

WEST BONNER COUNTY SCHOOL DISTRICT #83

STUDENT _____ TEACHER _____
Last First Middle BOY () GIRL () BIRTH DATE _____ BUS TRANSPORTATION ELIGIBLE YES / NO
Month/Day/Year BUS RT. _____

PHYSICAL ADDRESS _____ HOME PHONE _____

MAILING ADDRESS _____ CELL PHONE _____

CITY _____ STATE _____ ZIP _____ GRADE ENTERING _____ SCHOOL _____

EMAIL ADDRESS for school communication _____

Father/Step Father/ Guardian (circle one) Active Military Yes / No
Mother/Step Mother/Guardian (circle one) Active Military Yes / No
If parent or guardian cannot be reached, call: {LOCAL ONLY}

Name _____ 1. _____

Cell Phone _____ Phone _____

Employer _____ 2. _____

Work Phone _____ Phone _____

Lives with _____ 3. _____

Siblings _____ Phone _____

by signing this form you are opting-in to allow the school district to auto-dial all phone numbers given for school emergencies/closures, attendance and general announcements

In case of accident or other emergency, if parent or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangement as he/she considers necessary for my child to receive medical and/or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Family Physician _____ Address _____ Phone _____
The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

Insurance Carrier Name & ID# _____

Health Problems/Allergies _____

Parent/Guardian Signature _____ Date _____

MEDICATION POLICY INFORMATION

West Bonner County School District's medication policy allows students to bring medication to school ONLY with a "Medication Administration" form signed by a parent or guardian and notification of the school administrators. This means all forms of medication - BOTH prescriptive and over-the-counter, including but not limited to acetaminophen (Tylenol), ibuprofen, Aleve, vitamins, cough medication, cold medication, Pamprin, Midol, herbal supplements, etc. Medicine brought to school may not be shared with other students.

If your student's health requires taking medication at school a "Medication Administration" form must be filled out for all medicine brought to school. Please inform the school secretary of any health issues or concerns your student may have.

PRE has a small supply of ibuprofen and acetaminophen for emergencies. We can give these to your student only if we have a signed "Medication Administration" form on file.

Date: _____

I hereby request school personnel of West Bonner County School District to give medicine to my child, _____.

Please check which medication(s) and dose(s) you wish to have your student receive.

Acetaminophen (Tylenol) 325 mg 240 mg 120 mg 80 mg ____ mg

Ibuprofen (Advil, Motrin) 200 mg ____ mg

I give my permission for my above named child to have and/or take the above medication at school under the supervision of the school staff.

Signature of Parent of Guardian: _____

IMPORTANT NOTICE TO PARENTS

Concerning STUDENT INJURIES

Even with the greatest precautions and the closest supervision, accidents can and do happen at school. They are a fact of life and a part of the growing-up process our children go through.

Parents need to be aware of this and be prepared for possible medical expenses that may arise should their child be injured at school.

The school district does not provide medical insurance to automatically pay for medical expenses when students are injured at school. This is the responsibility of the parents or legal guardians. The district only carries liability insurance.

The district does make student medical insurance available to families for their individual purchase. Brochures outlining the coverage and premiums are available in the school office.

Please sign this form and return it to the school. This does not obligate you to purchase school insurance but makes you aware that it is available to you.

Sincerely,

Aaron Lippy
Principal Priest River Elementary

_____ Yes I would like to purchase school insurance and my student will be picking up a form from the office.

_____ No, I would not like to purchase school insurance

Student's Name

Teacher

Signature of Parent/Guardian

Date