

**2011-2012 Pearl River County School District  
Registration Packet  
PLEASE HAVE THE FOLLOWING DOCUMENTS WITH YOU AT  
THE TIME OF REGISTRATION:**

**NEW STUDENTS***(this includes students who have previously attended school in the Pearl River County School District, but did not complete the previous school year in said district) :*

1. Certified Birth Certificate\*
2. Legal home address of parent/legal guardian
3. Certificate of Immunization Compliance\*\*
4. Emergency Contact Information (including address)
5. Two proofs of residency with street address\*\*\*
6. Social Security Card (optional) (office will copy)
7. Withdrawal form, with address and phone number, from previous school
8. Allergies or medical conditions notification

\* Birth certificates are available on-line –[www.vitalchek.com](http://www.vitalchek.com).

\*\* Certificates of Compliance can be obtained at the following location:

Pearl River County Health Department  
7457 Hwy. 11 North  
Carriere, MS 39426  
Phone: 601-798-6212

**\*\*\*When using utility bills as proof of residence, the bill must be dated within 60 days prior to registration. Please make sure that any bills you bring as proof of residence shows your physical address.**

**NO CONVICTED OR REGISTERED SEX OFFENDERS WILL BE ALLOWED ON SCHOOL PROPERTY AT ANY TIME STUDENTS ARE PRESENT. IF IT IS NECESSARY FOR THESE INDIVIDUALS TO HAVE A CONFERENCE WITH SCHOOL PERSONNEL, AN APPOINTMENT MUST BE MADE BEFORE OR AFTER SCHOOL HOURS.**

Last School Attended: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Address of Last School:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone Number of Last School: \_\_\_\_\_

Fax Number of Last School: \_\_\_\_\_

- HAS STUDENT EVER ATTENDED A PEARL RIVER CENTRAL SCHOOL YES \_\_\_ NO \_\_\_
- HAS STUDENT EVER BEEN EXPELLED/SUSPENDED FROM SCHOOL YES \_\_\_ NO \_\_\_
- IS STUDENT CURRENTLY A PARTY TO EXPULSION PROCEEDING YES \_\_\_ NO \_\_\_
- HAS STUDENT EVER ATTENDED A MISSISSIPPI SCHOOL YES \_\_\_ NO \_\_\_



**PARENT / GUARDIAN INFORMATION**

<b>Mother / Guardian:</b> _____ (Last Name) (First Name) (Middle)		
<b>Address:</b> _____ (Full address if different than student) (City)	<b>Occupation:</b> _____	
<b>Employer:</b> _____	<b>Work Phone:</b> _____	
<b>Home Phone:</b> _____ _____	<b>Cell Phone:</b> _____	
<b>Email Address:</b> _____		
<b>Please Check all that apply:</b> <input type="checkbox"/> <b>No Contact</b> <input type="checkbox"/> <b>Receives Mail</b> <input type="checkbox"/> <b>Check In/Out</b> (legal documents required for no contact)		
<input type="checkbox"/> <b>Emergency Contact</b> <input type="checkbox"/> <b>Student Resides With</b> <input type="checkbox"/> <b>Deceased</b>		

<b>Father / Guardian:</b> _____ (Last Name) (First Name) (Middle)		
<b>Address:</b> _____ (Full address if different than student) (City)	<b>Occupation:</b> _____	
<b>Employer:</b> _____	<b>Work Phone:</b> _____	
<b>Home Phone:</b> _____ _____	<b>Cell Phone:</b> _____	
<b>Email Address:</b> _____		
<b>Please Check all that apply:</b> <input type="checkbox"/> <b>No Contact</b> <input type="checkbox"/> <b>Receives Mail</b> <input type="checkbox"/> <b>Check In/Out</b> (legal documents required for no contact)		
<input type="checkbox"/> <b>Emergency Contact</b> <input type="checkbox"/> <b>Student Resides With</b> <input type="checkbox"/> <b>Deceased</b>		

## EMERGENCY CONTACT INFORMATION

**(Emergency contacts should NOT be the parents / guardians listed above)**

Name #1: _____	Relationship: _____		
Address #1: _____			
(Street Address)	(City)	(State)	(Zip Code)
Home Phone: _____	Workplace: _____	Work Phone: _____	
Cell Phone: _____			
Please Check all that apply: <input type="checkbox"/> No Contact <input type="checkbox"/> Receives Mail <input type="checkbox"/> Check In/Out			
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Student Resides With			

Name #2: _____	Relationship: _____		
Address #2: _____			
(Street Address)	(City)	(State)	(Zip Code)
Home Phone: _____	Workplace: _____	Work Phone: _____	
Cell Phone: _____			
Please Check all that apply: <input type="checkbox"/> No Contact <input type="checkbox"/> Receives Mail <input type="checkbox"/> Check In/Out			
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Student Resides With			

Name #3: _____	Relationship: _____		
Address #3: _____			
(Street Address)	(City)	(State)	(Zip Code)
Home Phone: _____	Workplace: _____	Work Phone: _____	
Cell Phone: _____			
Please Check all that apply: <input type="checkbox"/> No Contact <input type="checkbox"/> Receives Mail <input type="checkbox"/> Check In/Out			
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Student Resides With			

I certify that all information provided in this registration packet is valid and accurate to the best of my knowledge. I am aware that by signing this packet I am giving my permission for Pearl River County Schools to use the Emergency Contacts when I cannot be reached.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# Pearl River County School District

## Policy and Procedures

Student Name \_\_\_\_\_

I hereby give permission to have all pertinent records on the above named student be sent to the Pearl River County School District

### Emergency Policy:

If I cannot be reached, the school has my permission to secure the most readily available medical services and if necessary, have my child transported to the nearest emergency care facility. I understand that I will be responsible for any cost related to this action.

### STUDENTS' NAME/PICTURE/VIDEO IN PUBLICATIONS/NEWS MEDIA:

The school district will publish the name and/or pictures of a student in school-related activities/events when the administration deems such activities or events to be appropriate. I have been notified that this information is in the student handbook. I understand that if I do not wish to have my child's name and/or picture to be used in school-related publications or in news media I must inform the administration in writing of specific news media or school-related publications in which I do not wish to have my child's name and/or picture appear.

### TEXTBOOK POLICY

The school district provides textbooks at no charge to students. It is the responsibility of the parent to see that all student textbooks are returned to the school prior to transfer or end of the school year. (The replacement cost of the textbook will be charged to the custodial parent for textbooks not returned.)

### FINES, FEES AND DAMAGES

I understand that I am responsible for the payment of all fees, fines and damages to school property, which are incurred by my child. I further understand that my child will not receive a final grade for his/her courses until all fees, fines and damages are cleared.

### STUDENT HANDBOOKS

Our Student Handbook will be available on our website: [www.prc.k12.ms.us](http://www.prc.k12.ms.us) on the Forms/Documents page.

### MEDICAL INFORMATION

IF THERE ARE ANY MEDICAL CONDITIONS OR MEDICATIONS THE SCHOOL OFFICE SHOULD BE AWARE OF PLEASE LIST BELOW:

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By my signature I hereby attest that I have read and understand the statements above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PEARL RIVER COUNTY SCHOOL DISTRICT  
SPECIAL EDUCATION INFORMATION**

**STUDENT NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

- **HAS STUDENT RECEIVED SPECIAL EDUCATION SERVICES** YES \_\_\_ NO \_\_\_
- **DOES STUDENT HAVE A CURRENT IEP** YES \_\_\_ NO \_\_\_
- **DOES STUDENT HAVE A 504 PLAN** YES \_\_\_ NO \_\_\_
- **IS STUDENT ELIGIBLE FOR GIFTED EDUCATION** YES \_\_\_ NO \_\_\_
- **HAS STUDENT RECEIVED SPEECH SERVICES** YES \_\_\_ NO \_\_\_
- **HAS STUDENT EVER ATTENDED A PEARL RIVER CENTRAL SCHOOL**  
YES \_\_\_ NO \_\_\_
- **HAS STUDENT EVER ATTENDED A MISSISSIPPI SCHOOL** YES \_\_\_ NO \_\_\_

If yes,  
Name of last MS school attended \_\_\_\_\_

Telephone number of last MS school attended \_\_\_\_\_

**By my signature I hereby attest that I have read and understand the statements above and give permission to have all pertinent records on the above named student be sent to the Pearl River County School District**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

# Pearl River County

DENNIS PENTON  
Superintendent of Education

7441 Highway 11  
Carriere, Mississippi 39426

NINA GUTHRIE  
Assistant Superintendent

(601) 798-7744  
FAX: (601) 798-3527

## *Pearl River County School District Language Home Survey*

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_

1. Does your child speak any language other than English?      Yes      No
2. If yes, what was the first language your child learned to speak?
3. What language does your child speak most often?
4. What language is most often spoken in your home?
5. Has this student attended any U.S. school in any three years of his/her life time?

Parent's Signature

\_\_\_\_\_

Date: \_\_\_\_\_

The Pearl River County School District will make every effort to provide an appropriate education for all students regardless of their native language. If your child's native language is not English, he/she will be tested to determine the level of fluency in English.

**Pearl River County School District  
Compact  
Parent-Guardian/Student/Teacher Agreement  
2011/2012**

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**The faculty and staff from Pearl River County School District envision the highest level of success for each individual. We make the Commitment to motivate, challenge, and inspire each other to become the best we can possibly be.**

To accomplish this, parents, teachers, and students need to work together. We ask that you promise to do this by completing and signing the part of the agreement that applies to you.

**Parent/Guardian Checklist:**

I will do my personal best to:

- \_\_\_\_\_ See that my child attends school regularly and on time.
- \_\_\_\_\_ Support the school in developing positive behaviors.
- \_\_\_\_\_ Establish a time for homework and review it regularly.
- \_\_\_\_\_ Provide a home environment that encourages my child to learn.
- \_\_\_\_\_ Encourage my child's efforts and be available for questions.
- \_\_\_\_\_ Stay aware of what my child is learning.
- \_\_\_\_\_ Read with my child and let my child see me read.
- \_\_\_\_\_ Communicate regularly with my child's teacher.

**Parent's/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Checklist:**

I will do my personal best:

- \_\_\_\_\_ Attend school regularly.
- \_\_\_\_\_ Come to school each day with pencils, paper, and other necessary tools for learning.
- \_\_\_\_\_ Complete and return homework assignments.
- \_\_\_\_\_ Observe regular study hours.
- \_\_\_\_\_ Follow the school and classroom rules.
- \_\_\_\_\_ Respect other people and the community.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Teachers Checklist:**

I will do my personal best to:

- \_\_\_\_\_ Provide an environment conducive to learning.
- \_\_\_\_\_ Help each child grow to his/her fullest potential.
- \_\_\_\_\_ Provide meaningful and appropriate homework activities.
- \_\_\_\_\_ Enforce school and classroom rules fairly and consistently.
- \_\_\_\_\_ Maintain open lines of communication with each student and his/her parents.
- \_\_\_\_\_ Demonstrate professional behavior and a positive attitude.

**Teacher's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**RESIDENCY REGISTRATION AND DOCUMENTATION CHECKLIST**

**TO BE COMPLETED BY PARENT, LEGAL GUARDIAN OR ADULT DESIGNEE**

NAME OF STUDENT: \_\_\_\_\_

NAME OF PARENT/LEGAL GUARDIAN/ADULT DESIGNEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**TOWNSHIP:** \_\_\_\_\_

**RANGE:** \_\_\_\_\_

**(List 911 Address only-P.O. Box is not acceptable)**

**SECTION:** \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE ON THIS FORM IS A TRUE AND CORRECT STATEMENT OF MY LEGAL RESIDENCE. SHOULD MY LEGAL RESIDENCE CHANGE WHILE THE ABOVE LISTED STUDENT IS ENROLLED IN THE PEARL RIVER COUNTY SCHOOL DISTRICT, I WILL PROMPTLY NOTIFY THE APPROPRIATE OFFICIALS OF THIS SCHOOL DISTRICT. FURTHER, I UNDERSTAND THAT A PUPIL IS NOT LEGALLY ENROLLED UNTIL THIS FORM IS COMPLETED AND SIGNED BY THE PARENT, LEGAL GUARDIAN, OR ADULT DESIGNEE WITH WHOM THE STUDENT IS RESIDING. I UNDERSTAND THAT A PUPIL ADMITTED UNDER FALSE INFORMATION IS NOT LEGALLY ENROLLED AND IS SUBJECT TO PENALTY.

\_\_\_\_\_  
(Signature of parent/guardian/adult designee)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone number)

\*\*\*\*\*

**TO BE COMPLETED BY THE SCHOOL DISTRICT**

\_\_\_\_\_  
A. DOCUMENTS PROVIDED TO ME BY PARENT/LEGAL GUARDIAN/ADULT DESIGNEE  
(MINIMUM OF TWO DOCUMENTS REQUIRED OF ALL STUDENTS)

- \_\_\_\_\_  
1. FILED HOMESTEAD EXEMPTION APPLICATION FORM
- \_\_\_\_\_  
2. MORTGAGE DOCUMENTS OR PROPERTY DEED
- \_\_\_\_\_  
3. APARTMENT OR HOME LEASE
- \_\_\_\_\_  
4. UTILITY BILLS
- \_\_\_\_\_  
5. DRIVER'S LICENSE
- \_\_\_\_\_  
6. VOTER PRECINCT IDENTIFICATION
- \_\_\_\_\_  
7. AUTOMOBILE REGISTRATION
- \_\_\_\_\_  
8. AFFIDAVIT OF RESIDENCY
- \_\_\_\_\_  
9. OTHER DOCUMENTATION \_\_\_\_\_

(Description)

\_\_\_\_\_  
B. STUDENT IS LIVING WITH LEGAL GUARDIAN AND A CERTIFIED COPY OF THE COURT DECREE, OR PETITION IF PENDING, WAS RECEIVED DECLARING THE DISTRICT RESIDENT TO BE THE LEGAL GUARDIAN OF THE STUDENT AND FURTHER DECLARING THAT THE GUARDIANSHIP WAS FORMED FOR A PURPOSE OTHER THAN ESTABLISHING RESIDENCY FOR SCHOOL DISTRICT ATTENDANCE PURPOSES.

\_\_\_\_\_  
C. STUDENT IS LIVING WITH AN ADULT OTHER THAN PARENT OR LEGAL GUARDIAN AND THE ADULT HAS PROVIDED A SWORN AFFIDAVIT STATING HIS/HER RELATIONSHIP TO THE STUDENT REQUIRES BOTH AFFIANT AND LEGAL GUARDIAN OR LEGAL CUSTODIAN SHOW TWO (2) DOCUMENTS (WITH PHYSICAL 911 ADDRESS) ALONG WITH A MISSISSIPPI DRIVER'S LICENSE OR A PERSONAL PICTURE IDENTIFICATION CARD FOR ENROLLMENT AND ADMISSION TO THE SCHOOL DISTRICT. A MINIMUM OF TWO (2) WEEKS WILL BE GIVEN TO THE LEGAL GUARDIAN OR LEGAL CUSTODIAN TO SHOW THE REQUIRED DOCUMENTS FOR ENROLLMENT. DOCUMENTS SHOULD INCLUDE DRIVER'S LICENSE, CAR REGISTRATION OR AUTO INSURANCE WITH THE LEGAL ADDRESS.

SCHOOL OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**PEARL RIVER COUNTY SCHOOL DISTRICT  
BUS DISCIPLINE POLICY AGREEMENT  
2011-2012**

**I request School Bus Transportation** for the students listed below. We will comply with the Bus Discipline Policy adopted by the Pearl River County Board of Education for the 2011-2012 school year. I understand that violation of school bus rules and regulations may result in the loss of bus riding privileges.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Bus Number (Office Use)

A.M. / P.M. \_\_\_\_\_

A.M. \_\_\_\_ P.M. \_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

**Car Rider** \_\_\_\_\_

\_\_\_\_\_  
E911 Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home / Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Emergency Phone

**Medical Conditions**  
(ex: Allergies, Asthma, Seizures, Diabetes)

- |    |              |       |       |
|----|--------------|-------|-------|
| 1. | _____        | _____ | _____ |
|    | Student Name | Grade |       |
| 2. | _____        | _____ | _____ |
|    | Student Name | Grade |       |
| 3. | _____        | _____ | _____ |
|    | Student Name | Grade |       |
| 4. | _____        | _____ | _____ |
|    | Student Name | Grade |       |
| 5. | _____        | _____ | _____ |
|    | Student Name | Grade |       |

**\*\*MARK DAILY PICK UP IF NO TRANSPORTATION IS NEEDED.**

Registering YEAR \_\_\_\_\_

STUDENT'S GRADE \_\_\_\_\_

## Pearl River Central School District Student Health History

Please return to school nurse. This form will become CONFIDENTIAL once received by the nurse.

STUDENT'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ SEX \_\_\_\_\_ ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONE H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

EMERGENCY CONTACT OTHER THAN PARENTS/GUARDIANS (PLEASE LIST TWO)

1-NAME \_\_\_\_\_ PHONE H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

2-NAME \_\_\_\_\_ PHONE H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

HOW IS HEALTH CARE PROVIDED FOR THIS STUDENT?

PRIVATE INS. \_\_\_\_\_ MEDICAID \_\_\_\_\_ CHIPS \_\_\_\_\_ CASH \_\_\_\_\_

SIBLINGS: NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_

1- \_\_\_\_\_

2- \_\_\_\_\_

3- \_\_\_\_\_

NAME OF CHILD'S PRIMARY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

PREFERRED HOSPITAL \_\_\_\_\_

WHEN DID YOUR CHILD LAST SEE A DENTIST? DATE \_\_\_\_\_ DENTIST \_\_\_\_\_

PURPOSE OF VISIT-CHECK UP \_\_\_\_\_ DENTAL PROBLEMS(SPECIFY) \_\_\_\_\_

PLEASE LIST ANY MEDICATION YOUR CHILD TAKES ON A ROUTINE BASIS AND INFORM TEACHER(S).

MEDICINE \_\_\_\_\_ REASON FOR MEDICINE \_\_\_\_\_

MEDICINE \_\_\_\_\_ REASON FOR MEDICINE \_\_\_\_\_

DOES YOUR CHILD HAVE ANY MEDICATION ALLERGIES? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE LIST MEDICATION AND TYPE OF REACTION \_\_\_\_\_

OTHER ALLERGIES? (PLEASE CIRCLE)

BEE STING    WASP STING    ANT BITES    OTHER INSECT STINGS    POISON IVY

DUST    MOLDS    SEAFOOD    PEANUTS OR OTHER NUTS

OTHER (PLEASE SPECIFY) \_\_\_\_\_ DESCRIBE TYPE OF REACTION \_\_\_\_\_

DOES YOUR CHILD REQUIRE A SPECIAL DIET? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHAT TYPE? \_\_\_\_\_

IF YOUR CHILD HAS A SPECIAL DIET OR FOOD ALLERGY, PLEASE PROVIDE DOCTOR'S ORDER FOR THE CAFETERIA. A NEW DOCTOR'S ORDER IS REQUIRED EACH SCHOOL YEAR.

**\*\* PARENT IS RESPONSIBLE TO INFORM TEACHER(S) OF ANY AND ALL ALLERGIES.**

IF CHILD HAS HISTORY OF ANAPHYLACTIC REACTION, PARENT/GUARDIAN IS RESPONSIBLE TO BRING EPI-PEN WITH DOCTOR'S ORDER TO THE NURSE. (SEE "RULES FOR MEDICATION AT SCHOOL" IN HANDBOOK)

DOES YOUR CHILD WEAR GLASSES OR CONTACT? YES \_\_\_\_\_ NO \_\_\_\_\_

**PLEASE CIRCLE ANY HEALTH CONDITIONS YOUR CHILD HAS OR HISTORY OF:**

**ACID REFLUX**

**ANEMIA**

**\*ASTHMA/WHEEZING**

**ATTENTION DEFICIT DISORDER**

**BIRTH DEFECTS**

**BROKEN BONES**

**BLEEDING DISORDER**

**CANCER**

**CEREBRAL PALSY**

**CONSTIPATION**

**CYSTIC FIBROSIS**

**DEFIANT BEHAVIOR DISORDER**

**DIABETES – HIGH BLOOD SUGAR**

**DRY SKIN/ECZEMA/PSORIASIS**

**FREQUENT BRONCHITIS/PNEUMONIA**

**FREQUENT EAR INFECTIONS/HEARING LOSS**

**FREQUENT KIDNEY INFECTIONS**

**FREQUENT SORE THROATS**

**FREQUENT VOMITING/DIARRHEA**

**HEADACHES / OLD HEAD INJURY]**

**HEART MURMUR / DEFECTS**

**HEPATITIS**

**HIGH BLOOD PRESSURE**

**HYPERACTIVITY**

**HYPOGLYCEMIA – LOW SUGAR**

**MENSTRUAL CRAMPS**

**NOSEBLEEDS**

**SCOLIOSIS OR CURVED SPINE**

**SEIZURES**

**SICKLE CELL TRAIT / DISEASE**

**SYNCOPE OR FAINTING SPELLS**

**OTHER \_\_\_\_\_**

**\*State Law: Senate Bill 2393 requires an Asthma Action Plan from your child's doctor if they require medication for asthma while at school.**

**I UNDERSTAND THE FOLLOWING:**

**I am responsible to inform my child's teacher(s) of any and all allergies and medical conditions that my child has, and/or routine medications that my child takes.**

**Suspicious signs of physical or emotional abuse or neglect, by law, are to be reported to the Department of Human Services, Child Welfare Divisions.**

**Pearl River Central students may be screened during the school year, at school, for scoliosis, vision, hearing, dental, head lice, and illnesses.**

**The school nurse will administer prescribed medication, assess and intervene for injury and illness. The school nurse does not diagnose. Only a qualified physician or nurse practitioner can diagnose.**

**If my child has an illness or is injured, it is the parent's responsibility to pick up the student in a timely manner. The nurse's office is not to be used for "sick day care". It is also the parent's responsibility to provide current and accurate phone numbers to the nurse and to the school office.**

**In case of emergency illness or injury, 911 will be called and the parents notified. School emergencies can include, but are not limited to: severe asthma episodes, broken bones, anaphylactic shock, seizures, head trauma, etc. Medical judgment will determine emergency.**

**Medications cannot be sent to school with the student. Medications must be brought to the nurse's office by a parent or responsible adult. A school permission form for medication must be filled out by the parent and doctor's order must be brought to the nurse before medication given can be given.**

**A limited supply of over-the-counter medication is supplied by the school. Barring no unforeseen or unusual circumstances, the supply includes topical such as: triple antibiotic ointment, Calamine lotion, anti-itch cream, aloe vera gel, sting-relief insect wipes, Oragel and saline eye drops. There is a small amount of oral medication on hand, such as: Kaopectate/Immodium, Acetaminophen or Ibuprofen for fever of 101.0 or greater, Benadryl, cough drops, Tums, and throat lozenges. All over-the-counter medications supplied by the school will be used according to the standing orders of Dr. James Riser, P.R.C. medical director. Please be aware that Tylenol/Ibuprofen is not kept on hand for headaches nor can be administered without a doctor's order.**

**I acknowledge that I have read the above information and hereby authorize the school nurse to administer to my child the above medication in accordance with standing orders.**

\_\_\_\_\_  
**Students Name**

\_\_\_\_\_  
**Parents signature**

\_\_\_\_\_  
**Date**