

Gilmore City-Bradgate Elementary

402 SE "E" Avenue; Gilmore City, IA 50541
515-373-6124

STUDENT EMERGENCY CONTACT INFORMATION

STUDENT NAME: (L,F,M)	GENDER:
STREET ADDRESS:	PO BOX #:
CITY, STATE:	ZIP:
PARENT/GUARDIAN E-MAIL ADDRESS:	BIRTHDATE:
HOME PHONE: CELL PHONE:	GRADE:
STUDENT LIVES WITH:	SIBLINGS:

In an event of an illness or emergency, we will want to contact you during the day. Please list parents or guardians, place(s) of employment, and daytime work phone numbers, cell phone or pager #s.

NAME	RELATIONSHIP TO STUDENT	EMPLOYER	WORK #/PAGER/CELL PHONE #
(MOTHER/GUARDIAN) First & Last			
(FATHER/GUARDIAN) First & Last			

Please list relatives, friends or neighbors (**who have agreed to represent you**), who can assume temporary care for your child if you cannot be reached. Please give careful consideration to this item.

NAME	RELATIONSHIP TO STUDENT	EMPLOYER	WORK #/PAGER/CELL PHONE #

PHYSICIAN OF CHOICE:
EMERGENCY CENTER OF CHOICE:
Known Allergies or Medical issues we should know about:

In the event that parents/guardians cannot be contacted, school personnel are hereby authorized to take whatever action deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

PARENT/GUARDIAN SIGNATURE:	DATE:
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Race/Ethnicity (please circle) Caucasian Hispanic African/American
 American Indian/Alaskan Native Asian/Pacific Islander
 Primary Language Spoken in the home: English _____ Other _____

**Gilmore City-Bradgate Community School District
Preschool – 6th Grade Registration Permission Form**

Student's Name _____ Grade _____

PARENT PERMISSION AND USER AGREEMENT FOR INTERNET

As a parent/guardian of a Gilmore City-Bradgate CSD school student, I have read the School Policy information attached about the appropriate use of computers and I understand this agreement will be kept on file at the building your child is attending.

PLEASE PLACE A CHECK MARK BY YOUR CHOICE:

- _____ **YES**, my child/children _____ may use the internet while at school according to the rules, outlined by the GC-B CSD.
- _____ **NO**, I would prefer that my child/children not use the Internet while at school.

PUBLICATION OF PHOTOGRAPHS/WORK:

I understand that from time-to-time the school may wish to publish examples of student projects, photographs of students and other work on the Internet accessible www.gcbschools.org

PLEASE PLACE A CHECK MARK BY YOUR CHOICE:

- _____ **YES**, My child/children's work **can** be published on the Internet. (Writing/Art Work)
- _____ **YES**, Photographs of my child/children **can** be published.
- _____ **YES**, Team photographs of my child/children **can** be published on the school web page.
- _____ **NO**, I would prefer that my child/children's work (writing/art) **not** be published on the Internet.
- _____ **NO**, I would prefer that my child/children's picture **not** be published on the internet.

FIELD TRIP PERMISSION FORM

- _____ **YES**, I am willing to allow my child/children to attend field trips, contests, and other excursions that the school may wish to provide during the school year. These trips will be supervised and school buses or school vehicles will be used for transportation.
- _____ **NO**, I am not willing to allow my son/daughter to attend field trips, contests, and other excursions that the school may wish to provide during the school year, knowing these trips will be supervised and that school buses or school vehicles would be used for transportation.

Both parents/guardians and also the persons listed have permission to pick up my child or give permission for another alternate person to pick up my child in case the school cannot reach me or my spouse /or other guardian. I will notify the school principal if there are any court orders restricting noncustodial parents or others from contact with the child, I will provide the principal with a copy of the order. I understand that this information is kept accessible for use in contacting appropriate persons.

Parents/Guardians Signature: _____ Date: _____

Gilmore City-Bradgate Elementary School District

Medication information

School Year _____

Student's Name _____ Grade _____ BD _____

Permission for Medication administration at School

I hereby give my consent to administer the below indicated medication to my student for headache symptoms or other discomfort. I understand I will be contacted if student requires any medication for more than one consecutive day. The school will notify me in the case of fever and the need for my child to go home.

Tylenol/Acetaminophen 325 mgm _____ 500mgm _____ Liquid _____ dosage #/cc's

Motrin/Ibuprofen 200mgm _____ 100mgm Chewable _____ Liquid _____ #cc's

Antacid Tablet _____ Cough Drop _____ (upon request of student)

Hydrocortisone cream for itching or skin irritation _____

In the event of an allergic reaction to a Bee or other insect sting or severe allergic skin irritation I give my consent to administer Benedryl/diphenhydramine liquid per instructions on bottle or Benedryl/diphenhydramine tablet per instructions. The school will notify me if Benedryl/diphenhydramine is administered.

I, _____ give my permission for my Child
_____ to receive the above indicated medication
in the event of the above described symptoms.

Date: _____ Signature: _____

If prescription medication needs to be administered at school an additional form will need to be completed and signed. The prescription medication forms are available in the school office.

NOTE:

- Prescription medication must be supplied in the original container. Ask the pharmacist to divide the medication into two completely labeled containers one for home and one for school.

Signature _____ Date _____