

EMERGENCY CONTACTS WHO ARE NOT THE PARENT / LEGAL GUARDIAN

Please provide at least two (2) local emergency contacts.

CONTACT #1 (only if parent / legal guardian cannot be reached):

EMERGENCY CONTACT INFORMATION

Name _____	Relationship to Student _____	
Additional Information _____		
Phones: Home _____	Cell _____	Work _____

CONTACTS # 2 AND 3:

Name _____	Relationship to Student _____	
Additional Information _____		
Phones: Home _____	Cell _____	Work _____

Name _____	Relationship to Student _____	
Additional Information _____		
Phones: Home _____	Cell _____	Work _____

DOCTOR

If you wish to provide the name of your student's doctor you may do so below.	
Physician Name: _____	Phone: _____
Name of Practice / Medical Group: _____	

<p>In the case of an emergency, every reasonable attempt will be made to reach the parent / legal guardian FIRST. Attempts will then be made to contact the individuals named above, in the order listed.</p> <p>By my signature below, I attest that if any of the above individuals cannot be reached, school personnel are authorized to use their best judgment in an emergency situation. The School District does not have medical or dental insurance for students. It is understood that all costs related to emergency treatment will be the responsibility of the parent. As long as the medical treatment considered necessary is in accordance with generally accepted standards of medical practice, I impose no specific prohibitions regarding treatment unless stated.</p> <p>Parent/Guardian Signature _____ Date _____</p>

PUPIL EMERGENCY INFORMATION AND CONSENT FORM

NAME: _____ GRADE: _____

Optional Health Information

Are there medications your child is taking at school or at home that you feel the school should be made aware of? If so, you may list them below:

If your student needs to take prescription medication during school hours, the "Student Medication Request Release Agreement" is available at the school office.

Does your student have any known allergies that you feel the school should be made aware of? If so, you may list them below:

Allergy to: _____ Reaction: _____

Allergy to: _____ Reaction: _____

Does your student have any other medical condition(s) that you feel the school needs to be aware of? Examples: Wear glasses/contacts? Have heart problems, hearing impairment, asthma or respiratory ailments, convulsions/seizures, diabetes, or any physical activity limitations? If so, you may list them below:

Please note: Health information may be shared with school personnel to protect the health and safety of your student. By signing below, you indicate your agreement with sharing this information.

Parent/Legal Guardian Signature _____ Date _____

OTC Release

Over the Counter (OTC) Medication Release

OTC medications will be provided by the parent / legal guardian. OTC medication must be in the original container with the name of the student, and dosage, clearly written on the container. The school WILL NOT dispense any OTC medication without prior approval of the parent / legal guardian and approval of school officials.

I give my permission for the school to administer acetaminophen (IE: Tylenol or generic equivalent) or ibuprofen (IE: Advil or generic equivalent), antacids, cough drops, triple antibiotic ointment, external analgesics (i.e. callergy lotion, solarcaine spray, burn gel), antifungals, hydrocortisone cream, orajel, and topical powder to stop bleeding (nose bleeds) to my student for the following health problems: Headache, toothache, dysmenorrhea (cramps), musculoskeletal pain and fever (under 100F). I acknowledge that the provision of this medication by school personnel is an accommodation performed solely upon my request.

In consideration of the acceptance of this request, I release and waive any and all claims which I now have or may hereafter have against the school, USD 405 and its employees arising out of the provision or failure to provide the medication to the student or any adverse reaction by the student to the medication. YES _____ NO _____

Parent / Legal Guardian Signature _____ Date _____

Acknowledgement

Regular Education Students: Children are required to attend school that have reached the age of seven and are under the age of 16 years. Parents/Guardians of the children have the responsibility to require their children to attend school (K.S.A. 72-1111). If parents do not fulfill this obligation, SRS may take action under the code of care for children. When a child is required by law to attend school and is enrolled in school (kindergarten included) a **student is legally considered truant** when a student is absent from school (unexcused) for all or a significant part of three consecutive school days or five school days in a semester K.S.A. 72-1113 c.

Special Education Students: Compulsory attendance of exceptional children at school for receipt of services; no applicability to gifted children. It shall be the duty of the parent of each exceptional child to require such child to attend school to receive the special education and related services which are indicated on the child's IEP. K.S.A. 72-977.

I acknowledge and give my permission for this information to be shared.

Parent / Legal Guardian Signature _____ Date _____

Release of Student information Consent Form

LYONS HIGH SCHOOL STUDENTS ONLY
Parental Consent Form for Release of Student Information

Lyons High School may be requested to provide the names, addresses and telephone numbers of high school students to military recruiters, colleges and other groups. **YOU ARE NOT REQUIRED TO PARTICIPATE.** Please check below to indicate whether you wish to have your child's name, address and telephone number disclosed to the groups that may request the information.

_____ **DO NOT DISCLOSE** my child's contact information.

OR

_____ **DO NOT DISCLOSE** my child's name, address and telephone number to the entities checked below:

_____ US Military (Army, Navy, Air Force, Marines, etc...)

_____ Colleges and other education institutions

_____ Employers

OR

_____ I authorize Lyons High School to disclose my child's address and phone number as part of the school directory.

_____ **Parent/Legal Guardian Signature**

_____ **Date**

Consent for Photographing

I, _____ being the parent or legal guardian of _____ a minor, do hereby consent to the photographing and or video taping of my son/daughter by any employee of USD #405, or by a student under the supervision of a district employee for any legitimate instructional and/or educational purpose, including photos used for public relations, videos demonstrating educational programs and other, approved activities which may arise with the school district.

Dated this _____ day of _____, 2009 and valid for the remainder of the 2009-2010 school year.

FERPA Immunization Consent

Student name _____ School _____

I give my consent for immunization information to be released to the Kansas Immunization Program for the purpose of assessment and reporting through WebIZ.

_____ **Parent/Legal Guardian Signature**

_____ **Date**

ATHLETIC PARENTAL PERMISSION STATEMENT
USD 405 – LYONS
Lyons, Kansas

STUDENT _____

The following form must be signed and returned to the office of the principal before you student will be allowed to participate in sports practice or competition, including cheerleading. Further, the Kansas State High School Activities Association physical and parental permission form must be on file in the principal's office before practice or participation in sports activities can occur.

I. WARNING ON POSSIBLE INJURY AND AGREEMENT TO OBEY INSTRUCTIONS

This is a warning that by playing sports you may suffer minor injuries such as cuts and bruises or lifetime injuries including complete or partial paralysis and/or death. You are further warned that the danger and risk of playing or practicing sports or cheerleading, may result not only in serious injury, but in other business, social and recreational activities.

Further, you are warned of the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instruction.

As a parent/guardian of said dependent, I have read the warning concerning injuries and death while participating in sports and warning concerning following safety and coaching instruction and do agree and consent to the participation of the undersigned dependent in sports and organized athletic activities at and for Lyons High School/Lyons Middle School.

_____ Student	_____ Date
_____ Parent or Legal Guardian	_____ Date

II. CONSENT FOR TREATMENT

I, the parent and/or legal guardian of the above named student, consent to and authorize any representative of Lyons High School/Lyons Middle School to administer treatment to the above named dependent for any injury or illness of an emergency nature he/she will incur while at practice or at an athletic contest for Lyons High School/Lyons Middle School, or treatment by any physician and dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, Kansas Statutes Annotated 65-2801 and any hospital.

I agree to pay and assume all responsibility for all medical and hospital expenses and any services of an emergency nature, and charges for my dependent, and that the school is not responsible for any medical or hospital expenses and charges that are incurred in the medical treatment or hospitalization of my dependent.

_____ Parent of Legal Guardian	_____ Date
-----------------------------------	---------------

A PHOTOCOPY OF THIS DOCUMENT SHALL HAVE THE SAME FORCE AND EFFECT AS THE ORIGINAL

Physician (1st Choice) _____ Phone # _____

Physician (2nd Choice) _____ Phone # _____

Insurance Company: _____

Insurance Policy Name/Group: _____

Policy Number: _____

EXPENSE INCURRED AS A RESULT OF EMERGENCY AMBULANCE USE OR TREATMENT BY PHYSICIAN WILL NOT BE BORNE BY THE SCHOOL DISTRICT OR SCHOOL PERSONNEL. I AGREE TO PAY AND ASSUME ALL RESPONSIBILITY FOR ALL MEDICAL AND HOSPITAL EXPENSES AND ANY SERVICES OF AN EMERGENCY NATURE, AND CHARGES FOR MY DEPENDENT, AND THAT THE SCHOOL IS NOT RESPONSIBLE FOR ANY MEDICAL OR HOSPITAL EXPENSES AND CHARGES THAT ARE INCURRED IN THE MEDICAL TREATMENT OF MY DEPENDENT.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

A PHOTOCOPY OF THIS DOCUMENT SHALL HAVE THE SAME FORCE AND EFFECT AS THE ORIGINAL.

PLEASE READ AND SIGN

IF THE PARENT OR GUARDIAN CANNOT BE CONTACTED, I AUTHORIZE THE OFFICIALS OF USD 405-LYONS TO CONTACT DIRECTLY THE PHYSICIANS NAMED ABOVE TO RENDER TREATMENT EITHER OF THEM MAY DEEM REASONABLY NECESSARY. IN THE EVENT NEITHER OF THEM MAY BE CONTACTED, I GIVE MY CONSENT TO AUTHORIZE THE OFFICIALS OF USD 405-LYONS TO CONTACT ANY LICENSED PHYSICIAN (IN ACCORDANCE WITH THE PROVISIONS OF THE KANSAS HEALING ARTS ACT, KANSAS STATUTES ANNOTATED 65-2801 AND ANY HOSPITAL)TO RENDER TREATMENT AS HE/SHE MAY DEEM REASONABLY NECESSARY IN WHAT MAY BE CONSIDERED AN EMERGENCY FOR THE HEALTH OF MY CHILD.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

PARENTAL PERMISSION STATEMENT

STUDENT _____ YEAR 2009-2010

The following form must be signed and returned to the office of the principal before your student will be allowed to participate in sports practice or competition, including cheerleading. Further, the Kansas State High School Activities Association physical and parental permission form must be on file in the principal's office before practice or participation in sports activities can occur.

WARNING ON POSSIBLE INJURY AND AGREEMENT TO OBEY INSTRUCTIONS

This is a warning that by playing sports you may suffer minor injuries such as cuts and bruises or lifetime injuries including complete or partial paralysis and/or death. You are further warned that the danger and risk of playing or practicing sports or cheerleading, may result not only in serious injury, but in other business, social, and recreational activities.

Further, you are warned of the importance of following coaches' instructions regarding playing techniques, training, and other team rules, etc., and agree to obey such instruction.

As a parent/guardian of said dependent, I have read the warning concerning injuries and death while participating in sports and the warning concerning following safety and coaching instruction, and do agree and consent to the participation of the undersigned dependent in sports and organize athletic activities at and for Lyon High/Middle School.

STUDENT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Dear Parents/Guardians:

We encourage all families to have accident coverage on their children prior to participation in any sports or school sponsored activity. The school district does not purchase primary accident insurance to cover injuries incurred by your child at school. If your child is injured at school or while engaged in a school activity, **parents will be responsible for medical expenses**. The school district has purchased a \$10,000 deductible “catastrophic” policy that may provide assistance in some situations.

If you have a plan with a deductible, co-pay, or limited benefits, we encourage you to consider this coverage. If you have a **HIGH DEDUCTIBLE** or **LIMITED BENEFITS** or if you **have no other insurance** on your child for doctor, hospital or dental bills, we encourage you to review this student insurance program. The options provided are:

		<u>Annual Premium</u>	<u>with Major*** Expense Benefit</u>
A.	Full-Time (24 Hour) with No Sports Full-Time (24 Hour) with All Sports (except 9-12 Football)	Grades Pre-K-12 Grades 7-12	\$89.00 \$154.00
B.	School-Time with No Sports	Grades Pre-K-12	\$14.00
C.	School-Time with All Sports (Except 9-12 Football)	Grades 7-12	\$79.00
D.	Extended Dental Coverage	Grades Pre-K-12	\$ 9.00
E.	Football Coverage (Basic Plan) (7 & 8 Grade FB = Covered under \$89 or \$154 Plans)	Grades 9-12	\$189.00

*****Major Expense Benefit** – designed primarily for families with no other insurance or with a high deductible: pays up to an additional \$15,000 per injury, after benefits under the 24 Hour Plan (or All Sports/Football Plans, if also purchased) have been exhausted (see brochure).

In making application for coverage, please read the brochure carefully:

1. Print name, address and other information clearly on application.
2. Make check or money order payable to **Student Assurance Services, Inc.**
3. Detach and retain summary of coverage, **and return the application to your child’s school within 10 days.**
4. Questions about the plan may be directed to Jim Lock, Agent, Student Assurance Services, P.O. Box 3126, Lawrence, KS 66046, phone (800)520-9909. E-mail: jim.lock@sas-midwest.com Website: www.sas-midwest.com

Please sign and return the form below to school, if you already have adequate insurance.

.....
PARENTAL INSURANCE WAIVER

Student’s Name _____ School _____

We, the undersigned, feel we have adequate insurance protection for our son/daughter while practicing or participating in Interscholastic Sports, or other School Sponsored Activities. We further understand that USD 405-Lyons provides only catastrophic accident insurance for expenses in excess of \$10,000.

Parent’s/Guardian’s Signature _____ Date _____

PROMISSORY NOTE FOR TECH FEES

Name of Responsible Party: _____

District Tech Fee

Grades 3-6	\$20.00	
Grades 7-8	\$35.00	\$45.00(for monthly payments**)
Grades 9-12	\$50.00	\$60.00(for monthly payments**)

** \$5.00 required at the time of enrollment

++Maximum technology fee of \$100.00 per family

Students Covered: _____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____

Do you wish to pay family fee at one school? _____yes _____no

At which school will you be paying the family fee?

- _____ High School
- _____ Middle School
- _____ Central Elementary
- _____ Park Elementary

Tech Fee Amount Due: _____

Paid at Enrollment: _____

Remaining Balance: _____

Payment due date:

Balance: _____

Sept. 20 th	Amount Paid	_____	_____
Oct. 20 th	Amount Paid	_____	_____
Nov. 20 th	Amount Paid	_____	_____
Dec. 20 th	Amount Paid	_____	_____

Signature of Responsible Party

Date

Principal/Secretary

Date