



2026-2027

Fulton County Schools Registration Form

(Please Print)



Student Information:

Last Name:		First Name:		Middle:	
Grade:		Date of Birth:		☐ Male ☐ Female	
Race: (check all that apply) ☐ American Indian or Alaska Native ☐ Asian ☐ Black / African American ☐ Hispanic / Latino ☐ Native Hawaiian / other Pacific Islander ☐ White / Caucasian					
Mailing Address:		City:		State:	Zip:
Physical Address:		City:		State:	Zip:
Home Phone:		Mother's Cell #:		Father's Cell #:	
My child lives with ☐ Both Parents ☐ Mother ☐ Father ☐ Grandparent ☐ Aunt/Uncle ☐ Other: _____					
Parent/Guardian emails:					

Health Information:

Does your child have any health problems of which we should be aware:	
Physician's Name:	
Physician's Phone #:	

Parent/Legal Guardian Information:

Father's/Legal Guardian's Name:	Place of Employment & Work Phone Number:
Mother's/Legal Guardian's Name:	Place of Employment & Work Phone Number:

Brothers/Sisters Attending Fulton County Schools:

Name:	Grade:	Name:	Grade:
Name:	Grade:	Name:	Grade:
Name:	Grade:	Name:	Grade:

Bus & Car Transportation Information:

Bus #:	Address your child will ride to:	Bus Driver:
☐ My child will ride the bus to and from school.		☐ My child will ride the bus to school only.
☐ My child will ride the bus from school only.		☐ My child will not ride the bus.

The following person(s) listed below have permission to pick up my child from school:

Name of Person	Relationship to Child	Home Phone Number	Cell Phone Number
1.			
2.			
3.			
4.			

Additional Information for NEW Enrolling Students Only:

School Name:	Student's SS Number:		
Address:	City:	State:	Zip:
Phone Number:	Fax Number:		

Has your child received special education/special classes within the last year? If yes, check those that apply:

☐ Speech	☐ Gifted	☐ Resource Room	☐ Title I Reading
☐ Self Contained	☐ Title I Math	☐ OT/PT	☐ ESL

For Office Use Only:

Non-Resident: Y N District:	Date Received:
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Fulton County Elementary & Middle School Title I, Part A School-Family Compact

2026-2027

Section 1116(d) of the Every Student Succeeds Act (ESSA) states that schools served under Title I, Part A must jointly develop with, and distribute to, parents and family members of participating children a written school-family compact. The compact outlines how parents, the entire school staff and students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership to help children achieve Kentucky's high standards. The term "parent" refers to parents, guardians, family members and caregivers. The Kentucky Department of Education requires the compact to be signed by all involved parties.

School Responsibilities

- Teachers will present materials and experiences to students and to inform students and families of achievement progress
- Provide necessary assistance to parents so that they can help with assignments.
- Encourage students and parents by communicating regularly about student progress.
- Contact parents regularly to convey pertinent information about students.
- Provide high quality instruction in a supportive environment.
- Provide varied learning opportunities for students to enable them to meet academic expectations.
- Hold expectations high for all students
- Provide an environment that allows for positive communication between the teacher, parent, and student

Parent/Family Responsibilities

- Require regular school attendance
- Provide a quiet, well-lit study area at home
- Establish routines and structure for home learning
- Encourage a positive attitude about school
- Attend parent-teacher conferences
- Encourage academic honesty
- Instill a sense of respect and responsibility

Student Responsibilities

- Be responsible for his/her own conduct and for showing consideration for the rights and property of others
Refrain from fighting, creating disturbances, or excessive noise, or denying others the use of school facilities or buildings, using or carrying any weapon on school premises, intentionally injuring another person or exposing others to harm or suing threats or intimidation against any other person
- Refrain from using, possessing, or transmitting any tobacco, alcoholic beverage, or vape products or illegal substance
- Refrain from gambling, extortion, gang affiliation displays, theft or any other unlawful activity
- Show respect for the education process by taking advantage of every opportunity to further his/her education
- Show respect for the educational environment by refraining from intentional or habitual tardiness or absences by attending school daily and being on time
- Practice physical and verbal self-control at all times
- Care for the equipment and physical facilities of the school refraining from willful destruction and damage

Signatures:

Teacher signature

Parent signature

Student signature (as appropriate)

Principal signature

School-Related Student Trip Permission Slip and Medical Release Form**9.36 AP.211**Student's Name _____
Last Name First Name Middle Initial☐ All school-related trips for the 2026/2027 school year; OR ☐ Field trip date(s) _____ Destination _____

Mode of Transportation (Check the appropriate boxes.)

☐ District-provided (to and from activity)☐ Parent/guardian vehicle to and from activity*I hereby give permission for my child to participate in the above-mentioned school-related student trip(s).**If I elect to drive my child to and from the school-related activity in my private vehicle, I understand that the Board's insurance does not cover private vehicles and that my private vehicle insurance shall provide primary liability coverage in case of an accident.**In addition, in the event my child suffers an accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event that I, the physician(s), or other persons I've designated cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.*

Parent/Guardian's Signature _____ Date: _____

Permission to Videotape/Photograph**09.14 AP.251**

DEAR PARENT/GUARDIAN:

At some time during the school year, school/District personnel or other District-authorized persons may videotape or photograph classroom activities or special projects in which your child participates during or after the school day for staff/student evaluative, educational, or public awareness purposes. Such videotapes or photographs may be viewed by peers, faculty, or administrators. On special occasions such as a videotape or photograph of a class or school play or of an academic or athletic event, the film or photograph may be viewed by a general audience.

Please review this form carefully, indicate your preference in regard to videotaping or photographing of your child, sign and date the form, and submit the form to the school. Although we will make efforts to comply with your request, bear in mind that we cannot monitor all adults at all times, especially during special occasions when other parents may take pictures or may tape the event.

Once signed and dated, this form shall remain in effect for your child's enrollment in the District schools. However, at any time during the school year, you may amend this form only for future uses/preference by notifying the Principal in writing of your request.

As the parent (s)/guardian(s) of _____, I/we give the
Student's Name

Fulton County School District permission to release my/our child's name, photograph, and/or audio/video reproduction for publication concerning school functions and activities, including academic and athletic activities.

Parent/Guardian Signature: _____ Date: _____

Principal/Designee's Signature: _____ Date: _____

Electronic Access/User Agreement Form

User's Name _____			
<i>Last Name</i>		<i>First Name</i>	<i>Middle Initial</i>
User's Address _____			
<i>City</i>		<i>State</i>	<i>Zip Code</i>
If applicable, User's Grade/School _____		Homeroom/Classroom _____	

Please check if you are a ☐ student ☐ certified employee ☐ classified employee.

As a user of the Fulton County School District's computer network, I hereby agree to comply with the District's Internet and electronic mail rules and to communicate over the network in a responsible manner while abiding by all relevant laws and restrictions. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or legal action may be taken.

User's Name (Please print) _____

User's Signature

Date

PRIOR TO THE STUDENT'S BEING GRANTED INDEPENDENT ACCESS PRIVILEGES, THE FOLLOWING SECTION MUST BE COMPLETED FOR STUDENTS UNDER 18 YEARS OF AGE:

As the parent or legal guardian of the student (under 18) signing above, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I understand that this access is designed for educational purposes; however, I also recognize that some materials on the Internet may be objectionable, and I accept responsibility for guidance of Internet use by setting and conveying standards for my child to follow when selecting, sharing, researching, or exploring electronic information and media.

CONSENT FOR USE

By signing this form, you hereby accept and agree that your child's rights to use the electronic resources provided by the District and/or the Kentucky Department of Education (KDE) are subject to the terms and conditions set forth in District policy/procedure. Please also be advised that data stored in relation to such services is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the e-mail address provided to your child can also be used to access other electronic services or technologies that may or may not be sponsored by the District, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider. Before your child can use online services, he/she must accept the service agreement and, in certain cases, obtain your consent.

Name of Parent/Guardian (Please print) _____

Signature of Parent/Guardian

Date

Daytime Phone Number: _____ Evening Phone Number: _____

NOTE: FEDERAL LAW REQUIRES THE DISTRICT TO MONITOR ONLINE ACTIVITIES OF MINORS.

Review/Revised:6/21/12

Fulton County School District
Confirmation of Access, Review and Agreement of the District Behavior
Expectations
(Code of Conduct Handbook and Fulton County Schools Handbooks.

I certify that I have read the "Fulton County District Behavior Expectations and Discipline Code Handbook" that is online at www.fulton.kyschools.us listed under BOE important documents and have read my **child's school handbook** and understand that my child will be required to abide by the rules and consequences listed in these documents.

I am aware that this form will be placed in his/her school record as verification that I have a copy or access to the "Fulton County District Behavior Expectation (Code of Conduct) and the schools handbook."

(Student Name, grade level—please print)

(Student Signature)

(Parent/Guardian Signature)

(Date)

**A copy of the District's Behavior Expectations and Discipline Code Handbook and
Fulton County Schools Handbook may be provided to you by the DPP
or the Principal upon your request.**

BULLYING/HAZING

In order to effectively participate in the democratic process as adults, students must learn to respect the rights of others and to interact with them in a civil manner. Therefore, students are required to speak and behave in a civil manner toward students, staff and visitors to the schools.

BULLYING DEFINED

Bullying means any unwanted verbal, physical, or social behavior among students that involves a real or perceived power imbalance and is repeated or has the potential to be repeated:

1. That occurs on school premises, on school-sponsored transportation, or at a school-sponsored activity; or
2. That disrupts the education process.

This definition shall not be interpreted to prohibit civil exchange of opinions or debate or cultural practices protected under the state or federal Constitution where the opinion expressed does not otherwise materially or substantially disrupt the education process

ACTIONS NOT TOLERATED

The use of lewd, profane or vulgar language is prohibited. In addition, students shall not engage in behaviors such as hazing, bullying, menacing, taunting, intimidating, verbal or physical abuse of others, or other threatening behavior. This policy extends to any/all student language or behavior including, but not limited to, the use of electronic or online methods.

Such behavior is disruptive of the educational process and interferes with the ability of other students to take advantage of the educational opportunities offered.

These provisions shall not be interpreted to prohibit civil exchange of opinions or debate protected under the state or federal constitutions where the opinion expressed does not otherwise materially or substantially disrupt the education process or intrude upon the rights of others.

Students who violate this policy shall be subject to appropriate disciplinary action.

REPORTS

As provided in the District Code of Conduct Handbook, students that believe they are victims of bullying/hazing shall be provided with a process to enable them to report such incidents to District personnel for appropriate action.

OTHER CLAIMS

When a complaint is received that does not appear to be covered by this policy, administrators shall review other policies that may govern the allegations, including but not limited to, 09.426 and/or 09.42811. Harassment/discrimination allegations shall be governed by Policy 09.4281

Notification of parent(s) of a student involved in an incident at the school shall be made within 48 hours of the initial reporting of such incident, if the incident is minor in nature, or needs further investigation. The fact that any major incident requires immediate notification of the parent(s) of a student should be understood. KRS 158.156 covers information needed for such a report. The determination of whether immediate notification is need will be made by the school principal or his/her designee. Students should report any violation of the code of conduct to the principal/designee.

The principal or designee shall investigate and notify parents/guardians, or others exercising control or supervision of the student within 48 hours of the incident.

The principal shall also notify in writing the local school board and local law enforcement agencies or the Department of Kentucky State Police or the County Attorney within 48 hours, when necessary.

Retaliation against an individual who had reported the violation is strictly forbidden. Any incidents of retaliation should be reported immediately to the principal/designee.

All students, school employees, parents, legal guardians, or other persons exercising custodial control or supervision will be informed of the Code requirements and consequences by receiving the Code of Conduct booklet.

I HAVE READ AND FULLY UNDERSTAND THE BULLYING/HAZING POLICY AS DESCRIBED ABOVE.

PARENT SIGNATURE

STUDENT PRINTED NAME

STUDENT SIGNATURE

DATE



Fulton County Schools

Notice to Guardians Regarding Terroristic Threatening

Dear Parent/Guardian,

Our most important function in Fulton County is to provide the safest learning environment possible for all of our students and school staff members.

Unfortunately, in recent years, Kentucky's P-12 schools have experienced an escalation of terroristic threats being made by students with intent to do harm to either other students or school staff members. Plainly stated, these are threats being made to shoot people or detonate bombs with lethal intent. In fact, between January 23rd and April 30th of 2018, Kentucky schools experienced (294) terroristic threats that caused widespread fear throughout the school's community and resulted in total disruption to the educational process. In many of those cases, school officials and law enforcement officials were forced to close schools to investigate the threats that had been made. In other cases, school attendance plummeted for days after the threat was made. Many school leaders have said that the emotional, instructional, and financial impacts of these acts are incalculable.

Terroristic Threatening in the second degree is defined in state law (KRS 508.078)

(1) A person is guilty of terroristic threatening in the second degree when, other than as provided in KRS 508.075, he or she intentionally:

b) Makes false statements by any means, including by electronic communication, for the purpose of:

- 1. Causing evacuation of a school building, school property, or school-sanctioned activity;**
- 2. Causing cancellation of school classes or school-sanctioned activity; or**
- 3. Creating fear of serious bodily harm among students, parents, or school personnel**

(For the complete text for KRS 508.078 please see the back of this page.)

Such threats to our students and school staff are totally unacceptable and will not be tolerated. As a result, the purpose of this letter is to notify all parents and guardians that school district officials (in coordination with responding law enforcement agencies) will **pursue immediate legal charges for felony terroristic threatening in the second degree, to the absolute fullest extent of the law, against anyone who makes such threats, including students.** Moreover, we will advocate to our highest ability that the prosecution of these individuals be swift and their punishment be severe.

Our approach to eliminating terroristic threatening in our school and district is strong and unwavering, and as a result, it is imperative that you discuss this critically important matter with your student as soon as possible. School and law enforcement officials are determined to put a halt to these willful acts of terrorism being made toward our students. Please do your part to ensure that your student never becomes a party to such an offense by educating him/her on the seriousness of its consequences.

Together we can prevent this unnecessary, dangerous, and disruptive crime from victimizing our schools. I appreciate your partnership in keeping our school the safest place for your student to learn and grow. If you have any questions or concerns, please contact your school principal at your convenience.

Sincerely,

FCES Principal
FCMS Principal
FCHS Principal

PLEASE CAREFULLY REVIEW DETAILS OF KRS 508.078 ON FOLLOWING PAGE – SIGNATURES ARE REQUIRED

Definitions of Terroristic Threatening:

508.078 Terroristic threatening in the second degree.

(1) A person is guilty of terroristic threatening in the second degree when, other than as provided in KRS 508.075, he or she intentionally:

(a) With respect to any scheduled, publicly advertised event open to the public, any place of worship, or any school function, threatens to commit any act likely to result in death or serious physical injury to any person at a scheduled, publicly advertised event open to the public, any person at a place of worship, or any student group, teacher, volunteer worker, or employee of a public or private elementary or secondary school, vocational school, or institution of postsecondary education, or to any other person reasonably expected to lawfully be on school property or at a school-sanctioned activity, if the threat is related to their employment by a school, or work or attendance at school, or a school function. A threat directed at a person or persons at a scheduled, publicly advertised event open to the public, place of worship, or school does not need to identify a specific person or persons or school in order for a violation of this section to occur;

(b) Makes false statements by any means, including by electronic communication, for the purpose of:

1. Causing evacuation of a school building, school property, or school-sanctioned activity;
2. Causing cancellation of school classes or school-sanctioned activity; or
3. Creating fear of serious bodily harm among students, parents, or school personnel;

(c) Makes false statements that he or she has placed a weapon of mass destruction at any location other than one specified in KRS 508.075; or

(d) Without lawful authority places a counterfeit weapon of mass destruction at any location other than one specified in KRS 508.075.

(2) A counterfeit weapon of mass destruction is placed with lawful authority if it is placed as part of an official training exercise by a public servant, as defined in KRS 522.010.

(3) A person is not guilty of commission of an offense under this section if he or she, innocently and believing the information to be true, communicates a threat made by another person to school personnel, a peace officer, a law enforcement agency, a public agency involved in emergency response, or a public safety answering point and identifies the person from whom the threat was communicated, if known.

(4) Except as provided in subsection (5) of this section, terroristic threatening in the second degree is a Class D felony.

(5) Terroristic threatening in the second degree is a Class C felony when, in addition to violating subsection (1) of this section, the person intentionally engages in substantial conduct required to prepare for or carry out the threatened act, including but not limited to gathering weapons, ammunition, body armor, vehicles, or materials required to manufacture a weapon of mass destruction.

Penalties

Violating a Class D felony (adult) 1-5 years imprisonment (KRS 532.020) and/or \$1,000-\$10,000 fine (KRS 532.020).

Violating a Class C felony (adult), 5-10 years imprisonment (KRS 532.020) and/or \$1,000-\$10,000 fine (KRS 532.020).

Violating a felony (juvenile) fine not to exceed \$500 (KRS 635.085), with fine assessed at the court's discretion in lieu of commitment to the Department of Juvenile Justice.

Student's Name

Student's Signature

Parent's Signature

Date

2026-2027 FCEMS TRANSPORTATION FORM

Transportation

Bus Transportation: Bus assignments will be made after registration and will be set before the beginning of the school year. There will be no bus changes during the first week of school. When there is a permanent change of address, a new transportation form should be completed in the front office. If no one will be at the given address to receive your child, you may call the school and change your child to a car rider **before 12:00 p.m.**

Car Riders: Drop off - Doors will not open until 7:30 a.m., please do not bring your child to school before then. Pick up - Please do not join the car rider pick-up line until **after 2:30 p.m.** It is an important safety concern to have both lanes open for emergencies until 2:30.

If your child's transportation is the **same every day**, ONLY fill out Monday.

Child's Name: _____ Grade: _____

	Transportation to School:	Pick-Up Address for Bus
M O N	_____ Car Rider	_____
	_____ Bus Rider	_____
	Transportation After School:	Drop-Off Address for Bus
M O N	_____ Car Rider	_____
	_____ Bus Rider	_____
_____ My child's transportation is the same every day.		

	Transportation to School:	Pick-Up Address for Bus	Drop-Off Address for Bus
T U E	_____ Car	_____	_____
	_____ Bus	_____	_____
	AM or PM or BOTH		
W E D	_____ Car	_____	_____
	_____ Bus	_____	_____
	AM or PM or BOTH		
T H U	_____ Car	_____	_____
	_____ Bus	_____	_____
	AM or PM or BOTH		
F R I	_____ Car	_____	_____
	_____ Bus	_____	_____
	AM or PM or BOTH		

STUDENTS

09.2261 AP.2

Transportation Services Policy Acknowledgement Form

Per KRS 158.148, the Superintendent/designee shall require every student in the District and at least one (1) parent or guardian of each student to acknowledge in writing the receipt, comprehension, and agreement of adherence to the Transportation Services Policy within seven (7) days of the student's first day of attendance during each school year. Failure to submit written acknowledgement by a student or their parent or guardian may be grounds for revocation of a student's transportation privileges until the acknowledgment is properly received.

I ACKNOWLEDGE THE RECEIPT, COMPREHENSION, AND AGREEMENT OF ADHERENCE TO THE TRANSPORTATION SERVICES POLICY (09.2261) PROVIDED BY THE DISTRICT.

SCHOOL: _____

DATE: _____

STUDENT NAME (PRINTED)

STUDENT SIGNATURE

PARENT/GUARDIAN NAME (PRINTED)

PARENT/GUARDIAN SIGNATURE

Per KRS 158.148, the Kentucky Department of Education shall develop or update as needed and distribute to all districts by August 31 of each even-numbered year the Transportation Services Policy Guidelines.

Review/Revised: 06/27/24



FULTON COUNTY SCHOOL DISTRICT

Home of the Pilots

Ellen Murphy, Superintendent

2780 Moscow Avenue
Hickman, Kentucky 42050

Telephone: (270) 236-3923

Fax: (270) 236-2184

www.fulton.kyschools.us

RE: 2026-2027 School Year

Parents/Guardians,

Our students have great educational opportunities to be able to utilize chromebooks during the school day. They are getting the experience of technology assistance in their education. With the chromebooks, come expenses to upkeep and repair them. Each student is required to pay a \$20.00 technology fee or there is a family technology fee of \$100.00 for families over 5 students. This fee is due upon the first day of school. We are looking forward to a great school year.

Please fill complete the information below.

Student name _____ School _____

Grade _____

I am aware in the situation of an intentional damage to a chromebook, I am responsible to pay for the damages.

Parent/Guardian Signature _____

Fulton County Board of Education

Rob Garrigan---Jana Turner---Barry Patrick---Kim Hagler---Brian Emmons

Mission: Compassion + High Standards = Growth for all

Vision: Relentlessly Pursuing Excellence

An Equal Opportunity Employer M/F/D/V

Home Language Survey

Dear Parent/Guardian:

The purpose of the home language survey (HLS) is to determine the primary or home language of the student. This information is essential in order for schools to provide meaningful instruction for all students. The HLS is part of the statewide identification process required under Section 3113(b)(2) of the Every Student Succeeds Act (ESSA) and 703 KAR 5:070 and the related Inclusion of Special Populations Guidance.

The HLS must be given to all students in grades K-12 upon their initial enrollment in the district as a first screening process to identify potential English learner students. The HLS is administered one time, upon initial enrollment in grades K-12 and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. **If a language other than English is recorded for ANY of the required survey questions below, the district is legally obligated to do further assessment of your child to determine if they are eligible for language support.**

Answers will not be used for determining legal status or for immigration purposes. If your child is identified for English language services, you may decline some or all of the services offered to your child.

If you have any questions on how to complete the HLS, please contact your child's school.

Student Information (required):

Name: _____

Grade: _____

Student Language Background (required):

1. What is the language most frequently spoken at home? _____
2. Which language did your child learn when they first began to talk? _____
3. What language does your child most frequently speak at home? _____
4. What language do you most frequently speak to your child? _____

Language for School Communication (not required):

5. In which language would you prefer to receive all school information: _____

Parent/Guardian Signature: _____ Date: _____

By signing here, you certify that responses to the four required questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for language support services, to help them become fluent in English. Students qualifying for language support services are entitled to services as an English learner and will be tested annually to determine their English language proficiency as required by ESSA 1111(b)(2)(G).

For School Use Only

School personnel who administered and explained the HLS and potential placement of a student into an English language development program if a language other than English was indicated:

Name: _____

Date: _____

Consent for School Health Services

Student Information

Last Name: _____ First Name: _____ MI: _____
Homeroom: _____ Grade: _____ Male/Female: _____ Last School Attended: _____
Social Security Number: _____
Race: White Black American Indian Asian Native Hawaiian Hispanic (circle the one that applies)
Date of Birth: _____ Address: _____ City: _____ Zip: _____
Mother: _____ Home# _____ Work# _____ Cell# _____
Father: _____ Home# _____ Work# _____ Cell# _____
Guardian: _____ Home# _____ Work# _____ Cell# _____
(guardian papers must be on file in the office)

Emergency Information

Emergency Contact: _____ Home# _____ Work# _____ Cell# _____
Emergency Contact: _____ Home# _____ Work# _____ Cell# _____
Child's Doctor: _____ Phone# _____ Preferred Hospital: _____

Student Medical Information

Circle ALL that applies: Diabetes Seizures Asthma ADD ADHD Tobacco use
List ANY other significant medical history: _____
Does your child take any routine medications: What? _____ Why? _____
Does your child have ANY allergies? (food, medicine, stings) _____
Does the allergy require an Epi-pen? Yes/No _____

Student Medical Insurance

Does your child have any medical insurance/medicaid? Yes/No _____ Insurance Name: _____

Consent for Health Services/Assignment of Benefits

I consent to care which may include screening, assessments, lab test, treatment, first-aid, over-the-counter and /or prescription medicine, and any other health service given to my child by staff or agents of this Health Department. I authorize the school health clinic staff to release medical information about my child that impacts learning environment to his/her physician/primary care provider, school principal/guidance counselor or designee. I also understand that the information obtained for the school physical including immunization information will be released to my child's school. If my child has Medicaid/K-chip, I authorize payment be made to Purchase District Health Department on my behalf, for services received. I also release this information to Medicaid/K-chip for billing purposes. I understand that no guarantees are being made as to the effects of any exam or treatment on my child. I further understand that I will not be billed for any services that my child receives at the school clinic, except for vaccines that are not required (i.e. flu vaccine, a separate consent will be sent home). I acknowledge receipt of the Notice of Privacy Practices (NPP) for the Purchase District Health Department.

Signature of Parent/Guardian: _____ Date signed: _____
Must be signed for your child to receive first-aid. (Expires one year after date signed)

Parent Permission to give "Occasional" Over-The-Counter Medication

Student Name _____

Over-the-Counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the-counter." This form is required before OTC medications can be administered at school.

Please initial each medication for which you are giving permission

OR

_____ I approve all medication _____ I do not want any OTC meds given to my student

Topical:

_____ Antibiotic cream

_____ Itch Cream (i.e. hydrocortisone)

_____ Calamine Lotion

_____ Eucerin Cream

Oral:

_____ Ibuprofen (i.e. Advil, Motrin)

_____ Acetaminophen (i.e. Tylenol)

_____ Cough drops (ages 9 and up)

_____ Calcium Carbonate (i.e. Tums)

OTC medications will be given at the manufacturer's recommended dosage.

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

SIGNATURE OF PARENT

DATE

The School is not able to supply medication for frequent or daily use. For OTC medications not listed on this form, or if the medications are given on a regular basis, Parent will be responsible for supplying medication and a permission for prescribed medication will need to be completed.

Medication History:

Is your student allergic to any medications? _____ If yes, please list medications and type of reaction: _____

Does your child take any medication (either OTC or prescription) on a regular basis? If yes, please list
