

Scott County Schools Health Services Division

2168 Frankfort Pike

Georgetown, Kentucky 40324

Student Health Information Year: _____

Student Name: _____ DOB: _____

Name of School- _____ Grade _____ Teacher _____

Daytime Telephone Number _____

Emergency Contact: _____ Phone: _____

Student's Medical History

1. Significant Medical History/Medical Diagnosis: _____

2. Medication Allergies: _____ Food Allergies: _____

3. Other Allergies: _____

4. Medications taken Daily: _____

5. * Prescription Medication to be given at School: _____

Student's Physician/ Health Care Provider: _____

Phone: _____

**Must complete Medication Consent Forms prior to any prescription medications being brought to school to be administered*

Insurance Information:

Health Insurance Provider: _____

Employer Information: _____

Policy Number: _____ Group Number: _____

Does your student have any of the following Life-Threatening conditions that may require EMERGENCY treatment or medications to be given at school? (Please circle condition and medication)

DIABETES

ASTHMA

SEIZURES

LIFE-THREATENING ALLERGY

(Glucagon)

(Rescue Inhaler)

(Diastat)

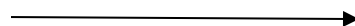
(Epi-Pen)

OTHER: _____

X _____
(Signature of Parent/Legal Guardian/Emancipated Student)

_____/_____/_____
(Date Signed)

Please Return Completed Form to School



Dear Parent/Guardian:

In order to serve your child in case of an accident or sudden illness either at school, on a field trip, or any school sponsored activity, it is necessary that we have this release form signed. Please complete the information requested on the back of this form, review the statement below, then sign and return this form to your child's homeroom teacher on the next school day.

Student Last Name, First Name, Middle Initial

I, the undersigned, hereby authorize officials of Scott County Public Schools to contact the persons named on the reverse side of this form and do authorize the named physician or EMS personnel to render such treatment as may be deemed necessary in an emergency, for the health of named child.

In the event the parent/guardian, physician, or other persons named on the reverse side of this form cannot be contacted, officials of Scott County Public Schools are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of said child.

I will not hold the school district financially responsible for the emergency care and/or transportation of said child.

Signing this form shall release Scott County Public Schools and staff members from any liability of any nature in assisting during a medical emergency.



Signature of Parent/Guardian

Date

Note:

- If an accident or illness occurs, a copy of this form will be provided to the emergency care provider (physician, hospital, EMS)
- If any information changes, please phone the school office.
- Please complete, sign, and return this form to your child's homeroom teacher on the next school day.
- Please complete all of the information requested

Please Return Completed Form to School

Information/Communications Technology User Agreement Forms

KINDERGARTEN USER CONTRACT

Homeroom Teacher _____

Student Name (Please Print) _____

Last _____ First _____ Middle Initial _____

School _____

Dear Parent/Guardian/Custodian:

Learning with technology begins at an early age, even before students attend school. We want your kindergarten child to love learning and to use technology safely and appropriately and to transfer these skills to the outside world. Your child will be trained on proper use of technology including digital citizenship and internet safety. This training will take place in the classroom or in the computer lab with his/her teacher and/or with the technology teacher in your school. Please sign below indicating that you understand your child will be trained in appropriate use of technology, digital citizenship, and internet safety.

Access Requested:

Parent/Guardian/Custodian of a minor must print and sign below for the requested privilege.

CONSENT FOR USE

By signing this form, you hereby accept and agree that your child's rights to use the electronic resources provided by the District and/or the Kentucky Department of Education (KDE) are subject to the terms and conditions set forth in District policy/procedure. Please also be advised that data stored in relation to such services is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the e-mail address provided to your child can also be used to access other electronic services or technologies that may or may not be sponsored by the District, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider. Before your child can use online services, he/she must accept the service agreement and, in certain cases, obtain your consent.

Parent/Custodian/Guardian Print First and Last Name

Date

Parent/Custodian/Guardian Signature

Please Return Completed Form to School

Information/Communications Technology User Agreement Forms

STUDENT USER CONTRACT (GRADES 1-12)

Homeroom Teacher _____

Student Name (Please Print) _____

Last _____ First _____ Middle Initial _____

School _____ Current Grade Level _____

By signing this contract I hereby acknowledge that I have a thorough understanding of the Acceptable Use Policy of the Scott County Schools and agree to abide by all of the terms and conditions. I further understand that a violation of the Acceptable Use Policy is unethical and may constitute a criminal offense. Should I commit any violation my access privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action.

Student Signature _____ Date _____

Access Requested for Students:

Parent/Guardian of a minor must print and sign below for the requested privilege.

Students over age 18 must sign below for the requested privilege.

CONSENT FOR USE

By signing this form, you hereby accept and agree that your child's rights to use the electronic resources provided by the District and/or the Kentucky Department of Education (KDE) are subject to the terms and conditions set forth in District policy/procedure. Please also be advised that data stored in relation to such services is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the e-mail address provided to your child can also be used to access other electronic services or technologies that may or may not be sponsored by the District, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider. Before your child can use online services, he/she must accept the service agreement and, in certain cases, obtain your consent.

Parent Print First and Last Name

Date

Parent Signature

Once signed and dated, this form shall remain in effect throughout the student's attendance in the building in which his/her grade level is housed and kept on file by the Principal or School Technology Coordinator. However, at any time during the school year, you may amend this form only by notifying the Principal in writing of your request.

Please Return Completed Form to School

Before signing this form, please review the Student Code of Conduct, located here:
<https://www.scott.kyschools.us/userfiles/1523/my%20files/student%20discipline%20code%2002021%20final.pdf?id=82826>

We have received and read the Scott County Public Schools Student Discipline Code. Any questions either one of us had were presented to a teacher and/or administrator for clarification or additional information.

School Name: _____

Homeroom Teacher's Name _____

Printed Student Name: _____

Student Signature and Date: _____

**By typing your name in this area, you're indicating you will review the Student Code of Conduct.

Printed Parent Name: _____

Parent Signature and Date: _____

Please Return Completed Form to School

