

**BRYANT PUBLIC SCHOOLS**  
District Medical & Information Card



Student ID # \_\_\_\_\_

Grade \_\_\_\_\_ Bus # \_\_\_\_\_

Student's Name: \_\_\_\_\_ Gender: ☐ M ☐ F  
Last First Middle

Home Address: \_\_\_\_\_ Check One:  
Street Address Date of Birth (MM/DD/YYYY) Bus Rider ☐  
City Zip Code Primary Phone Number Car Rider ☐

Parent/Guardian Name Home/Cell Phone Number Work Phone Number  
Do you need an interpreter? ☐ Yes ☐ No  
Email Address If yes, what language?: \_\_\_\_\_

Parent/Guardian Name Home/Cell Phone Number Work Phone Number  
Do you need an interpreter? ☐ Yes ☐ No  
Email Address If yes, what language?: \_\_\_\_\_

**If you are not available, whom may we contact in an emergency and who may check out the student?**

Name	Relationship to Student	Phone #
1. _____		
2. _____		
3. _____		
4. _____		

**Please list any siblings in Bryant Public Schools.**

Name	Grade	Name	Grade
1. _____		2. _____	
3. _____		4. _____	

**PLEASE UPDATE THE ABOVE INFORMATION AS NEW INFORMATION BECOMES AVAILABLE.**

Housing Arrangements of Student (Check One) Living With (check one)

<input type="checkbox"/> Apartment	<input type="checkbox"/> House	<input type="checkbox"/> Vehicle (car, camper, bus)	<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Sister/Brother	<input type="checkbox"/> Grandparent(s)
<input type="checkbox"/> Family Shelter	<input type="checkbox"/> Youth Shelter	<input type="checkbox"/> Park/Campsite	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Friend(s)	<input type="checkbox"/> Foster Parent(s)
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Guardian(s)		

**STUDENT-PARENT HANDBOOK / TEXTBOOK / ACCEPTABLE USE AND INTERNET SAFETY POLICY STUDENT AGREEMENT STATEMENT OF RESPONSIBILITY**

1. This handbook contains discipline and attendance policies for students. These policies will be enforced. Parents and students should read them carefully. Please contact the building principal or assistant principal if clarification is needed.
2. Students will be issued textbooks the first week of school, when appropriate. Students are responsible for keeping up with their books at all times. At the conclusion of the school year, we will ask all students to return their books. Those students who do not return their books will be assessed a fine to replace the book. Even if the book is a used book, students will be charged the original book price. Fines may be assessed accordingly for damaged textbooks.
3. This handbook contains the terms of the Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the school district's computer network and/or the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me.
4. Parents are asked to supply updated contact information as necessary.

**ANY STUDENT WHO FAILS TO RETURN THIS FORM SIGNED WITHIN ONE WEEK MAY BE EXCLUDED FROM CLASSES UNTIL THE FORM IS RETURNED.**

We acknowledge we have access to the Student Handbook on [bryantschools.org](http://bryantschools.org), or a printed copy is available in my student's school office. State Law 6-18-502 requires documentation that parents and students have received copies of the policies. This sheet, when signed and dated by student and parent/guardian, provides that documentation and will become part of the student's file.

Student Signature

Date

Parent Signature

Date

**COMPLETE REVERSE SIDE OF CARD AND SIGN**

Rev. 08/2020

Physician of Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicaid # \_\_\_\_\_ Insurance # \_\_\_\_\_ Insurance Co. \_\_\_\_\_

School nurses are not permitted to diagnose medical conditions or prescribe medications, including over-the-counter medications (ibuprofen, acetaminophen, etc.). All actions by school nurses shall be in accordance with the Arkansas Nurse Practice Act and the rules and regulations of the Arkansas State Board of Nursing.

**All medications, including prescription medications and over-the-counter medications, must be provided by the parent or guardian. The medication must be in the container in which it was purchased.**

The Medication Authorization and Release Form (MARF) will be used to document all medication administered to students at school. The MARF shall be completed with the parent/guardian present. The parent or guardian must bring the initial medications to the school nurse in order to complete the MARF. A parent, guardian, or designated adult may bring in medication refills.

Over-the-counter medications may be administered by school nurses during school hours in limited situations. This policy does not prohibit a parent or guardian from administering an over-the-counter medication to their child or ward at school. No more than three (3) doses of non-prescription medication shall be given to a student per school year. If the student has a medical condition that requires more than three (3) doses of a non-prescription medication, an order from a licensed prescriber with written parental/guardian consent shall be required. The nurses of Bryant Public Schools use topical (over the counter) treatments and cleansers when providing first aid to students. These treatments may include, but may not be limited to, triple antibiotic ointment, anti-itch spray/lotion/cream, anti-sting swabs, antiseptic cleansers, etc.). By signing this form, you are consenting to the use of these topical agents on your child. If you do not want any of these items used to treat your child, please contact your school nurse directly. The Student Medication Policy may be accessed and read in its entirety in the Student Handbook.

- |   |                              |                             |                    |
|---|------------------------------|-----------------------------|--------------------|
| • Will any medication need to be given at school?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, list _____ |
| • Is your child taking any medication at home?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, list _____ |
| • Accommodations required at school due to a diagnosed medical condition or needed medical procedure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, list _____ |

If your child requires accommodations, a special menu, medication or medical procedures at school, please contact the school nurse. All health information must be updated each school year and as changes occur in your child's medical condition. Yearly physician documentation is required.

List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, migraines, asthma, ADHD, eye or ear problems, bowel or kidney problems or any chronic issues, etc. For your child's safety, appropriate staff may be notified of health information provided. Explain each:

\_\_\_\_\_

In the event my child should be injured and neither parent can be reached, I, the undersigned, do hereby authorize officials of the Bryant Public Schools, to directly contact the person named on this form. Also, I, the undersigned, do hereby authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physicians or other named person on this form cannot be contacted, the officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of aforesaid child. I will not hold the Bryant School District financially responsible for the emergency care and/or transportation for said child and give permission for a copy of this Emergency Medical form to be given to any medical personnel involved in rendering medical care or transporting child. I give permission for the school nurse to contact the prescribing medical provider (named on the medication container label or written order) in the event of a question or problem regarding the medication. Also, I give permission for the Bryant School District to bill Medicaid/AR Kids First, when applicable, for vision and hearing screenings.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Media, Publications, Video, Internet Consent and Release Agreement  
for Parents/Guardians and Students (2020-21 Academic Year)**

1. My school has permission to use my child's images and name in the school yearbook. ☐ Yes ☐ No
2. My school has permission to use my child's images and name on the school's social media accounts and website.  
☐ Yes ☐ No
3. My school has permission to use my child's images and name on the teacher's and school's communication platform (example DoJo). ☐ Yes ☐ No
4. Bryant Public Schools has permission to use my child's name, image (still or video), art, written work, voice, or verbal statements in any educational and/or promotional printed or electronic piece (including social media and website) that furthers the district's educational and/or public relations efforts. ☐ Yes ☐ No

If the Parent/Guardian and/or Youth wish to rescind this agreement, they may do so at any time with written notice.

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature (if at least 18 years old)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date