

**Stoughton Public Schools Emergency Form**  
Joseph R. Dawe Jr Elementary School 2017-2018

Please print all information in blue ink.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Unlisted: \_\_\_\_\_

Child Lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Any Parental Restrictions? \_\_\_\_\_ Custody Documents: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Please send notifications to Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Sibling #1 Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Sibling #2 Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Sibling #3 Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**In case of an emergency and we cannot reach you, list two adults who have agreed to take responsibility for your child and have consented to the release of their information.**

Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Health Information**

DOES YOUR CHILD HAVE ANY MEDICAL PROBLEMS, CHRONIC CONDITIONS, KNOWN ALLERGIES OR TAKE ANY MEDICATION?

\_\_\_\_\_ YES \_\_\_\_\_ NO **IF YES, PLEASE CONTACT YOUR CHILD'S SCHOOL NURSE.**

Physician's Name: \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone \_\_\_\_\_

Health Insurance Information \_\_\_\_\_ Private \_\_\_\_\_ Public (e.g. Mass Health, etc.) \_\_\_\_\_ No Insurance \_\_\_\_\_ Unknown

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

*If you have no health insurance, Massachusetts has health plans that will provide uninsured children with affordable healthcare. Please contact your school nurse for more information. All communications will be confidential.*

(Over)

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Home Language Survey**

First language spoken by your child: \_\_\_\_\_ Languages spoken at home: \_\_\_\_\_

What languages does your child speak to his siblings and friends? \_\_\_\_\_ grandparents? \_\_\_\_\_

**Race/Ethnicity**

Choose One: \_\_\_\_\_ Hispanic \_\_\_\_\_ Not Hispanic

Choose all that apply: \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Hawaiian/Other Pacific Islander \_\_\_\_\_ White

**MIC3-Military Service**

Is there a household member actively serving full-time in or has been discharged or retired in the past year from any branch of the military including the National Guard?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Branch: \_\_\_\_\_

Has this person recently been deployed? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Does this person anticipate deployment? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

**Parent/Guardian Permission: Please indicate permissions below and initial**

**Health Information:**

I give permission for the school nurse to share medical information with the appropriate school personnel. I authorize school authorities to call my child's physician if I cannot be reached and such a call is considered necessary for school personnel to have my child transported to the local hospital for treatment in the event of an emergency. Yes/No Initial \_\_\_\_\_

**Student Handbook:**

I have seen and am aware of the Stoughton Public School's Student and Parent Handbook which includes the Code of Conduct, Attendance Policy, Internet Policy, the Hazing Law and the Disciplinary Procedures. Yes/No Initial \_\_\_\_\_

**Field Trip Permission:**

I grant permission for my child to attend in-district functions. Yes/No Initial \_\_\_\_\_

**Photograph/Media Release:**

I give permission for my child to be photographed/videoed during the school year. I understand that these materials will be used for educational purposes only. Yes/No Initial \_\_\_\_\_

I give permission to allow pictures of my child to be placed on the Stoughton Public Schools website, social media, and local news outlets for purposes of documenting activities and achievements. Yes/No Initial \_\_\_\_\_

I give permission to allow pictures of my child to be published in the school yearbook. Yes/No Initial \_\_\_\_\_

I give permission for my child's name to be used with their photo on the Stoughton Public Schools website, social media, and local news outlets for purposes of documenting activities and achievements. Yes/No Initial \_\_\_\_\_

**For Kindergarten Students Only:**

I authorize the person named below to be present at the bus stop to meet my child, identification may be required.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Military Recruiter Information: For grades 9-12 only**

Every Student Counts Act states that schools must comply with a request by a military recruiter or an institute of higher education for secondary student's names, addresses and phone numbers, unless the parent denies this request in writing. I grant permission to release information to a military recruiter or an institute of higher education. Yes/No Initial \_\_\_\_\_

**Volunteer: For Elementary and Pre-School**

Are you interested in volunteering as a room parent? Yes/No Initial \_\_\_\_\_

Are you interested in volunteering in the classroom? Yes/No Initial \_\_\_\_\_

At the beginning of the school year the classroom teacher assigns a room parent and will occasionally ask for volunteers to come in the classroom to read a story, help with fundraisers, special event helpers, etc. Yes/No Initial \_\_\_\_\_

**For all Stoughton Public Schools**

Any volunteer who works in the school must complete a C.O.R.I. (Criminal Offender Record Information) report application every year. If you are interested in serving as a volunteer or room parent, please fill out the CORI form and return it to the school office.

\*Volunteers may need to be fingerprinted under certain circumstances. Please contact the building principal.\*

**Parent/Guardian Signature:**

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

Printed Name: \_\_\_\_\_