Deer-Mount Judea School District

Phone: (870)434-5362

Mt. Judea Elementary School Enrollment Form

Fax: (870)434-5359

GENERAL STUDENT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:

Birthdate:_____ Gender: Female Male Grade:_____

SSN (Optional):_____ Nickname:_____ Hispanic/Latino Ethnicity: Yes No

RACE Please answer the following in accordance with standards issued by the US Department of Education.

PRIMARY RACE (Please select only **ONE**).

- ☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment)
- ☐ **Asian** (A person having origins in any of the original peoples of Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
- ☐ **Black or African American** (A person having origins in any of the black racial groups of Africa)
- ☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- ☐ **White** (A person having origins in any of the original peoples of Europe, Middle East or North Africa)

ADDITIONAL RACES (check all that apply):

_____American Indian/Alaska Native _____Asian _____Black _____Native Hawaiian/Other Pacific Islander _____White

Language Spoken At Home:_____ Student Email Address:_____

Student Physical/911 Address

Address:_____

City:_____

State:_____ Zip Code:_____

Student Mailing Address

☐ Mailing Address is same as Physical/911 Address

Address:_____

City:_____

State:_____ Zip Code:_____

Student Home Phone:_____

Student Cell Phone:_____

Student's Instructional Option (choose one):

On-Site Instruction_____ On-Line Instruction_____ Combination of On-Line and On-Site Instruction_____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1

Name:_____

Relationship to Student:_____

Language of Correspondence:_____

Mailing Address:_____

City:_____

State:_____ Zip Code:_____

Email:_____

Home Phone:_____ Cell Phone:_____

Work Phone:_____ *Alert Phone:_____

*Alert Phone is used by the district's automated phone message system.

Employer:_____

☐ Student Primarily Resides with this Guardian.

Parent/Guardian 2

Name:_____

Relationship to Student:_____

Language of Correspondence:_____

Mailing Address:_____

City:_____

State:_____ Zip Code:_____

Email:_____

Home Phone:_____ Cell Phone:_____

Work Phone:_____ *Alert Phone:_____

*Alert Phone is used by the district's automated phone message system.

Employer:_____

☐ Student Primarily Resides with this Guardian.

OFFICE USE ONLY

Entry Date:_____ Meal ST:_____ ESL:_____ IMMG:_____ Residency:_____

Entry Code:_____ M/V Act:_____ SP:_____ GT:_____ Choice LEA:_____

Curriculum:_____ 504:_____ MIG:_____ Homeroom:_____ P/T ADM %:_____

Mt. Judea Elementary School Enrollment Form

ADDITIONAL STUDENT INFORMATION

City of Birth:_____ State of Birth:_____ Birth Country:_____

TRAVEL INFORMATION

Travel To School (Please check one)

____Bus (Bus Number_____)
____Drives Self
____Parent/Guardian (includes walkers, child care vans, etc.)
____District Paid Transportation

Travel From School (Please check one)

____Bus (Bus Number_____)
____Drives Self
____Parent/Guardian (includes walkers, child care vans, etc.)
____District Paid Transportation

Distance From Home to School (Miles) One Way:_____

Pre-School Participation:

A - ARKANSAS BETTER CHANCE
E - EVEN START
EC - EARLY CHILDHOOD
H - HEADSTART
NA - NOT APPLICABLE
C - 21st CENTURY COMMUNITY LEARNING CENTER
O - OTHER
P - PRIVATE PRE-SCHOOL
PS - PUBLIC SCHOOL PRE-SCHOOL

Birth Certificate #:_____ Resident County:_____

Is this child a dependent of an active or reserve member of a branch of the United States Armed Services? Yes No

If this child resides in a household with an active or reserve member of a branch of the United States Armed Services, please select the branch below.

____ Active Duty – US Army
____ Active Duty – US Air Force
____ Active Duty – US Navy
____ Active Duty – US Marines
____ Active Duty – US Coast Guard
____ Reserves – US Army
____ Reserves – US Air Force
____ Reserves – US Navy
____ Reserves – US Marines
____ National Guard – US Army
____ National Guard – US Air Force
____ Parents serve in multiple branches

Is this student a twin (or a triplet, quadruplet, etc.)? Yes No

ADDITIONAL CONTACT INFORMATION

Additional Guardian Contact

Name:_____ Email:_____

Relationship to Student:_____ Home Phone:_____ Cell Phone:_____

Language of Correspondence:_____ Work Phone:_____ *Alert Phone:_____

Mailing Address:_____ *Alert Phone is used by the district's automated phone message system.

City:_____ Employer:_____

State:_____ Zip Code:_____ ☐ Student Primarily Resides with this Guardian.

Emergency Information

Emergency Contact Information (Contacts Other Than Guardians to be Called in Case of an Emergency)

Contact Order	Name	Relationship to Child	Phone #	Phone Type (ex: Home, Cell, Work)
1				
2				
3				
4				
5				

Physician:_____ Physician:_____

Physician Phone:_____ Physician Phone:_____

Please list any medical concerns and/or medications for this child:_____

Last School Attended:_____ Phone #:_____

Address:_____

Has this child been expelled from school in any other school district or is the child a party to an expulsion proceeding? Yes No

Has this child been retained? Yes No

Has this child met the requirements of the Arkansas State Health laws necessary to enter school? Yes No

Please list the names of anyone who IS NOT ALLOWED to check out/pick up this child from school: _____

_____ _____ _____

_____ _____

Parent/Guardian Signature Date

1. Does this child have Internet Access at home? _____ Yes _____ No

2. If there is no Internet Access, what is the reason this child does NOT have internet Access?

_____ Not Available

_____ Not Affordable

_____ Other

_____ Not Applicable

3. What type of Internet Access does this child have? (Select one of the following)

_____ Residential Broadband

_____ Cellular Network

_____ Hotspot

_____ Community Provided Wi-Fi

_____ Satellite

_____ Dial-up

_____ Other

_____ None

_____ Unknown

4. Is the Internet Performance acceptable for learning activities? (Select one of the following)

_____ Yes - experiences very few or no interruptions in learning activities caused by poor internet performance in the primary place of residence

_____ Sometimes - regularly experiences interruptions in learning activities internet caused by poor internet performance in their primary place of residence

_____ No - unable to complete learning activities due to poor internet performance in their primary place of residence

5. What type of device does this child use most often to complete learning activities away from school? (Select one of the following)

_____ Desktop Computer

_____ Laptop Computer

_____ Tablet

_____ Chromebook

_____ Smartphone

_____ None

_____ Other

6. What is the source of this primary learning device?

_____ District Provided

_____ Personal

_____ Other

7. What is the child's access to this primary learning device? (Select one of the following)

_____ Shared

_____ Not Shared

Student Name:_____ Grade:_____

Deer/Mt.Judea School District

Child Health/Dental History Form

Child Health/Dental Questionnaire

Patient's Name			Nickname	Date of Birth
LAST	FIRST	INITIAL		
Parent's/Guardian's Name			Relationship to Patient	
Address				
PO OR MAILING ADDRESS		CITY	STATE	ZIP CODE
Phone			Sex M☐ F☐	
Home	Work			

Have you (the parent/guardian) or the patient had any of the following diseases or problems? ..... ☐ Yes ☐ No

1. Active Tuberculosis, 2. Persistent cough greater than a three-week duration, 3.Cough that produces blood?

If you answer yes to any of the three items above, please stop and return this form to the receptionist.

Has the child had any history of, or conditions related to, any of the following:

☐ Anemia	☐ Cancer	☐ Epilepsy	☐ HIV +/AIDS	☐ Mononucleosis	☐ Thyroid
☐ Arthritis	☐ Cerebral Palsy	☐ Fainting	☐ Immunizations	☐ Mumps	☐ Tobacco/Drug Use
☐ Asthma	☐ Chicken Pox	☐ Growth Problems	☐ Kidney	☐ Pregnancy (teens)	☐ Tuberculosis
☐ Bladder	☐ Chronic Sinusitis	☐ Hearing	☐ Latex allergy	☐ Rheumatic fever	☐ Venereal Disease
☐ Bleeding disorders	☐ Diabetes	☐ Heart	☐ Liver	☐ Seizures	☐ Other_____
☐ Bones/Joints	☐ Ear Aches	☐ Hepatitis	☐ Measles	☐ Sickle cell	

Please list the name and phone number of the child's physician:

Name of Physician _____ Phone _____

Child's History

		Yes	No
1.	Is the child taking any prescription and/or over the counter medications or vitamin supplements at this time? ..... If yes, please list: _____	1. ☐	☐
2.	Is the child allergic to any medications, i.e. penicillin, antibiotics, or other drugs? If yes, please explain: _____	2. ☐	☐
3.	Is the child allergic to anything else, such as certain foods? If yes, please explain: _____	3. ☐	☐
4.	How would you describe the child's eating habits? _____		
5.	Has the child ever had a serious illness? If yes, when: _____ Please describe: _____	5. ☐	☐
6.	Has the child ever been hospitalized?	6. ☐	☐
7.	Does the child have a history of any other illnesses? If yes, please list: _____	7. ☐	☐
8.	Has the child ever received a general anesthetic?	8. ☐	☐
9.	Does the child have any inherited problems?	9. ☐	☐
10.	Does the child have any speech difficulties?	10. ☐	☐
11.	Has the child ever had a blood transfusion?	11. ☐	☐
12.	Is the child physically, mentally, or emotionally impaired?	12. ☐	☐
13.	Does the child experience excessive bleeding when cut?	13. ☐	☐
14.	Is the child currently being treated for any illnesses?	14. ☐	☐
15.	Is this the child's first visit to a dentist? If not the first visit, what was the date of the last dentist visit? Date: _____	15. ☐	☐
16.	Has the child had any problem with dental treatment in the past?	16. ☐	☐
17.	Has the child ever had dental radiographs (x-rays) exposed?	17. ☐	☐
18.	Has the child ever suffered any injuries to the mouth, head or teeth?	18. ☐	☐
19.	Has the child had any problems with the eruption or shedding of teeth?	19. ☐	☐
20.	Has the child had any orthodontic treatment?	20. ☐	☐
	What type of water does your child drink? ☐ City water ☐ Well water ☐ Bottled water ☐ Filtered water		
22.	**Does the child take fluoride supplements?**	22. ☐	☐
23.	**Is fluoride toothpaste used?**	23. ☐	☐
24.	How many times are the child's teeth brushed per day? _____ When are the teeth brushed? _____	24. ☐	☐
25.	Does the child suck his/her thumb, fingers or pacifier?	25. ☐	☐
	At what age did the child stop bottle feeding? Age _____ Breast feeding? Age _____		
27.	Does child participate in active recreational activities?	27. ☐	☐

Both doctor and patient are encouraged to discuss any and all relevant patient health issues prior to treatment.

ify that I have read and understand the above. I acknowledge that my questions, if any, about inquiries set forth above have been answered to my faction. I will not hold my dentist, or any other member of his/her staff, responsible for any action they take or do not take because of errors or sions that I may have made in the completion of this form.

t's/Guardian's Signature _____ Date _____

iments _____

_____

_____

_____

e Only: ☐ Medical Alert ☐ Premedication ☐ Allergies ☐ Anesthesia Reviewed by _____

Mt Judea School

OBJECTION TO PHYSICAL EXAMINATIONS OR SCREENINGS
(Not to be filed if the parent/student has no objection)

I, the undersigned, being a parent or guardian of a student, or a student eighteen (18) years of age or older, hereby Give my permission to the physical examination or screening of the student named below.

Physical examination or screening being objected to:

____ Vision test

____ Hearing test

____ Scoliosis test

____ BMI (Body mass index)

____ Other, please specify _____

Comments:

_____
Name of student (Printed)

_____
Signature of parent (or student, if 18 or older)

_____
Date form was filed (To be filled in by office personnel)

Must be signed before we can check vision, hearing or scoliosis.

Deer/Mt.Judea School District

Home Language Survey

Student Name _____ Date of Birth _____
Last First Middle

Parent(s) or Guardian(s): Federal guidelines require school divisions to identify students who are potential English learners (ELs). If the answers to the following questions indicate that a language other than, or in addition to, English is spoken in the home, the student's English language proficiency will be evaluated to ensure that services are offered to students who need them. Based on the results of these assessments, students are found English proficient or eligible for ESOL services.

Please answer the questions completely and accurately.

1. What is the primary language used in the home, regardless of the language spoken by the student?

   Which language? _____

2. What is the language most often spoken by the student?

   Which language? _____

3. What is the language that the student first acquired?

   Which language? _____

In which language do you prefer to receive communication from the school?

Which language? _____

First Last

_____ ___/___/___ _____
Parent or Guardian Signature Mo. Day Yr. Print Name

DMJSD Staff Members: This form must be completed for all students registering in Deer Mt. Judea School District. It should be the first document provided to parent(s)/guardian(s) during the registration process. If there is a language other than, or in addition to, English indicated for any of the three questions, inter this language in the student information system. Please make sure that all questions are answered completely.

Students with a language other than, or in addition to, English should be referred to student registration and assessment. Students entering kindergarten with a language, other than or in addition to, English may be referred to the main office.

If the patent(s)/guardian(s) have a question about this form, please refer them to a school administrator or contact main office at 1-870-434-8201

RESIDENCY FORM

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

List all of your children birth through age 21.

Name of Child	School	Age	Grade	Date of Birth

Parent/Guardian _____

Address _____

City _____

Zip Code _____ Phone Number: _____

Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently lives in (you can choose more than one):

_____ House or apartment with parent or guardian
_____ Motel, car, or campsite
_____ Shelter or other temporary housing
_____ With friends or family members (other than or in addition to parent/guardian)
_____ Living in inadequate housing (no heat, no water, mold infested, etc.)

If you are living in shared housing, please check all of the following reasons that apply:

_____ Loss of housing
_____ Economic situation
_____ Temporarily waiting for house or apartment
_____ Provide care for a family member
_____ Living with boyfriend/girlfriend
_____ Loss of employment
_____ Parent/Guardian is deployed
_____ Other (Please explain)

Are you a student living apart from your parents or guardians?

Yes No

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
2) Transportation to the school of origin for the regular school day;
3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at _____, or the State Coordinator at 501-683-5428.

Arkansas law provides that anyone who knowingly gives a false residential address for purposes of public school enrollment is guilty of a violation and subject to a fine of up to $1,000 (Ark. Code Ann. § 6-18-202(f)).

By signing below, I acknowledge that I have received and understand the above rights.

_____

Signature of Parent/Guardian/Unattached Youth *Date*

_____

Signature of McKinney-Vento Liaison *Date*

Services for McKinney-Vento Identified Students

Student: _____
School: _____
Grade _____

Please check the services needed or desired:

___ Free Lunch

___ Transportation to the school of origin

___ Clothing/Uniform

___ School supplies

___ Counseling

___ Medical/dental referral

___ Vision referral

___ Medicaid/DSHS services – food stamps

___ Preschool Enrollment records

___ Missing enrollment records

___ Birth certificate

___ Immunization/medical records

___ Tutoring

___ After-school programs

___ Teen Center

___ Mentoring

___ Special Education

___ Gifted/talented

___ Vocational/technical

___ Community resource

___ Prior academic records

___ LEP/Bilingual program

___ Guardianship issues

_____

Signature of Parent/Guardian/Unattached Youth *Date*

_____

Signature of McKinney-Vento Liaison *Date*

CHILD PICK-UP FORM DEER/MT. JUDEA SCHOOL DICTRICT MT. JUDEA CAMPUS

STUDENT NAME: _____ GRADE: _____

Parent Name	Phone Number	Work Number

Other individuals that are authorized to pick-up Child.

Name	Phone Number	Work Number

In case of emergency, or if I am unable to pick up my child, I authorize Mt. Judea to release the above referenced child(ren) to the following persons.

If this information changes, I must notify the school in writing.

Parent/Guardian: _____ Date: _____

Deer/Mt. Judea School District

Handbook

Parent/Guardian Acknowledgement Form

Student Name_____ Grade: _____

I have received the Student/Parent Handbook complete with discipline, bus procedures, residency requirements, acceptable use, attendance, homework, Title I parent/student compact and other policies and procedures for the 2017-2018 school year.

Yes_____ No_____

I have read the Deer/Mt Judea School District Student Handbook for student conduct, discipline, and other policies/procedures, and I understand that the student must adhere to them while at school and school sponsored activities. In the event that we are not entirely certain of some aspects of school policy, we will contact the principal for clarification within one week after receipt of this policy.

Yes_____ No_____

PLEASE SIGN AND RETURN TO THE SCHOOL.

_____Date_____

Student's Signature

_____Date_____

Parent/Guardian's Signature

Deer/Mt. Judea School District

Consent for Media Use or District Broadcast, Web, or Other Publication

of Students Photograph, Likeness, Work, and/or Voice.

Please Fill out this form and return it to the office as soon as possible. Circle a "Yes" or "No" for each section. If no choice is made, we will assume that your answer is "Yes".

Student Name: _____ Grade: _____

Teacher (Elementary Students only): _____

I GIVE PERMISSION for Photos, Videos, Audio, Classwork & Information of me/my child to appear in/on the following:

YES	NO	**In-School Displays** Including but not limited to bulletin boards, class-made books, or student multimedia projects; students may be identified by first and last name, grade, and/or Photograph.
YES	NO	**School Yearbook and/or Graduation Announcements** Including but not limited to portrait photographs, and informal or Group photographs. Students may be identified by first and last name, as well as any directory information*.
YES	NO	**Other School Publications** Including but not limited to student publications, school newspapers, school anthologies, or school newsletters. Students may be identified by photograph, first and last name as well as any directory information*.
YES	NO	**Outside Publications** Including but not limited to Newspapers and Digital Newspapers. Students may be identified by first and last name as well as any directory information*.
YES	NO	**District & Teacher Web Sites, Blogs, & Podcasts** Including but not limited to main pages, class pages, teacher pages, special event pages, and recordings of students sharing their school work, and school writing.
YES	NO	**School Video Recordings** Including but not limited to District pages, Class pages, Teacher pages, or Special event pages. Recording may also be used for professional documentation. Students may be identified by first name only.
YES	NO	**District Social Media** Including but not limited to Deer/Mt Judea School District's *Facebook, Twitter* & *Instagram*. Students may be identified by first and last name as well as any directory information*.

*Directory Information refers to: Grade Levels, Classes, etc.

I GIVE PERMISSION for directory information about me/my child to be released to the flowing (See additional directory information listed in the Student Handbook):

YES	NO	Military Recruiters
YES	NO	Institutions of Post-Secondary Education (Colleges and Technical Schools)
YES	NO	Potential Employers

Notes or Comments :

I have read and understood Deer / Mt. Judea School District's policy on using images, recordings, student work, and directory information. I understand that my consent or refusal of consent will remain valid throughout the current school year and will expire at the end of the school year, unless I otherwise notify the school in writing.

_____ Date: _____
Student Signature

_____ Date: _____
Parent/Guardian Signature (If Student is under 18 years of age)

If you have any questions or concerns, please contact the Deer/Mt. Judea School District at (870) 428-5433

4.29F—STUDENT ELECTRONIC DEVICE and INTERNET USE AGREEMENT

Student's Name (Please Print)_____ Grade Level_____

School_____ Date_____

The _____ School District agrees to allow the student identified above ("Student") to use the district's technology to access the Internet under the following terms and conditions which apply whether the access is through a District or student owned electronic device (as used in this Agreement, "electronic device" means anything that can be used to transmit or capture images, sound, or data):

1. Conditional Privilege: The Student's use of the district's access to the Internet is a privilege conditioned on the Student's abiding to this agreement. No student may use the district's access to the Internet whether through a District or student owned electronic device unless the Student and his/her parent or guardian have read and signed this agreement.

2. Acceptable Use: The Student agrees that he/she will use the District's Internet access for educational purposes only. In using the Internet, the Student agrees to obey all federal ~~and state~~ laws and regulations and any State laws and rules. The Student also agrees to abide by any Internet use rules instituted at the Student's school or class, whether those rules are written or oral.

3. Penalties for Improper Use: If the Student violates this agreement and misuses the Internet, the Student shall be subject to disciplinary action. **[Note: A.C.A. § 6-21-107 requires the district to have "…provisions for administration of punishment of students for violations of the policy with stiffer penalties for repeat offenders, and the same shall be incorporated into the district's written student discipline policy." You may choose to tailor your punishments to be appropriate to the school's grade levels.]**

4. "Misuse of the District's access to the Internet" includes, but is not limited to, the following:
   a. Using the Internet for other than educational purposes;
   b. Gaining intentional access or maintaining access to materials which are "harmful to minors" as defined by Arkansas law;
   c. Using the Internet for any illegal activity, including computer hacking and copyright or intellectual property law violations;
   d. Making unauthorized copies of computer software;
   e. Accessing "chat lines" unless authorized by the instructor for a class activity directly supervised by a staff member;
   f. Using abusive or profane language in private messages on the system; or using the system to harass, insult, or verbally attack others;
   g. Posting anonymous messages on the system;
   h. Using encryption software;
   i. Wasteful use of limited resources provided by the school including paper;
   j. Causing congestion of the network through lengthy downloads of files;
   k. Vandalizing data of another user;
   l. Obtaining or sending information which could be used to make destructive devices such as guns, weapons, bombs, explosives, or fireworks;
   m. Gaining or attempting to gain unauthorized access to resources or files;

4.35F5—ALBUTEROL EMERGENCY ADMINISTRATION CONSENT FORM

Student's Name (Please Print) _____

This form is good for school year _____. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

My child has an IHP that provides for the administration of albuterol in emergency situations. I hereby authorize the school nurse or other school employee certified to administer albuterol to administer albuterol in emergency situations when he/she believes my child is in perceived respiratory distress.

The medication must be in the original container and be properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Date of physician's order _____

Circumstances under which albuterol may be administered _____

_____

Other instructions _____

_____

I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of albuterol in accordance with this consent form, District policy, and Arkansas law.

Parent or legal guardian signature _____

Date _____

Date Adopted:
Last Revised:

4.35F2—MEDICATION SELF-ADMINISTRATION CONSENT FORM

Student's Name (Please Print) _____

This form is good for school year _____. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

The following must be provided for the student to be eligible to self-administer rescue inhalers and/or auto-injectable epinephrine. Eligibility is only valid for this school for the current academic year.

- a written statement from a licensed health-care provider who has prescriptive privileges that he//she has prescribed the rescue inhaler and/or auto-injectable epinephrine for the student and that the student needs to carry the medication on his/her person due to a medical condition;
- the specific medications prescribed for the student;
- an individualized health care plan developed by the prescribing health-care provider containing the treatment plan for managing asthma and/or anaphylaxis episodes of the student and for medication use by the student during school hours; and
- a statement from the prescribing health-care provider that the student possesses the skill and responsibility necessary to use and administer the asthma inhaler and/or auto-injectable epinephrine.

If the school nurse is available, the student shall demonstrate his/her skill level in using the rescue inhalers and/or auto-injectable epinephrine to the nurse.

Rescue inhalers and/or auto-injectable epinephrine for a student's self-administration shall be supplied by the student's parent or guardian and be in the original container properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Students who self-carry a rescue inhaler or an epinephrine auto-injector shall also provide the school nurse with a rescue inhaler or an epinephrine auto-injector to be used in emergency situations.

I understand this form authorizes my student to possess and use the medication(s) included on this form while on school grounds and at school sponsored events but that distribution of the medication(s) included on this form to other students may lead to disciplinary action against my student.

My signature below is an acknowledgment that I understand that the District, its Board of Directors, and its employees shall be immune from civil liability for injury resulting from the self-administration of medications by the student named above.

Parent or legal guardian signature _____

Date _____

Date Adopted:
Last Revised:

4.35F4—EPINEPHRINE EMERGENCY ADMINISTRATION CONSENT FORM

Student's Name (Please Print) _____

This form is good for school year _____. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

My child has an IHP ~~developed under Section 504 of the Rehabilitation Act of 1973 which~~ that provides for the administration of epinephrine in emergency situations. I hereby authorize the school nurse or other school employee certified to administer auto-injectable epinephrine to administer auto-injectable epinephrine in emergency situations when he/she believes my child is having a life-threatening anaphylactic reaction.

The medication must be in the original container and be properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Date of physician's order _____

Circumstances under which Epinephrine may be administered _____

_____

Other instructions _____

_____

I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of auto-injector epinephrine in accordance with this consent form, District policy, and Arkansas law.

Parent or legal guardian signature _____

Date _____

Date Adopted:
Last Revised:

4.35F—MEDICATION ADMINISTRATION CONSENT FORM

Student's Name (Please Print) _____

This form is good for school year _____. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

Medications, including those for self-administration, must be in the original container and be properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

I hereby authorize the school nurse, or designee, to administer the following medication to my student:

Name of medication _____

Name of physician or dentist (if applicable) _____

Dosage _____

Instructions for administering the medication _____

_____

Other instructions _____

_____

I hereby authorize _____ to administer the above medication to my student in the unavailability of the school nurse at school in accordance with the above medication administration instructions.

I authorize the school nurse to take a photograph of my student to be used to verify my student's identification before the school nurse or an authorized individual administers medications to my student.[1]

I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of medications in accordance with this consent form.

Parent or legal guardian signature _____ Date _____

Note: [1] While this language is optional, we recommend retaining the language unless your supervising school nurse determines it to be unnecessary.

Date Adopted:
Last Revised:

PLEASE INCLUDE THIS FORM IN All YOUR ENROLLMENT PACKETS (New and returning students).

DEER-MT. JUDEA SCHOOL DISTRICT

AGRICULTURAL SURVEY

Your child may qualify to receive Extra Services

In the last 3 years (including summer) did anyone in your family go to another area to work or try to get work in an agricultural/farming job or a food processing job? Moving from school district into another. Yes___ No ___

If YES, where? Name of plant or farm?

If you checked "yes", please mark any jobs you worked or tried to get work in:

Check all that apply:	Date
Beef, Hog, Vegetables, Fruits)	
___ Chicken Houses, Chicken Catching Or Vaccinating	
___ Farm Work – (Cotton, Rice, Fruits, Vegetables, Cattle, Dairy, Chicken, Hog)	
___ Working at a Cotton Gin, Granary or Seed Company	
___ Tree Farms –(Planting, Marking, Girdling, Cutting, Skidding)	
___ Plant or Tree Nursery	
___ Sod Farming	
___ Working with Bees	
___ Working on a Fish Farm	
___ Other Farm Work	

ANY QUESTIONS CONTACT:

Robbye Smith (870) 654-2038

Mother's Name

Daytime Phone:

Evening Phone:

Street Name and House/Apt #

City	Zip Code

Where do you work now?
Father:_____

Mother:_____

Date you moved to current home: / /

Please list all children in the home.

Student Name	Birth Date	Grade
Place of Birth:		
Student Name	Birth Date	Grade
Place of Birth:		
Student Name	Birth Date	Grade
Place of Birth:		
Student Name	Birth Date	Grade
Place of Birth:		