfono: \_\_\_\_\_ ¿Mejor hora para llamar? \_\_\_\_\_

Favor de anotar a todos los menores de 22 años que vivan en su hogar

Nombre y Apellido	Fecha de Nacimiento	Nombre de la Escuela

¿En qué año fue la última vez que su familia se mudó? \_\_\_\_\_

En los últimos tres años, ¿alguno de los padres o tutores han trabajado o aplicado para trabajar en cualquiera de las siguientes áreas?      Si       No

Si su respuesta es sí, marque cuál o cuáles

- Siembra/ ganadería
- Plantación/cosecha
- Aves de corral
- Lechería
- Procesadora (preparar) de Alimentos
- Empacadora de carne
- Selección/clasificación/empaque vegetales y/o frutas
- Limpiar/Preparar/empacar vegetales y/o frutas
- Empacadora de granos
- Carga y descarga de frutas o vegetales
- Enlatado (Fábricas de conserva)
- Huertas
- Invernadero/Vivero
- Tratamiento de árboles/Forestación
- Irrigación
- Siembra de zacate
- Ranchos de engorda
- Granja de Cerdos