



Clinch County Kindergarten

Note: Kindergarten students must be 5 years old on or before September 1, 2026.

***Registration is Mandatory for New students only.
Clinch County Pre-k Students are not required to complete registration.**

Documents Required for Registration

- _____ Official birth certificate
- _____ Immunization Record - Georgia Certificate of Immunization (GA Form 3231).
This form is available from the Health Department or your child's physician.
- _____ Certificate of Vision, Hearing, Dental and Nutrition Screening (Georgia Form 3300). This form is available from the Health Department or your child's physician.
- _____ Social Security Card
- _____ Proof of residence (utility bill, rental agreement, cable bill, mortgage agreement, or land line phone bill **ONLY**) — statements must be current-within the last 30 days
- _____ Guardian papers (if applicable)

***Please notify the Registrar immediately if you have Guardianship and/or Power of Attorney for the student you are registering.

****Registration is Not complete until all documents have been received.**

Clinch County Elementary School
1 Panther Way
Homerville, GA 31634
Phone: 912-487-5385

Clinch County Elementary

1 Panther Way
Homerville, GA 31634
Phone (912) 487-5385
bcrews@clinchcounty.com

Records Request

School transferring from (Name & Address):

Phone:

Student's Name: _____ DOB: _____ Grade Level: _____

Please send a copy of all school records including the following checked items:

- | | |
|---|--|
| ☐ Birth Certificate | ☐ Social Security Card |
| ☐ Grades to date | ☐ Grading Scale |
| ☐ Health records (Imm. cen. & EED) | ☐ Dates of entry and withdrawal |
| ☐ SST/RTI folder | ☐ Discipline records (Please release from GO-IEP) |
| ☐ Gifted records | ☐ Special Education Records (IEP/Eligibility/Physical Report) |
| ☐ Speech records | ☐ CRCT/GA Milestones |
| ☐ Date entering school in USA | ☐ Other testing information |
| ☐ ELL (ESOL) records | ☐ EIP/REP |
| ☐ Attendance | ☐ Accelerated Reader records (please email to
kwindham@clinchcounty.com) |

Is the student currently assigned to an Alternative School due to a disciplinary action?

Did the student withdraw from school to avoid placement in an Alternative School due to disciplinary action?

The Georgia School Safety Act requires the following information:

DISCIPLINE: (a) Is the student currently suspended or expelled from the school last attended?

(b) Did the student withdraw from school to avoid suspension/expulsion?

If the answer to either of the above questions is yes, please give the reason for the suspension/expulsion and the date on which the suspension/expulsion ends.

CRIMINAL HISTORY: (complete if student is in the 7th grade)

Has the student ever been adjudicated guilty of a designated felony as defined by Georgia Law?

If yes, please supply the following information:

- (a) Date of adjudication
- (b) Court, including county and state, of adjudication:
- (c) Offense committed:
- (d) Sentence imposed, including any probation or other conditions:

Enrollment may be denied if a student is found to be ineligible under the provisions of the Georgia School Safety Act. Enrollment is provisional pending the receipt of student's cumulative record. Students denied enrollment may enroll at such time as he/she becomes eligible.

Parent/Guardian Signature: _____ Relationship: _____ Date: _____

Student Records Clerk: _____ Date: _____

**Clinch County Elementary School
Kindergarten Registration Form**

Name: _____
Last First Middle Preferred Name

Social Security #: _____

Date of Birth: _____ **Birthplace (city/state):** _____ **Country of Birth:** _____

Gender: M F **Home Phone # ()** _____ **County of Residence:** _____

Mailing Address: _____
Street City Zip

Street Address (required): _____
Street City Zip

Is this address ____home/mobile home ____apartment ____motel/hotel ____family/friends' home ____other

Parent/Guardian #1: _____ **Parent/Guardian #2:** _____

Relationship to student _____ Relationship to student _____

Work Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Cell Phone: () _____

Email: _____ Email: _____

**** Please note that the e-mail address and cell phone information obtained here will be used for our Alert Now call system ****

Emergency Contact #1 _____ **Phone # ()** _____

(Other than guardian)

Relationship to student _____

Emergency Contact #2 _____ **Phone # ()** _____

(Other than guardian)

Relationship to student _____

Emergency Contact #2 _____ **Phone # ()** _____

(Other than guardian)

Relationship to student _____

Ethnicity: Is student Hispanic? ____ Yes ____ No

Race (check ALL that apply): ____ American Indian/Alaska Native ____ Asian ____ Black/African American
____ Native Hawaiian/Other Pacific Islander ____ White

Health: Does this child have any health problems? ____ Yes ____ No

If yes, please explain: _____

Language Survey: What language(s) did the student first learn to speak? _____

What language(s) does the student speak at home? _____

What language(s) does the student speak most often? _____

List siblings in the Clinch County School System: _____

Does this student's parent/legal guardian serve in the active duty armed forces? _____

Preschool Experience:

Did student attend: ____ Georgia Pre-K ____ Head Start

____ Out-of-state Public Pre-K ____ Private (i.e. church school)

Is this child a repeater? ____ Yes ____ No

Office Use Only

Birth Certificate _____

Social Security Card _____

Immunization Cert. _____

Ear, Eye & Dental _____

Proof of Residency _____

Parent/Guardian Signature _____

Date _____

**Clinch County School System
Georgia Home Language Survey**

Student Name/Grade: _____

Date: _____

Notice to Parents and Guardians:

Georgia school systems are required¹ to collect your responses² to questions about your preferred language for school communication and your child's primary or home language. Information from the first question is used to identify your need for an interpreter or for translated documents. Information from the three *Home Language Survey questions* and the additional language information help us determine whether to screen your child's level of English language proficiency. The screening process will identify if your child qualifies for English learner status and services in our language instruction educational program.

Purpose of Questions	Questions & Parent/Guardians Responses
Communication Preferences This question helps the school provide you with an interpreter or translated documents, free of charge, should you want them. This question is for informational purposes only. It is not used to identify your child for English language proficiency screening.	Parent Communication Language (Required) In which language would you prefer to receive school communication? _____
Identification of Potential English Learners These three questions help schools identify if your child should be screened for eligibility to participate in their language instruction educational program. When the response to any of these questions is a language other than English, schools may be required to screen your child's level of English language proficiency. If you respond with more than one language, the school will need additional information from you before making this decision.	Home Language Survey (Required) - Which language does your child <u>best</u> understand and speak? _____ - Which language does your child <u>most</u> frequently speak at home? _____ - Which language do adults in your home <u>most</u> frequently use when speaking with your child? _____
Additional Information from Multilingual Families If you indicated that your child and other adults in the home <i>understand and use English and another language</i> or languages, schools will ask you to provide additional information to decide if your child should be screened for English proficiency. If you respond that your child understands and uses English more than the other home language, or that your child understands and uses both English and the other home language equally, the school will not screen your child for English language proficiency.	Additional Information from Multilingual Families. <i>Choose <u>only one sentence</u> that best describes your child's primary language.</i> ☐ My child understands and uses only the home language and <u>no English</u>. ☐ My child understands and uses mostly the home language and <u>a little English</u>. ☐ My child understands and uses the home language and English <u>equally</u>. ☐ My child understands and uses <u>mostly English</u> and only a little of the home language. ☐ My child understands and uses <u>only English</u>. Parent Signature: _____

¹ U.S. Department of Justice, Civil Rights Division, and U.S. Department of Education, Office for Civil Rights, 7 January 2015, *Dear Colleague Letter: English Learner Students and Limited English Proficient Parents*, p. 10.

Clinch County School System

Encuesta de Georgia sobre el idioma en el hogar

Nombre de Estudiante/Grado: _____

Fecha: _____

Aviso para padres/tutores:

Los sistemas escolares de Georgia están obligados a¹ recopilar sus respuestas a² las preguntas en relación con el idioma preferido para la comunicación escolar y sobre la lengua materna o que se habla en el hogar del/de la niño/a. La información de la primera pregunta se utiliza para identificar su necesidad de un intérprete o documentos traducidos. La información de las tres preguntas de la encuesta sobre el idioma en el hogar (*En inglés: Home Language Survey*) y la información adicional nos ayuda a determinar si es necesario evaluar el nivel de dominio del inglés de su hijo/a. El proceso de evaluación identificará si el/la niño/a reúne los requisitos para el término de aprendizaje de inglés y recibir servicios en nuestro programa educativo de enseñanza de inglés.

Objetivo de las preguntas	Preguntas y respuestas de los padres y tutores
Preferencias de comunicación Esta pregunta ayuda a la escuela a proporcionarle un intérprete o documentos traducidos, sin cargo, si lo desea. Esta pregunta es solo con fines informativos. No se utiliza para identificar a su hijo/a para una prueba del dominio del inglés.	Idioma de comunicación de los padres y tutores (Favor de contestar.) ¿En qué idioma prefiere recibir la comunicación escolar? _____

Identificación de posibles aprendices de inglés	Encuesta sobre el idioma en el hogar
Estas tres preguntas ayudan a las escuelas a identificar si su hijo/a debe ser evaluado/a para determinar la elegibilidad para participar en el programa educativo de enseñanza del idioma. Cuando la respuesta a cualquiera de estas preguntas sea un idioma distinto del inglés, las escuelas pueden verse obligadas a evaluar el nivel dominio del inglés de su hijo/a. Si responde en más de un idioma, la escuela necesitará más información antes de tomar esta decisión.	(Favor de contestar.) ¿Qué idioma entiende y habla <u>mejor</u> su hijo/a? _____ ¿Qué idioma utiliza su hijo/a con <u>mayor</u> frecuencia en el hogar? _____ ¿Qué idioma utilizan con <u>mayor</u> frecuencia los adultos en su hogar al hablar con el/la niño/a? _____

Información adicional para familias multilingües	Información adicional para familias multilingües.
Si indicó que su hijo/a y otras personas adultas en su hogar <u>entienden y utilizan el inglés y otro(s) idioma(s)</u>, las escuelas le solicitarán que proporcione más información para decidir si se debe evaluar el dominio del inglés de su hijo/a. Si responde que su hijo/a entiende y utiliza el inglés con mayor frecuencia que el idioma que se habla en el hogar, o que su hijo/a entiende y utiliza tanto el inglés como el idioma que se habla en el hogar por igual, la escuela no evaluará el dominio del inglés de su hijo/a.	(Elija <u>solo una frase</u> que mejor describa el idioma principal de su hijo/a.) Mi hijo/a solo entiende y utiliza el idioma que se habla en el hogar, <u>no el inglés</u>. Mi hijo/a entiende y utiliza principalmente el idioma que se habla en el hogar y <u>un poco de inglés</u>. Mi hijo/a entiende y utiliza el idioma que se habla en el hogar y el inglés <u>por igual</u>. Mi hijo/a entiende y utiliza <u>principalmente el inglés</u> y solo un poco del idioma que se habla en el hogar. Mi hijo/a entiende y utiliza <u>solo el inglés</u>. Firma de Padre: _____

¹ Departamento de Justicia de EE. UU., División de Derechos Civiles, y Departamento de Educación de EE. UU., Oficina de Derechos Civiles, 7 de enero de 2015. Carta Estimados Colegas (Dear Colleague Letter) Aprendices de inglés y padres con dominio limitado del inglés, p. 10.

² La encuesta del idioma que se habla en el hogar debe realizarse a los estudiantes que se matriculan por primera vez en las escuelas públicas de EE. UU.

Clinch County School System
Student Residency Questionnaire

This form is intended to address the McKinney-Vento Homeless Assistance Act 42 U. S. C. Ch.119, 11431, and must be completed for each student. The information you provide is confidential. Your child will not be discriminated against based upon the information provided.

Date: _____ School: _____

Student Name: _____ Birth Date: _____

Current Address: _____ Phone Number: _____

Please identify the student's current living arrangements. Please check one box:

_____ With another family or other person because of loss of housing as result of catastrophe (i.e. fire, natural disaster) or as a result of an economic hardship (i.e. foreclosure, eviction)

_____ Emergency or transitional shelter

_____ Hotel or motel

_____ With an adult who is not a parent or guardian, or alone without an adult

_____ Campground, car, park, public places, abandoned building, street, or any other inadequate living space

_____ None of the above

Parent/Legal Guardian Signature

Parent/Legal Guardian Name (please print)

Date

Note: The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school, even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate.

The Homeless Liaison is required to assist the student in obtaining any necessary documents, including immunization or school records, after the student has been enrolled. Students who are protected under the McKinney-Vento Act may also be entitled to transportation.

See the reverse side of this form for a one-page attachment titled, **"Information for Parents: McKinney-Vento Homeless Assistance Act"**.

**Information for Parents:
McKinney-Vento Homeless Assistance Act**

If your family lacks a fixed, regular and adequate nighttime residence and is forced to live in any of the following situations:

- Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (example: evicted from home, fire, etc.).
- In a motel, hotel, campground, or similar setting due to lack of alternative adequate accommodations.
- In an emergency or transitional shelter.
- Have a primary nighttime residence that is not designed for or ordinarily used as a regular sleeping accommodation for humans.
- In a car, park, public space, abandoned building, substandard housing, bus or train station, or a similar setting.

- **Then your children have the right to:**
- **Immediate** enrollment in school;
- Attendance in the school of origin or in the attendance area where the family currently resides;
- Receipt of transportation to the school of origin if requested by the student's parent or guardian and the request is in the best interest of the child;
- Comparable services as other schoolmates, including transportation and supplemental services;
- Attendance in school with children not experiencing homelessness; and
- Information regarding the rights of students experiencing homelessness posted in all schools and other places around the community that low-income and high-risk families may visit.

Clinch County Public School System Homeless Liaison:

Renee Harris 912-487-5366

Grants Program Manager for Homeless Education (GA DOE):

Eric McGhee 404-651-7555

Sistema escolar del condado de Clinch

Cuestionario de residencia estudiantil

Este formulario tiene como objetivo abordar la Ley McKinney-Vento de Asistencia para Personas sin Hogar 42 U. S. C. Capítulo 119, 11431, y debe completarse para cada estudiante. La información que usted proporciona es **confidencial**. Su hijo no será discriminado por la información proporcionada.

Fecha: _____ Escuela: _____

Nombre del estudiante: _____ Fecha de nacimiento: _____

Dirección actual: _____ Número de teléfono: _____

Identifique las condiciones de vivienda actuales del estudiante. Por favor marque una casilla:

_____ Con otra familia u otra persona por la pérdida de vivienda como resultado de una catástrofe (es decir, incendio, desastre natural) o como resultado de una dificultad económica (es decir, ejecución hipotecaria, desalojo)

_____ Refugio de emergencia o de transición

_____ Hotel o motel

_____ Con un adulto que no es padre o guardián, o solo sin un adulto

_____ Campamento, automóvil, parque, lugares públicos, edificio abandonado, calle o cualquier otro espacio habitable inadecuado

_____ Ninguna de las anteriores

Firma del padre/tutor legal Nombre del padre/tutor legal (en letra de imprenta)

Fecha

Note: The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school, even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate.

The Homeless Liaison is required to assist the student in obtaining any necessary documents, including immunization or school records, after the student has been enrolled. Students who are protected under the McKinney-Vento Act may also be entitled to transportation.

See the reverse side of this form for a one-page attachment titled, **“Information for Parents: McKinney-Vento Homeless Assistance Act”**.

Información para padres:

Ley McKinney-Vento de asistencia a personas sin hogar

Si su familia carece de residencia nocturna fija, regular y adecuada y se ve obligada a vivir en alguna de las siguientes situaciones:

- Compartir la vivienda de otras personas debido a la pérdida de la vivienda, dificultades económicas o un motivo similar (ejemplo: desalojado de casa, incendio, etc.).
 - En un motel, hotel, campamento o entorno similar debido a la falta de alojamiento alternativo adecuado.
 - En un refugio de emergencia o de transición.
 - Tener una residencia nocturna principal que no esté diseñada ni utilizada habitualmente como alojamiento para dormir de seres humanos.
 - En un automóvil, parque, espacio público, edificio abandonado, vivienda deficiente, estación de autobús o tren, o un entorno similar.
-
- **Entonces tus hijos tienen derecho a:**
 - **Inmediato** inscripción en la escuela;
 - Asistencia a la escuela de origen o al área de asistencia donde actualmente reside la familia;
 - Recibo de transporte a la escuela de origen si lo solicita el padre o tutor del estudiante y la solicitud es en el mejor interés del niño;
 - Servicios comparables a los de otros compañeros de escuela, incluido transporte y servicios suplementarios;
 - Asistencia a la escuela con niños que no se encuentran sin hogar; y
 - Información sobre los derechos de los estudiantes sin hogar publicada en todas las escuelas y otros lugares de la comunidad que las familias de bajos ingresos y alto riesgo pueden visitar.

Clinch County Public School System Homeless Liaison:

Renee Harris 912-487-5366

Grants Program Manager for Homeless Education (GA DOE):

Eric McGhee 404-651-7555

School District: _____

Date: _____

Parent Occupational Survey

Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C.

☐ Parent declined to complete form. _____ Parent initials

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? ☐ Yes ☐ No
- Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? ☐ Yes ☐ No

If you answer "yes", check all that applies:

- ☐ 1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- ☐ 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- ☐ 3) Processing/Packing agricultural products
- ☐ 4) Dairy/Poultry/Livestock
- ☐ 5) Packing/Processing meats (beef, poultry, or seafood)
- ☐ 6) Commercial fishing or fish farms
- ☐ 7) Other (Please specify occupation): _____

Names of Parent(s) or Legal Guardian(s) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Thank You! Please return this form to the school

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should email, always through the DOE's Portal, occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, Rose McKeenhan
Phone: 470-763-1137
rmcKeenhan@doe.k12.ga.us

GaDOE Region 2 MEP, Pearl Barker
Phone: 470-763-1138
PBarker@doe.k12.ga.us

Family Contacted/Attempt Date: _____

Sent to Regional Office on: _____

1562 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • www.gadoe.org

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



Distrito Escolar: _____

Fecha: _____

Encuesta Ocupacional para Padres

Favor de completar este formulario para ayudarnos a determinar si su(s) hijo(s) califica(n) para recibir servicios suplementarios de parte del Programa de Título I, Parte C.

☐ Los padres, padre/madre, declina/n el completar esta forma. _____ Iniciales(s) de los padres

Nombre del/los Estudiante(s)	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? ☐ Sí ☐ No
- ¿Alguien en su casa trabaja o ha trabajado en una de las siguientes ocupaciones de forma permanente o temporaria en los últimos tres años? ☐ Sí ☐ No

Si la respuesta es "sí", marque todo trabajo que aplique:

- ☐ 1. Sembrando/Cosechando vegetales (tomates, calabazas, cebollas, etc.) o frutas (uvas, fresas, arándanos, etc.)
- ☐ 2. Sembrando, cortando, procesando árboles, o juntando paja de pino (*pine straw*)
- ☐ 3. Procesando/Empacando productos agrícolas
- ☐ 4. Trabajo en lechería, polleras o ganadería
- ☐ 5. Empacando/Procesando carnes (res, pollo, o mariscos)
- ☐ 6. Trabajos relacionados con la pesca (pesca comercial, o criadero de pescados)
- ☐ 7. Otra actividad. Por favor especifique en cuál: _____

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: _____

¡Muchas Gracias! Por favor regrese éste formulario a la escuela

Please maintain original copy in your files.

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Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



CLINCH COUNTY SCHOOLS CLINIC CONSENT FORM

Student Name: _____

Grade: _____ **Home Room:** _____

Family Doctor/Phone Number: _____

Contact Names, relation to child, phone numbers in the order you wish to be contacted in event of illness or injury:

1. _____
2. _____
3. _____
4. _____

Medications student currently taking: _____

Allergies (include medications, foods, and insect bites):

Medical History: (Please circle any that student has had in the past or currently has):

Asthma (childhood and/or current)	Hearing Problems	Vision Problems
Cerebral Palsy	Heart Problems	Wears glasses
Cystic Fibrosis	Hyperactivity	Hearing Aids
Diabetes	Seizures	Other: _____
Frequent Ear Infections	Sickle Cell Disease	_____

*In case of a serious illness/injury, the school nurse will render first aid. The parents/guardians will be contacted. If a parent/guardian can not be reached and the situation is emergent, 911 will be called and the child will be transported to the emergency room. Any fees for that transportation and medical services will be the responsibility of the parent/guardian.

*I give permission for my child to receive medical care by the school nurse in the school clinic for minor illnesses as in accordance with the Georgia School Health Resource Manual. This includes over-the-counter medications for minor pain and discomfort, menstrual cramps, stomach aches and/or indigestion, sore throat, cough, headaches, and first aid care for minor abrasions, skin irritations, and injuries. I do hereby grant the school nurse permission to perform these and other School Health Services (as described on back of page) without further notification by signing. I do hereby release the school system and the school nurse from any adverse reaction or side effects that might occur as a result of taking these over the counter medications or prescription medications.

(See reverse for list of clinic services, medications, and parent signature area.)

***** Circle Yes or No to indicate if you allow your child to receive the following medications at school by the school nurse.**

- ☐ Administration of Acetaminophen (Tylenol ®) or Ibuprofen (Motrin ®, Advil ®) at an age appropriate dose for discomfort, pain, or fever
☐ Yes ☐ No *** students with fever > 100°F will be dismissed home
- ☐ Antacid liquid or Antacid tablets for indigestion/minor stomach discomforts and age appropriate dose
☐ Yes ☐ No
- ☐ Benadryl ® (Diphenhydramine) for symptoms of allergic reactions, insect stings, or rashes at an age appropriate dose
☐ Yes ☐ No
- ☐ Cough drops for coughing (age appropriate due to choking hazard)
☐ Yes ☐ No
- ☐ Itch and rash relief cream/ointment for minor skin irritations
☐ Yes ☐ No
- ☐ Lubricating eye drops for eye irritations
☐ Yes ☐ No
- ☐ Oral pain relief gel for tooth/mouth discomfort
☐ Yes ☐ No
- ☐ Saline cleansing solution for cleaning of minor abrasions/wounds/cuts
☐ Yes ☐ No
- ☐ Triple antibiotic ointment for minor skin abrasions/wounds
☐ Yes ☐ No
- ☐ Cough Suppressant (Dextromethorphan HBr) syrup for mild cough with normal breath sounds and age appropriate dosing
☐ Yes ☐ No

Clinic Services:

- Nursing assessment of illness, injury, and other health related problems
- Administration of over-the-counter medications at age-appropriate doses per protocol
- Administration of prescription medication with parental consent
- Blood pressure screenings
- Blood sugar screenings (by finger stick if symptoms indicate the need)
- Head Lice screenings per policy
- Health promotion and wellness education including nutrition education
- Height and weight measurements as needed
- Implementing "Asthma Protocol", "Severe Allergic Reaction Protocol", or "Narcan Administration Protocol" Including the use of the following medications per protocol guidelines: Albuterol Sulfate for asthma, Epinephrine for allergic reactions, or Naloxone for suspected or confirmed overdose.
- Screening of vision and hearing as needed and during class screenings

Parent/Guardian

Signature _____

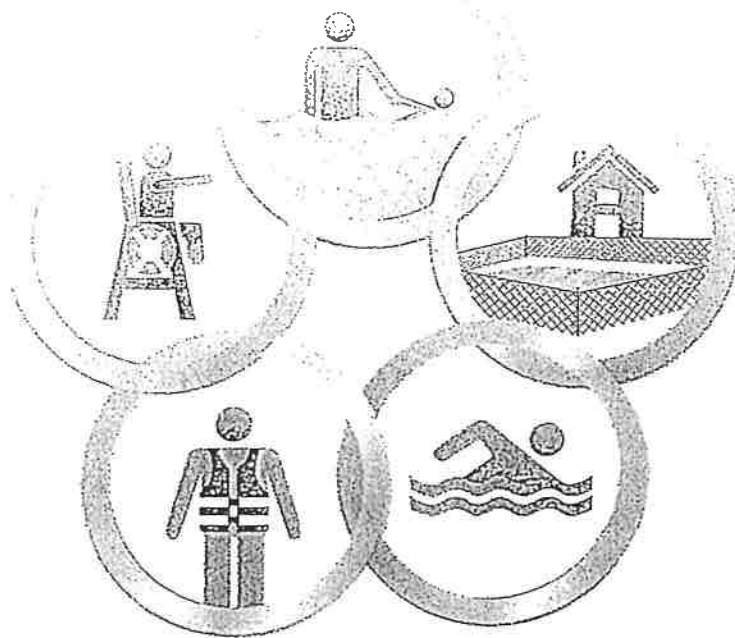
Date _____

() I DO NOT WANT MY CHILD TO RECEIVE SCHOOL HEALTH SERVICES

Circle of Drowning Prevention

Layers of protection are essential to help prevent drowning.

Plan ahead for aquatic activities:



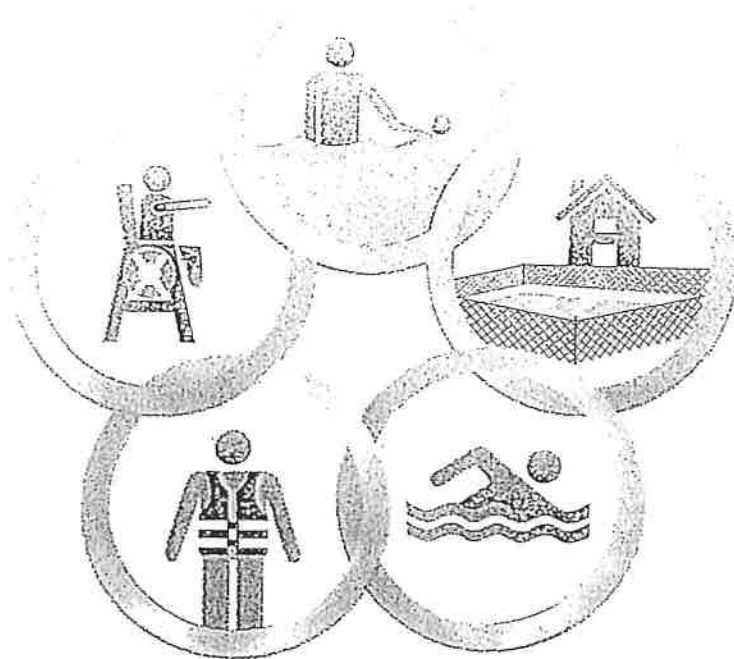
- Provide close and constant attention to children you are supervising in or near water.
- Fence pools and spas with adequate barriers, including four-sided fencing.
- Learn swimming and water-safety survival skills.
- Children, inexperienced swimmers, and all boaters should wear U.S. Coast Guard-approved life jackets.
- Always swim in a lifeguarded area.

American
Red Cross

 100+ YEARS
OF WATER SAFETY

Círculo de Prevención de Ahogamiento

Las capas de protección son esenciales para ayudar a prevenir ahogamientos. Planee con anticipación las actividades acuáticas:



- Vigile de cerca y de manera constante a los niños cuando están dentro del agua o cerca de esta.
- Cierre piscinas y spas con barreras adecuadas, incluyendo el cierre en las esquinas.
- Aprenda a nadar y desarrolle habilidades de supervivencia y seguridad en el agua.
- Los niños, nadadores inexpertos, y navegantes deben usar chalecos salvavidas aprobados por la Guardia Costera de EE.UU.
- Siempre nade en una zona vigilada.

Cruz Roja
Americana

+ 100+ AÑOS
DE SEGURIDAD ACUÁTICA