



# McCreary County School District

## Personal Data and Emergency Information

### Emergency Contact Information

Emergency Contacts are those people to whom we may release this student in the event of an illness or injury if the Parent/Guardian cannot be reached. **DO NOT put the names of any previously listed Parent/Guardians in the following spaces.**

#### Emergency Contact 1

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

#### Emergency Contact 2

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

#### Emergency Contact 3

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

#### Emergency Contact 4

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Is there any legal or custodial information that we must know about? \_\_\_\_\_

Does your child have any health conditions?  Yes  No Describe: \_\_\_\_\_

### User Agreement and Parent Permission / Publication Consent

May we release this student's photograph or video footage for any media coverage?  Yes  No (Policy 09.14 AP.251)

May we publish this student's work on the World Wide Web (Internet)?  Yes  No (Policy 08.2323 AP.21)

As a user of the MCSD computer network, I hereby agree to comply with the rules stated in (Policy 08.2323) communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

Student Signature \_\_\_\_\_

As the parent or legal guardian of the minor signing, I grant permission for my child to access networked computer services such as electronic mail and internet. Parent / Guardian Signature \_\_\_\_\_

### Bring Your Own Technology (BYOT) Guidelines

#### BRING YOUR OWN TECHNOLOGY (BYOT) RESPONSIBILITIES AND GUIDELINES:

- Teachers will have the right to determine when personally-owned devices may or may not be used during instructional class time.
- Teachers will take measures to ensure equal access to technology-enabled devices during classroom activities that include the use of personally-owned devices.
- Teachers will monitor the use of personally-owned devices during classroom activities.

I understand and will abide by the BYOT guidelines for McCreary County Schools. I further understand that any violation, unethical or otherwise, may result in the loss of my network privileges for BYOT as well as other disciplinary action.

\_\_\_\_\_  
Student Signature

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

### McCreary County Schools Family Resource / Youth Services Center

#### 2019 - 2020 ACTIVITY/SERVICES DOCUMENT

School Name: \_\_\_\_\_

As a parent/guardian of the above student, give permission to the staff of the McCreary County Schools Family Resource / Youth Services Center (and all other agencies participating) to provide services and/or activities to the student listed on this form. It is my understanding when my child is participating in activities of the center, he/she is responsible for his/her behavior and is expected to act in a reasonable manner. I am aware that any emergency which may occur during this time will be handled in a similar way as during school hours. I will not hold the center, school, or any other participating organizations or agencies liable in any case of illness, accident, injury, or for medical and/or surgical treatment in an emergency situation.