

2020-2021

CCS YEARLY STUDENT FORM

(Please complete one form per student, print legibly, complete all fields or put n/a)

Emergency Medical Authorization Form

STUDENT'S NAME: _____ AGE: _____ GRADE: _____

Student's Phone #: _____

ACTIVITY: (Place an X below for all that apply)

____ Basketball ____ Softball ____ Wrestling ____ FBLA ____ HS Quiz Bowl ____ One-Act
Football ____ Track ____ X-Country ____ FCCLA ____ Journalism ____ Speech ____ Golf
Volleyball ____ Cheerleading ____ FFA ____ Music

EMERGENCY CONTACT:

PARENT(S) OR GUARDIAN(S):

Name : _____ Name: _____
Cell: _____ Work: _____ Cell: _____ Work: _____
Address _____ Address: _____

NON-HOUSEHOLD CONTACT (Same as listed in I.C)

Name: _____ Relationship to Student: _____
Cell: _____ Work: _____

<p>*INSURANCE COMPANY: _____ *POLICY #: _____</p> <p>If you DO NOT have insurance please note, the District does not provide accidental insurance, however, the District does offer Supplemental Accident Insurance/Student Assurance Services starting at \$16/yr. for school time (no sports) K-12 students. Please see chasecountyschool.org/Parent/Forms & Docs/Supplement Student Insurance, for additional premium offerings.</p> <p>Place an X in one of the following:</p> <p>____ We the undersigned, would like to enroll with Student Assurance Services, see our enrollment form. Enrollment forms will be sent home with grades K-4 students, grades 5-12 will be available in the office.</p> <p>____ We the undersigned, will NOT be enrolling with Student Assurance Services, and feel we have adequate insurance for our son/daughter.</p>
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PHYSICIAN'S NAME: _____ PHONE#: _____

Any known allergies? _____ List: _____

Do you have any of the following medical conditions?

____ Asthma ____ Kidney Injury ____ Diabetes ____ Epilepsy
____ Heart Condition ____ Other (please specify) _____

Are you currently taking any medications? _____ If yes, please list: _____

Do you wear any of the following?

____ Glasses ____ Contact Lenses ____ Dental appliances of any kind
____ Other (please specify) _____

In the event the designated preferred practitioner is not available, we authorize in advance another licensed physician or dentist the authority and power to render care in his/her best judgment and the transfer of the child to any hospital reasonably accessible. It is also understood that every effort shall be made to contact the parent/legal guardian prior to rendering treatment to the patient, but treatment will not be withheld if the parent/guardian cannot be contacted. Permission is also granted for the school's athletic trainer or coach to provide emergency treatment to my/our child prior to his/her admission to any medical facility.

REQUIRED - SIGNATURE OF PARENT/GUARDIAN

Transportation Permission

Place an X below and complete, if applicable:

My child(ren) will or might (circle one) ride the **TOWN ROUTE**

My child(ren) will or might (circle one) ride the **RURAL ROUTE** (route # will be assigned by the bus barn)

Their name(s) and grade(s) are: _____

Yes, the bus driver has by permission to drop off my child(ren) when no one is home, this pertains to grades KD - 5 only.

No, the bus driver doesn't have my permission to drop off my child(ren) when no one is home.

My child(ren) may drive to school in vehicle(s) with license plate(s)# _____, _____, _____

Athletic Handbook - if applicable

(for more details go to www.chasecountyschools.org)

Place an X in one of the following:

I realize it is my responsibility to read the athletic handbook on the school website and abide by the rules and regulations set forth or I prefer a paper copy of the handbook.

Student-Parent Handbook

(for more details go to www.chasecountyschools.org)

Place an X in one of the following:

I will read the handbook on the school website or I prefer a paper copy of the handbook.

Parental Field Trip Permission

I, the parent/guardian grant permission for my child to participate in all School related Field Trips for this school year. Details about the field trip will be sent home ahead of time.

Place an X in one of the following:

Yes, I grant permission or No

Media Release Form

(for more details go to www.chasecountyschools.org)

Place an X in one of the following:

I, hereby GIVE my permission to CCS to publish my child's photograph in any of Imperial media-based productions or

I hereby DENY permission

K-12 Computer Use Agreement

(for more details go to www.chasecountyschools.org)

Place an X in the applicable field:

I, the Parent/Guardian, have reviewed the terms and conditions for computer equipment and network access adopted by the District via the school website. As a parent/guardian, I grant permission for my son/daughter to have access to the network, including e-mail and the Internet or I, prefer a paper copy.

I, the Student, agree to follow the terms and conditions for computer equipment and network access adopted by the District.

**** Our signatures below indicate our understanding of all of the above, I will contact the school for more information if unclear on anything stated above. ****

REQUIRED - PARENT/GUARDIAN SIGNATURE

REQUIRED - STUDENT SIGNATURE

Date: _____