

**Osseo-Fairchild School District
2018-2019 Emergency Information**

Student Name _____

Grade _____

Student Information						
Name: _____		_____ / _____ / _____		_____		_____
Last	First	MI	Date of Birth	Age	Grade	
Address: _____			Student's Doctor _____			
City	State	Zip	Doctor's Phone Number () _____ - _____			
Home Phone () _____ - _____			Student's Dentist _____			
Cell Phone () _____ - _____			Dentist's Phone Number () _____ - _____			
Email Address: _____			Preferred Hospital _____			
			Insurance Provider _____			
			Policy Number _____			

Parent Information	
Father /Guardian _____	Mother /Guardian _____
Address _____	Address _____
Email Address: _____	Email Address: _____
Employer _____	Employer _____
Work Phone () _____ - _____	Work Phone () _____ - _____
Cell Phone () _____ - _____	Cell Phone () _____ - _____

Emergency Contact Information	
Contact #1 _____	Contact #2 _____
Home Phone () _____ - _____	Home Phone () _____ - _____
Work Phone () _____ - _____	Work Phone () _____ - _____
Cell Phone () _____ - _____	Cell Phone () _____ - _____

Health Conditions and Treatment

My Child does ___ does not ___ have any medical conditions school personnel should be made aware of. Examples: asthma, allergies to medication, foods, bee stings etc., diabetes, heart conditions, seizures, vision / hearing problems, etc.

If yes, please list them: _____

This condition(s) above is/are critical ___ not critical ___ but important for school personnel to know.
The medication for the above described condition is _____

The student does ___ does not ___ carry the medication and knows how to administer it for the condition(s) listed above.
Other medication the student takes on a regular basis _____

Any special instruction for emergency care _____

I do ___ do not ___ authorize school personnel to transport my son/daughter to a physician's office and/or emergency room in the event that emergency medical care is needed.

I do ___ do not ___ authorize physician and hospital staff to treat my son/daughter as they deem necessary in the emergency situation.

I do ___ do not ___ have personal medical insurance and understand that if I do not have insurance the school district is not liable for any cost incurred as part of any medical care. I have been made aware of the option to purchase insurance for my child.

Parent/Guardian Signature _____ Date _____

Field Trip Permission

Permission is hereby granted for my child to take field trips at any time during and outside school hours in the company of his or her teacher or school personnel. The teacher and supervisors will exercise all reasonable caution to protect the child from injury.

Parent/Guardian Signature _____ Date _____

Permission to Photograph/Videotape

During the school year we often photograph and videotape children involved in school activities. In order to be certain that we do not infringe on the privacy of your child, we ask that you sign below allowing us to photograph and videotape your child in routine school activities. These may be used in District and area news/media publications and on the Osseo-Fairchild Schools' website.

Parent/Guardian Signature _____ Date _____

Computer Acceptable Use Agreement

Student use of computers/the internet shall be viewed as a privilege, not a right. School use of computers/the internet shall be for educational use consistent with the educational objectives of the District. Misuse of computers/the internet may result in the loss of access privileges, in-school disciplinary action, or legal consequences.

We, parents/guardians and student, have read this agreement and understand that the intent of the Acceptable Use Agreement is to insure that the student's use of computers/the internet at O-F Schools is designed for educational purposes. While the School District has undertaken steps to restrict access to controversial materials, it is not possible for the District to restrict access to all controversial materials and we will not hold them responsible for materials acquired on the network. We also understand that a violation of these provisions may result in the student losing access to computers/the internet and possible legal or disciplinary action of the student by appropriate authority.

Parent/Guardian Signature _____ Date _____

Student Handbook

We acknowledge that we have read the student handbook and understand the rules and expectations of the Osseo-Fairchild Middle/Senior High School.

Parent/Guardian Signature _____ Date _____



At Osseo-Fairchild High School no student will be discriminated against in any curricular, extra-curricular, pupil service, or other program or activity on the basis of sex, race, color, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, physical, mental, emotional or learning disability.