

STUDENT INFORMATION VERIFICATION

School: _____ **School Year:** _____ **Date of Verification:** _____

LAST NAME: _____ FIRST: _____ MIDDLE: _____ PREFER: _____
 HOME ADDRESS: _____ HOMEROOM: _____
 HOME PHONE: _____ GRADE: _____
 DATE OF BIRTH: _____ CITY/TOWN OF BIRTH: _____ GENDER: _____

Ethnicity / Race Demographics

The Department of Elementary and Secondary Education requires certain demographic data to be collected for each student. Race is either American Indian or Alaskan Native, Asian or Pacific Islander, Black, White, or Hispanic. Please verify that we have the correct race(s) indicated for your child.

HISPANIC/LATINO: YES ___ NO ___ RACE(s): _____

Legal Parent(s)/Guardian(s)

Below are the parent(s)/guardian(s) of the student. The contact information below will be used for all official correspondence regarding

	<u>Parent/Guardian 1</u>	<u>Parent/Guardian 2</u>
Parent/Guardian:	_____	_____
Relation to	_____	_____
Address:	_____	_____
	_____	_____
Home Phone:	_____	_____
Work Phone:	_____	_____
Cell Phone:	_____	_____
Preferred Phone	_____	_____
Email Address:	_____	_____

Legal/Custody (Fill in specific custodial information or contact the school directly with legal/custodial issues relating to your child.)

EMERGENCY CONTACTS

The school will attempt to contact the legal parent(s)/guardian(s) of a student in the event of a medical emergency. If the parent(s)/guardian(s) cannot be reached, the designated individual below will be contacted in the order listed.

Name: _____ Relation to Student: _____ Phone: _____ Cell: _____
 Name: _____ Relation to Student: _____ Phone: _____ Cell: _____

FOR OFFICE USE ONLY Student Name: _____	LASID: _____ SASID: _____	STUDENT COUNSELOR: _____ LOCKER: _____
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Student Information Verification

Student Name: _____

Grade Level _____

Homeroom _____

Permission Form

Please read the following statements (do not edit) and check "YES" to agree or "NO" to disagree.

Permission to use child's name (first name or initials), voice, likeness, quotes, papers, articles, poems, and other written materials; graphics, photographs, or other artwork. Dover Sherborn Public Schools may use said materials in newspapers, magazines, other print publications; television or radio; Internet or computer network; presentation for teaching, or professional conference.

YES I give permission

NO I do NOT give permission

Permission to release student information, including name, address, phone number, class, participation in officially recognized activities and sports, honors and awards.

YES I give permission

NO I do NOT give permission

Permission to include student and parent/guardian contact information in the Student Directory publication(s). These publications are created by parent organizations (i.e., PTO, POSITIVE, CSA), are distributed at open houses, and are used by the schools' parent/guardian community.

YES I give permission

NO I do NOT give permission

Permission to use e-mail address(es) for school related correspondence from groups including, but not limited to, PTO, POSITIVE, CSA and DSEF.

YES I give permission

NO I do NOT give permission

Permission to be included in yearbook, drama and/or sports programs in which they participate and honor roll listing.

YES I give permission

NO I do NOT give permission

Permission to release critical health-related info (i.e., allergies, asthma) to contractors and other duly authorized service providers associated with direct child/student wellness (i.e. food service providers, bus drivers).

YES I give permission

NO I do NOT give permission

*Notwithstanding prior approval/disapproval, it is hereby disclosed and acknowledged that students' work, as well as their image (picture or video) may be used by Dover-Sherborn staff for professional development and/or evaluation purposes.

I have received, read and understand the Student/Family Handbook, and I am aware that the electronic version of the Handbook as available on the school's website is the most current version and will contain any updates and amendments.

YES

NO

I have received, read, understand & agree to follow the Digital Citizenship and Internet Acceptable Use Policy (AUP).

YES

NO

* Parent/Guardian Signature: _____ Date _____

* Student Signature: _____ Date _____

*Note: Information and data contained herein shall remain in place until/unless a student's parent/guardian provides alternate information to the school.

EMERGENCY HEALTH INFORMATION SHEET

Please complete for Nurse's Office. Inform nurse of any changes during the school year.

Bus #: _____ Grade: _____ Teacher: _____

Student Name: _____ Date of Birth: _____

Student lives with: Both Parents Mother Father Guardian

Parent/Guardian #1: _____ Cell Phone: _____

Address: _____ Home Phone: _____

Place of Employment _____ Hours _____
Work Phone: _____

Parent/Guardian #2: _____ Cell Phone: _____

Address (if different): _____ Home Phone: _____

Place of Employment _____ Hours _____
Work Phone: _____

Siblings: _____

Name/DOB _____ Name/DOB _____

Name/DOB _____ Name/DOB _____

Students who are ill need to be isolated and picked up within 45 minutes. In the event that a parent cannot be reached, please list two individuals who are available during the day to pick up your child. Please note that identifying an emergency contact for pickup may have implications for that person should the ill student test positive for COVID-19.

Name: _____ Relationship: _____

Address: _____ Tel: _____ Cell: _____

Name: _____ Relationship: _____

Address: _____ Tel: _____ Cell: _____

The following over the counter medications, or the generic equivalent, are ordered by the school physician for student use: Tylenol, Advil/Motrin, Benadryl, Tums, Caladryl, Hydrocortisone ointment, antibiotic ointment and hand sanitizer.

My child may have any of the above medications if needed.

YES **NO** If no, please list any of the above medications that you **do not** want your child to receive. _____

Health information may be shared with school/professional personnel on a need-to-know basis.

YES **NO**

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of parent or guardian: _____ Date: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Health Insurance: _____

Company

ID Number

**ANNUAL HEALTH HISTORY
(To be completed by parent)**

Dear Parent or Guardian:

The following information is requested yearly so that the school and parent can work together to meet the physical, intellectual and emotional needs of the child. **A physical exam is required of all students newly entering Dover and Sherborn Public Schools as well as upon entering Kindergarten, Grades 3, 7, and 10.** Please ask your health care provider to supply you with a completed form, signed by a doctor or nurse practitioner, to give to the school nurse. Blank exam forms are available from the school nurse if needed.

Student Name: _____ Grade: _____

HEALTH HISTORY

**Please indicate if your child has issues in any of the following areas: YES NO

1. Allergies or reactions: (example: food, medication, environmental, other) List below*		
2. Asthma/ breathing difficulties		
3. Eczema or frequent skin rashes		
4. Neurological (ADHD/Seizures/Autism Spectrum)		
5. Cardiac		
6. Diabetes		
7. Frequent colds, sore throats, earaches (4 or more per year)		
8. Urinary, bowel or stomach		
9. Dietary restrictions		
10. Speech		
11. Menstrual		
12. Dental Date of last examination		
13. Vision Impairments (colorblind,glasses/contacts)		
14. Hearing Impairments		
15. Accidents/hospitalizations (including head injuries/concussions)		
16. Headaches (frequent and/or severe)		
17. Current orthopedic concerns including Scoliosis or back/spinal issues		
18. Psychosocial issue (anxiety/depression/eating disorder, etc.)		
19. Other chronic or significant conditions:		
*Please explain any problem areas identified above: List any special equipment used in school:		

Current Medications/Supplements:

	Medication Name	Dosage	Time(s) given	Reason for medication
1				
2				
3				
4				

Parent/Guardian Signature: _____ Date: _____

Please return promptly. May be place in a sealed envelope addressed to the nurse.