

**MOUNT VERNON COMMUNITY SCHOOL DISTRICT  
STUDENT INFORMATION FORM 2017-2018**

A separate form must be completed for each student.

It is not necessary to complete this form if online eRegistration has been completed.

**STUDENT INFORMATION**

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Last Name	First Name	Birth Date	Gender	Grade
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**HEALTH HISTORY: Please include a copy of immunizations**

Does the student have any of the following conditions or concerns: (Check all that apply)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Seizures              | <input type="checkbox"/> Severe Allergic Reaction | <input type="checkbox"/> Emotional Difficulties  |
| <input type="checkbox"/> Inhaler           | <input type="checkbox"/> Hearing Impairment    | <input type="checkbox"/> Epi-Pen                  | <input type="checkbox"/> Visual Impairment       |
| <input type="checkbox"/> Blood Disorder    | <input type="checkbox"/> Hearing Aid           | <input type="checkbox"/> Seasonal Allergies       | <input type="checkbox"/> Glasses or Contacts     |
| <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Chronic Ear Infection | <input type="checkbox"/> Medication Allergies     | <input type="checkbox"/> Neuromuscular Disease   |
| <input type="checkbox"/> TB or TB Exposure | <input type="checkbox"/> Eating Problems       | <input type="checkbox"/> Orthopedic Problem       | <input type="checkbox"/> Kidney Disease          |
| <input type="checkbox"/> Heart Condition   | <input type="checkbox"/> Food Allergies        | <input type="checkbox"/> Migraines                | <input type="checkbox"/> Behavioral Difficulties |
|  | <input type="checkbox"/> Latex Allergy         |   |  |

Does your child have any additional health problems or concerns you feel would be helpful for the school to know?

**HEALTH HISTORY**

**YES NO** Does your child have health insurance? If yes, please list company name.

**YES NO** Would you like information on hawk-i Healthy & Well Kids in Iowa Insurance?

**YES NO** Does your child have any allergies we should be aware of?

**YES NO** Will your child take any prescription medication(s) at school? If yes, what prescription medication(s)?  
**\*\*If Yes - Please complete a medication administration form.**

**YES NO** Does your child take any other medication on a regular basis? If yes, please list.

**YES NO** Has your child had any surgery, serious injury or chronic illness? Explain and give approximate date.

**HEALTH CARE PROVIDERS**

Physician/Nurse Practitioner/PA: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference (Name & City): \_\_\_\_\_

Dentist Name, Phone #, and Dental Insurance \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please see reverse side for additional information

**SIBLING INFORMATION**

List ALL siblings of student listed on front page.

First NameLast NameBirth DateGenderGrade

<u>First Name</u>	<u>Last Name</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>

**EARLY DISMISSALS**

Where does your child go in the event of weather related early dismissals?

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**FIELD TRIPS**

I give my permission for my child to go on class field trips. I understand an informational letter or note will be sent home before each field trip so I will be aware that my child will be leaving the school grounds.

YES NO **NAME PERMISSION**

Our students are involved in a variety of school activities each day both in the classroom and outside activities. We use student names in a variety of communication tools so that we might share these activities with our community through the school district's newsletter, website, brochures, and other district communication materials. Do you give permission for your student to have their name included in these materials?

YES NO **PHOTO PERMISSION (elementary and middle school students)**

We occasionally photograph elementary and middle school students involved in nonpublic events within the classroom or school as well as activities outside the buildings. This is done so that we might share these activities with our community through the school district's newsletter, website, and other district communication materials. Student names are not included with these photographs. Local newspapers and local media will occasionally take pictures of students involved in school activities and will request the student's name to be included with the picture. Do you give permission for your student's photographs to be included for this purpose?

YES NO **PHOTO PERMISSION (high school students)**

We occasionally photograph high school students within the classroom or school as well as activities outside the buildings. This is done so that we might share these activities with our community through the school district's newsletter, website, and other district communication materials. Student names are included with these photographs. Local media will occasionally take pictures of students involved in school activities and will request the student's name to be included with the picture. Senior pictures with names are also shown on the school website. Do you give permission for your student's photographs to be included for this purpose?

YES NO **HIGH SCHOOL STUDENT RECRUITMENT OPT-OUT**

The Every Student Succeeds Act law of 2015 (Section 8052) states school districts shall provide, upon a request made by a military recruiter or an institution of higher education, access to the name, address, and telephone listing of each secondary school student served by the local educational agency, unless the parent of such student has submitted the prior consent request under paragraph (2). See full details in the registration newsletter. Do you wish TO HAVE this student's name, address and telephone number released to the military?

YES NO **DAY CARE**

Kids Club is the before and after school daycare program for students in grades K through 8. Please see the registration newsletter for further details. Will your student participate in Kids Club in the 2017-2018 school year?

YES NO

**LEAVING CAMPUS PERMISSION (Juniors & Seniors ONLY)**

Mount Vernon High School is a CLOSED campus, although there are a few situations in which students are free to leave campus with parent permission. Some situations pertain to both Juniors and Seniors, and some just to Seniors. Below are those situations:

- Seniors are not required to be at MTSS on Friday after 1:48pm and, therefore, can leave with parent permission, unless they are claimed by a teacher for that time.
- Juniors and Seniors may not have a 1st period (or combination of 1st and 2nd period together) and may arrive at the start of 2nd period when their school day starts (immediately prior to their first class period).
- Same with the end of the day - if a Junior or Senior does not have 7th period (or combination of 6th and 7th), they are free to leave with parent permission (immediately following their last class of the day).

Students are **NOT** allowed to leave during lunch.

Reminder that we are NOT an open campus, so if a student has a 1st period class but does not have a 2nd period class, they are NOT allowed to leave campus during their free period.

In knowing this, I give permission for my son/daughter to arrive prior to his/her first class and/or immediately following his/her last class.

YES   
NO

**ALL STUDENTS**

Do you give the school nurse and building office staff permission to administer Tylenol (acetaminophen) to your child as needed?

YES  NO

Do you give the school nurse and building office staff permission to administer Ibuprofen to your child as needed?

YES  NO

Do you give the school nurse and building office staff permission to administer Diphenhydramine (i.e. Benadryl) to your child as needed?

YES  NO

Do you give the school nurse and building office staff permission to administer cough drops to your child as needed?

YES  NO

Do you give the school nurse and building office staff permission to administer antacid to your child as needed?

YES  NO

Do you give the school nurse and building office staff permission to administer cold medicine to your child as needed?

YES  NO