Goodman - Armstrong Creek School District EMERGENCY LOCATOR FORM

Student's Name				Date of Birth	
Parents Name					
Address					
Phone Number				Cell Phone	
Does you	r student it	ve with you? If not, plea	se list addition	al contact Infor	naton.
Parents Name					
Address					- Not the state of
Phone Number		· · · · · · · · · · · · · · · · · · ·		Cell Phone	
Medical Clinic	Name			Phone	
Hospital	Name	30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Phone	
Dental	Name			Phone	
		EMERGENCY C	ONTACT		
Name		I	Relationship		
Address					
Phone Number			Cell Phone		
Name			Relationship	<u> </u>	4
Address				····=	
Phone Number			Celi Phone		2.2
MEDICAL CONDITIONS					
Allergies					
OTHER INFORMATION					
					İ

GOODMAN-ARMSTRONG CREEK SCHOOL DISTRICT INCLEMENT WEATHER EARLY DISMISSAL PLAN

Dear Parents,

(Parent's Signature)

School delay and closing announcements will be made as soon as possible over WLUK-TV11, WJFW-TV12, WFRV-TV5, NBC-TV26, WLUC-TV6, WBAY-TV2 television stations and WJNR AND WZNL radio stations. If school is dismissed early or cancelled due to inclement weather, ALL school activities are automatically cancelled unless it is stated otherwise in the cancellation announcement.

Occasionally, school may be dismissed early. All parents are encouraged to call the school if road conditions in their area become dangerous during school hours. Please set aside time to discuss and develop an early dismissal plan with your child(ren). Please pick one of the selections listed below and return the completed form to school by the end of next week. This form will be kept on file in the office. We understand that child care plans can be quite complicated but your instructions for an early dismissal should be as simple as possible. When an early dismissal is announced, we have a very short time period before the buses leave the school and cannot make a large number of telephone calls.

Your child's Early Dismissal Plan should be returned as soon as possible. If your child does not have an Early Dismissal Plan on file when an early dismissal is announced, your child will be sent home in the same manner as a normal dismissal. If you have a change in plans, please inform the office so your child's form can be updated.

If you need to change plans during an early dismissal, please phone the school. If you cannot get

through, please know that we will instruct your child(ren) to follow the plan on file. Grade_ Student's Name: In the event that school is closed prior to the regularly scheduled dismissal time, please have my child follow the plan checked below. The plan has been discussed with my child. Dismiss my child at the announced time and have him/her go home on the bus he/she Dismiss my child at the announced time and have him/her walk home as he/she normally does. Dismiss my child at the announced time and send him/her to __ will pick my child up at the announced early dismissal (parent's name or designated person) time. (Parent's Signature) (Date) I would like to volunteer to help the school's staff if a busing emergency occurs and extra help is needed. Telephone Number

GOODMAN-ARMSTRONG CREEK SCHOOL DISTRICT NOON RELEASE FORM

- (1) I give my child permission to walk home for lunch.
- (2) I release the Goodman-Armstrong Creek School District of all responsibility and liability for my child's supervision during this noon recess, the school shall assume no liability.
- (3) I understand that if my child goes anywhere, but to my home for lunch, that his or her noon privileges will be terminated for the school year.

Parent	Signature			 	-
Date_		 			

DAT	Έ			

SCHOOL DISTRICT OF GOODMAN-ARMSTRONG CREEK PARENT MEDICATION CONSENT FORM

Childs full name	Grade			
Name of drug				
Dosage (amount) to be given	Time to administer			
Name of physician prescribing medication				
Reason for medication				
I hereby give permission to school personnel auth according to the direction stated above and furth agree to hold the School District of Goodman-Arn acting with the scope of their duties harmless in a medication at school.	er authorize then nstrong Creek, it's	n to contact the child's physician. I s employees and agents who are		
Parent/Guardian Signature	Date	Telephone Number		
		Date		
PHYSICIAN REQUEST FOR				
Childs full name Grade Parent/guardian name Phone				
Physician's name		Phone		
Licensed in WI Yes No Diagnosis				
Medication(s)				
Dosage	Duration			
Route	Date effective			
Time to administer	Expires			
If PRN medication, state condition under which munder which contact should be made with you in receiving the medication(s) Medication may, at times be administered by NO	relation to the co	endition or reactions of the student		
instructions in language of the lay person. Physicians' Signature	-	Date		

GOODMAN-ARMSTRONG CREEK SCHOOL DISTRICT FORM FOR PHOTOGRAPHING AND VIDEOTAPING STUDENTS

Dear Parent/Guardian,

We photograph students and their accomplishments for presentations in newsletters, school newspapers, yearbooks or web pages. Occasionally the media, either television or newspaper, will feature activities of individual students or groups of students who have excelled at a particular activity. Along with the story, they will want to videotape or photograph the student(s).

We obviously encourage this; however, we are also sensitive to the fact that for safety reasons unique to an individual family it may not be wise for pictures of a student to appear in any media. If you desire, we will do our best to ensure that your student is not showcased and named in the media.

If you do NOT want your child's picture to be displayed in the media, please fill out, sign and return the form for Photographing and Videotaping Students to the office. If you have more than one child enrolled in school, use a separate form for each child and send it directly to the school office.

Please inform your child of your desire so that he/she can assist us in fulfilling your request. Be aware however, that if a student is involved in "high profile" extracurricular activities such as Interscholastic athletics, it will not be possible to keep him/her from being photographed or videotaped. Also, because the school and the school grounds are relatively public places, we cannot guarantee that your child's face will never appear as part of an incidental crowd picture.

GOODMAN-ARMSTRONG CREEK SCHOOL DISTRICT FORM PHOTOGRAPHING AND VIDEOTAPING STUDENTS

Fill out this form only if you do NOT want your child's picture to appear in any of the media

Parent Name		
Student Name		
Street Address		
City	State	Zip
Telephone: Home	Work	
As the parent or legal guardian, I do not media; I therefore request that the schot it is my responsibility to inform my child school authorities in meeting those wis	ool take reasonable precaution d of my wishes in this regard a	ns to prevent it. I understand that
Signature of Parent/Guardian		Date
Please return this form to your homero	oom teacher or to the high sch	ool office. This condition will be it

effect at the school until revoked in writing by the parent or guardian.