

Meadowview School Emergency Information and Authorization Form

Student Name:		Date of Birth:	Sex:
Address:		City:	Zip:
	Mother	Father	Guardian/Foster Home Operator
Name			
Address			
City/Zip			
Home Phone/Cell/Work	C: H: W:	C: H: W:	C: H: W:
Email			
Living with Child?	Please Circle YES / NO	Please Circle YES / NO	Please Circle YES / NO

Emergency/Early Release Information: Because the school is responsible for the safety and well-being of your child, prior to the end of the school day, he/she will only be released to a parent or a person authorized in writing by the parent to act in his/her behalf. Please list below, those you authorize to pick up your child.

1.	Relation to Child:	Phone:
2.	Relation to Child:	Phone:
3.	Relation to Child:	Phone:

Student Housing Information:

Is your current address a temporary living arrangement? Yes ☐ No ☐

Is this living arrangement due to loss of housing or economic hardship? Yes ☐ No ☐

As a student, are you living with someone other than your parent or legal guardian? Yes ☐ No ☐

If you checked "yes" to any of these questions, please complete the enclosed Student Housing Information Sheet and return with enrollment form. Please note, all information is confidential.

Meadowview School Emergency Information and Authorization Form

Meadowview School staff has permission to review medical reports regarding my student: Yes ☐ No ☐

- Is the student on medication(s) or prescribed a medical treatment? Yes ☐ No ☐
- If yes, will any medication(s) or prescribed a treatment be performed while at school? Yes ☐ No ☐
- If medication(s)/medical procedure(s) are administered at school, please have your physician fill out the Meadowview School -Provider Authorization for Medication and/or Treatment Form. Then return to Meadowview PRIOR to school starting.

Permissions:

Community Activities: I give permission for my child to participate in community based instructional activities, including (but not limited to) field trips. I acknowledge that transportation may be provided by EATRAN/ Dean Transportation.

☐ YES ☐ NO

Sometimes during activities, high school students and adult volunteers help out with our classrooms (for example: Special Olympics, horseback riding). Do we have permission to let the volunteers know of your child's pertinent needs or physical needs?

☐ YES ☐ NO

Comments or Restrictions to permissions:

☐ I am in receipt of the Parent and Athlete Concussion Information Sheet.

☐ I am in receipt of the Special Education Produical Safe Guards. Website Link:

<https://www.michigan.gov/mde/services/special-education/evaluations-ieps/notice-consent>

☐ I affirm, as the parent/legal guardian, that all information provided above is true and accurate and that my child and I reside at the listed address. I understand that any false information provided by me, may subject me to legal penalties for perjury.

Parent/Legal Guardian

Date



HEADS UP SCHOOLS

A Fact Sheet for Parents

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports *one or more* of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY YOUR CHILD OR TEEN

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.



PHOTO / AUDIO / VIDEO RELEASE

Eaton Regional Education Service Agency produces various materials to promote our schools and celebrate our successes. These materials may include photos, audio/video, and online publications. Printed publications may be distributed throughout the community, state and nationally.

I authorize Eaton Regional Education Service Agency to record my image and/or voice, and convey all rights to use these recorded images for the purposes stated. I understand that these images may be used for educational and promotional purposes in conventional and electronic media, now and/or in the future. I understand and agree that these images may be duplicated, distributed and/or altered in any form or manner without future/further compensation or liability, in perpetuity.

Person to be published:

Name: _____

Address: _____

Phone: _____ Email: _____

Parent/Guardian Name Printed (if this person is under 18):

Signature: _____ Date: _____

Photography Permit: I give permission for my child to be photographed (picture or video-taped) by the Meadowview/ EatonRESA staff for school purposes **ONLY**.

☐ YES ☐ NO

STUDENT TECHNOLOGY ACCEPTABLE USE AND SAFETY AGREEMENT

Eaton RESA has developed a Student Technology Acceptable Use and Safety Agreement and Policy. I have read, understand and will abide by the Eaton RESA Student Technology Acceptable Use and Safety Policy (Policy 7540.03). I agree to the user responsibilities and prohibitions contained in the policy.

Student

I understand that use of the District's technology resources are a privilege and that my access rights as a student may be limited or revoked. I also understand that inappropriate use of the District's technology, network, Internet connection and online educational resources may lead to loss of this privilege, disciplinary action and/or appropriate legal action, as described in the Meadowview School Student/Parent Handbook and Student Code of Conduct. Students using District technology resources are personally responsible and liable for unauthorized or inappropriate use of these resources.

Eaton RESA has implemented technology protections to block/filter student internet access to visual displays and materials that are obscene, constitute pornography or are harmful. The District has the right at any time to access, monitor, review and inspect any directories, files, content and/or messaging residing on or sent using District technology resources with no expectation of privacy.

My signature indicates that I have read, understand and agree to abide by Eaton RESA's Student Technology Acceptable Use and Safety policy and agreement.

Student's Printed Name

Student's Signature

Date

Parent/Guardian

As the parent/guardian of a student at Meadowview School, I have read and understand the Student Technology Acceptable Use and Safety policy and agreement and have discussed these with my child. I understand that student access to District technology resources and the Internet is for educational purposes only and that if my child violates the District's Technology and Acceptable Use and Safety policy/agreement, it may result in loss of technology privileges, other disciplinary actions and/or legal action.

Please check each that applies:

- ☐ I give permission for the District to issue an email account to my child
- ☐ I give permission for my child's image (photograph) to be published online
- ☐ I give permission for the District to transmit "live" images of my child as a part of a group over the internet.

My signature indicates that I have read, understand and agree to have my child abide by Eaton RESA's Student Technology Acceptable Use and Safety policy and agreement.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

Please complete, sign and return this agreement to your child's teacher.

Student Wellbeing

Student safety is a responsibility of the staff. All staff members are familiar with emergency procedures such as fire, lock down and tornado drills and accident reporting procedures. Should a student be aware of any dangerous situation or accident, she/he must notify a staff person immediately.

Injury and Illness

All injuries must be reported to the instructor, Eaton RESA staff member, or the office. If the injury is minor, the student will be treated and may return to class. If medical attention is required, the office will follow emergency procedures and notify the parent/guardian.

A student who becomes ill during the school day should request permission to go to the office. An Eaton RESA staff member will determine whether or not the student should remain in school or go home. No student will be released from school without proper parental permission.

Students with specific health care needs should deliver written notice about such needs along with proper documentation by a physician to the school nurse.

Student Illness Policy

Students exhibiting any potentially contagious symptoms may be at risk to themselves or others and should not be at school.

1. Severely Ill: a child that is lethargic or less responsive, has difficulty breathing or rapidly spreading rash.
2. Fever: any temperature of 100.4 degrees or higher.
3. Diarrhea: a child that has two or more loose stools.
4. Vomiting: a child that has vomited two or more times.
5. Rash: the child with rash AND has a fever or change in behavior.
6. Draining Skin Sores: any sore that cannot be covered with a waterproof dressing
7. Runny Nose: abnormal amounts of thick yellow or green discharge. May return when discharge is clear or treatment started.

Control of Casual Contact Communicable Diseases and Pests

Because a school has a high concentration of people, it is necessary to take specific measures when the health or safety of the group is at risk. The school's professional staff has the authority to remove or isolate a student who has been ill or has been exposed to a communicable disease or highly-transient pest, such as lice.

Diseases include: diphtheria, scarlet fever, strep infections, whooping cough, mumps, measles, rubella, and other conditions indicated by State or Local Health Departments.

Any removal will only be for the contagious period as specified in the school's administrative



2022-2023 DIRECTORY INFORMATION OPT OUT FORM

The Family Educational Rights and Privacy Act (FERPA), a Federal law, and Public Act 367 of 2016, a Michigan law, require that Eaton RESA, offer you the opportunity to object to the District's disclosure of specific personally identifiable information from your student's education records, known as "directory information," described below.

Eaton RESA may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in writing or provided a notification card issued by the Attorney General under the Address Confidentiality Program Act. Directory information is information that is generally not considered harmful or an invasion of privacy if released. The primary purpose of directory information is to allow the District to include this type of information from your child's education records in certain school publications. The District has designated the following as directory information:

- a. Student's name;
- b. Address;
- c. Telephone number of parent/guardian;
- d. School assigned student email address;
- e. Date and place of birth;
- f. Grades and/or transcripts if applicable;
- g. Date of graduation completion, transfer and/or withdrawal;
- h. Dates of attendance at district.

The District typically discloses "directory information" to the entities, and/or in the circumstances, described below. If you do not want the District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing. If you elect to "opt out" of the disclosure of any specific type of directory information, the District will elect not to disclose any directory information for your student(s).

_____	Student's Name:	_____
Parent/Guardian	School:	_____

List of Uses/Instances In Which Disclosure of Directory Information Occurs:

- School assigned student email account – student registration for access to various online educational curriculum, services, and mobile applications being used for instruction.
- Student name, address, date of birth, telephone number for students age 18 or older who are their own guardian - for United States Armed Forces recruiters.
- Student name, address, date of birth, attendance, graduation/completion status, grades and/or transcripts – for standardized testing required by state and/or federal requirements.
- Student name, address, date of birth, telephone number, attendance, graduation/completion status, grades and/or transcripts – for person providing educational or educational support services under a contract with the District, to a student. Student name, address, date of birth, telephone number – for Michigan and Area 8 Special Olympics student participation.



Eaton Regional Education Service Agency
1790 East Packard Highway
Charlotte, MI 48813

517.541.8757 phone
517.940.4114 confidential fax
www.eatonresa.org

Meadowview School - Provider Authorization for Medication and/or Treatment

Student Name: _____

Date of Birth: _____

Physician Name: _____

Address: _____

Phone: _____

Fax: _____

Physician's please fill out the form below and fax to (517) 940-4114 as soon as possible. If you have any questions or concerns, please feel free to contact Steve at (517) 541-8757.

TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER:

Name of Medication(s)/Medical Procedure(s):

Dosage of Medication/Treatment:

Start Date: _____ **End Date:** _____

Time to be administered at school _____

Form: ☐ Tablet/Capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Tube Feeding
☐ Other (please list): _____

Side Effects: ☐ None Anticipated ☐ Yes, please describe: _____

Special Instructions: ☐ None ☐ Other: _____

Physician's Signature: _____ **Date:** _____

Parent Permission: *I hereby request that my child be administered his/her prescribed medication(s)/medical procedure(s) at school. I understand that the medication will be administered exactly as instructed above by my physician. I will notify the school of any changes or discontinuation of this medication(s)/medical procedure(s). I will assume responsibility for safe delivery of medication to school either myself or via transportation aide/driver. I will not send medication to school in my student's backpack. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly from or indirectly from this authorization.*

Parent Signature: _____ **Date:** _____

Received by: _____ Date: _____



**PARENT AUTHORIZATION FOR
OVER-THE-COUNTER (OTC) MEDICATION**

Dear Parents/Guardians:

Meadowview School/Eaton RESA policy requires your consent in order to administer over-the-counter medications described below.

I give permission for the school nurse and/or other designee to administer the below stated medications to _____.

Student's Name

My child/student is allergic to _____.

Parent/Guardian Signature

Date

Student Birth Date

Standing Orders for School Nurse

Please check which products CAN be administered if needed.

- ☐ May use TUMS as directed. 1-4 tablets at a time based on height/weight dosing.
- ☐ Apply Hydrocortisone 1% cream for bug bites or minor rash
- ☐ Acetaminophen (Tylenol) per age and/or weight based dosing, to be administered no more than every 4 hours under the direction of the school nurse.
- ☐ Ibuprofen (Advil, Motrin) per age and/or weight based dosing, to be administered no more than every 6 hours under the supervision of the school nurse.
- ☐ Benadryl (diphenhydramine) per age and/or weight based dosing, to be given for allergic reactions. Administered by the school nurse. Parent/guardian to be notified when possible prior to administration of Benadryl.
- ☐ A&D Ointment as needed for minor skin irritation, protection against moisture, and to soothe minor cuts or similar product.
- ☐ Triple antibiotic ointment to prevent infection in minor scrapes, abrasions and burns if soap and water is not enough.
- ☐ Sugar-Free cough drops for minor sore throat or cough not related to acute illness.
- ☐ Sting relief pads for usage with insect stings or bites to provide itch relief.

Physician Signature

Date Signed (effective 2022-2023 School Year)

Received by: _____ Date: _____

EMERGENCY MEDICAL AUTHORIZATION PERMIT

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the supervisor or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized _____ Date _____
Parent/Guardian

Child's Name _____
(Last) (First) (Middle)

School _____ Grade _____ Teacher _____

Birthdate _____ Sex _____ Telephone _____

Parent or Guardian Names _____

Home Address _____

Mother's Employment _____ Telephone _____

Father's Employment _____ Telephone _____

Doctor Preferred _____ Telephone _____

Doctor's Address _____

Dentist Preferred _____ Telephone _____

Dentist's Address _____

Insurance Company _____ I.D. No. _____

Important Medical Information

Allergies _____

Current Medications or Treatments _____

Previous Operations or Hospital Confinements

Other: _____