

EMERGENCY MEDICAL AND STUDENT INFORMATION FORM

Parent/Guardian must provide a signature in **Part 3** *or* **Part 4** *and* **Part 7** (back).

PART 1: STUDENT INFORMATION - Please use black ink and print clearly

Student Name	Student Cell Phone	Grade	Homeroom
Street Address		City, State and Zip Code	

PART 2: EMERGENCY CONTACT INFORMATION Please provide the requested information for the primary contact and three nearby family or friends. In case of emergency, illness, or accident the school is authorized to contact and/or release student to those listed.

Legal Guardian (must be Custodial/Residential parent)	Relationship	Email Address
Home/Cell Phone-This number will be used for all alert calls	Day Phone	Lives with student <input type="checkbox"/> YES <input type="checkbox"/> NO

Second Contact

Contact Name	Relationship	Email Address
Phone Number	Day Phone	Lives with student <input type="checkbox"/> YES <input type="checkbox"/> NO

Third Contact

Contact Name	Relationship	Email Address
Cell Phone	Day Phone	Lives with student <input type="checkbox"/> YES <input type="checkbox"/> NO

Fourth Contact

Contact Name	Relationship	Email Address
Phone Number	Day Phone	Lives with student <input type="checkbox"/> YES <input type="checkbox"/> NO

PART 3: GRANT CONSENT I hereby give my consent for assessment and first aid for my child at school.

In the event of a medical emergency and reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary; and (2) the transfer to any hospital reasonably accessible. Please list below the facts concerning the child's medical history, including allergies, medications being taken and any physical impairment to which a physician should be alerted.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Physician	Phone Number	Dentist	Phone Number
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Preferred Hospital

MEDICAL ALERTS: allergies, medications, physical impairment, etc.

Date	Signature of Custodial/Residential parent
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PART 4: REFUSE CONSENT In the event my child needs more than first aid, I **DO NOT** give consent for emergency medical treatment of my child, and wish the school authorities to take the following action.

List actions to be taken:

Date	Signature of Custodial/Residential parent
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PART 5: SIBLINGS List full name/grade level of any additional siblings attending Southeast Local School District.

Name	Grade	Name	Grade
Name	Grade	Name	Grade

PART 6: PARENTAL RELEASE

Permission to Publish Student's Work - Student work is occasionally printed or posted on public media.

- I authorize the use of my child's work for publication
- I do not authorize the use of my child's work for publication

Permission to Publish Student's Likeness - Student pictures and videos are occasionally printed or posted on public media.

- My child's name and likeness may be released
- My child's likeness may be released only as part of a group of 5 or more students Do not release my child's name or likeness

PART 7: COMPUTER ACCEPTABLE USE AGREEMENT

Southeast Local School District is proud to be able to offer our students access to technology through a variety of sources. Use of technology allows students to research, explore, create, and collaborate to enhance their learning experience. In addition, technology allows parents, teachers, and administrative staff to provide the ability to gather and disseminate information, as well as to enhance home/school communication.

This policy covers all devices and accessories provided to students that are the property of Southeast Local School District. This policy also applies to any online service provided directly or indirectly by the district for student use. The use of computer technology by students is a privilege afforded to those students who abide by the Board of Education's policies and rules regarding acceptable use. All computers must be used in a responsible, efficient, ethical and legal manner. Failure to adhere to the acceptable use policy and the guidelines below will result in the revocation of the user's access privilege. Unacceptable uses of computers and/or the network include, but are limited to:

1. Violating the conditions of State and Federal law dealing with student's and employee's rights to privacy, including unauthorized disclosure, use and dissemination of personal information;
2. Using profanity, obscenity or other language which may be offensive to another user or intended to harass, intimidate or bully others whether such use is on or off school property;
3. Accessing personal social networking websites for non-educational purposes;
4. Reposting (forwarding) personal communication without the author's prior consent;
5. Copying commercial software and/or other material in violation of copyright law;
6. Using the network or equipment for financial gain, for commercial activity or for any illegal activity;
7. Gaining unauthorized access to other computers or computer systems, or attempting to gain such unauthorized access;
8. Accessing, viewing and/or saving inappropriate material including photographs and images that depict nudity, pornography or otherwise profane or vulgar materials;
9. Downloading of freeware or shareware programs.

PARENT ACCEPTABLE USE AGREEMENT

We, (parent/guardian) _____ of (student name) _____ have read and understand the Southeast Local School District User Policy and Agreement. We agree to its terms and conditions and we agree to supervise our child's use of the Southeast Computer Network at home or outside of the classroom.

Date

Signature of Custodial/Residential parent

STUDENT ACCEPTABLE USE AGREEMENT

Student signature is required only for grades 6 through 12

I have read and I understand the Southeast Acceptable Use Guidelines and Agreement. I agree to abide by all the rules and standards for acceptable use stated within the current school year. I acknowledge and agree that violating this agreement may result in my privilege being revoked and disciplinary action may be taken against me. I understand once I turn 18 years old, this policy and agreement will continue to be in force.

Date

Signature of Student