

**CHECK HERE IF  
INFORMATION HAS  
CHANGED SINCE  
LAST YEAR \_\_\_\_\_**

**SUNMAN-DEARBORN COMMUNITY SCHOOLS  
STUDENT AND HEALTH INFORMATION  
2017-2018**

**MEDICAL ALERTS**

(office use only)

Student: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) M/F Age Date of Birth Grade

Mailing Address: \_\_\_\_\_  
(Street/ PO Box) (City) (Zip Code)

(If you have a P.O. Box, list your 9-1-1 Address) \_\_\_\_\_

County: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ PARENT Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Preferred weather related number \_\_\_\_\_

Preferred number for emergency/disaster \_\_\_\_\_ early dismissal \_\_\_\_\_

Student rides Bus # \_\_\_\_\_ AM (Circle) From: Home Daycare or Sitter Drives Other \_\_\_\_\_

Student rides Bus # \_\_\_\_\_ PM (Circle) To: Home Daycare or Sitter Drives Other \_\_\_\_\_

Race (circle): Asian or Pacific Islander Black White Hispanic American Indian Multiracial

Is parent(s)/guardian(s) currently active military personnel? \_\_\_ No \_\_\_ Yes

Student Lives With (circle): Mother StepMother Other (relationship) \_\_\_\_\_

Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Shift: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Student Lives With (circle): Father StepFather Other (relationship) \_\_\_\_\_

Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Shift: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

If student does not live with both parents, are there custodial restrictions on non-custodial parent that the school should be aware of? YES \_\_\_ NO \_\_\_

Who has custody? \_\_\_\_\_ (custody papers are *required on file*)

Explain (or see Principal/Asst. Principal) \_\_\_\_\_

Name of Non-Custodial Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

If the parent WITH custody cannot be reached in an emergency, can the school contact the parent *WITHOUT* custody? Yes \_\_\_ No \_\_\_

Can the parent *WITHOUT* custody pick-up the student from school? Yes \_\_\_ No \_\_\_

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

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

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

List siblings enrolled in this school corporation below:

Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

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

**Continued on the Back**

Medical History and Consents:

The information on this form can be shared with other corporation personnel as necessary for the well being of this student. Consents granted on this form are valid for only this school year and a new form is required each year.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE CIRCLE AND FILL IN THE BLANKS TO ALL THAT APPLY BELOW:

ADD/ADHD Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Times Given: \_\_\_\_\_

Severe Allergic Reaction (Requiring Epi-pen & MD orders): TO WHAT? \_\_\_\_\_

Mild or Moderate Allergic Reaction: TO WHAT? \_\_\_\_\_

Is student allergic to any medications?: WHAT MEDICATION? \_\_\_\_\_

Seasonal Allergies: TO WHAT? \_\_\_\_\_

Severe Asthma (requiring inhaler/nebulizer & MD orders). List Inhaler/nebulizer used \_\_\_\_\_

Mild Asthma (no inhaler needed)

Diabetes (insulin dependent requires MD orders): Pump: Yes No Needs: (Circle) Insulin AM/PM Snacks

Epilepsy (Seizures): (Circle) Absence Tonic/Clonic Partial Date last seizure \_\_\_\_\_

Seizure Medications: \_\_\_\_\_

Hearing Loss: (Circle) Right Left Hearing Aid Needs Preferred Seating

Heart Condition: Specify \_\_\_\_\_

Headaches: (Circle) Frequent MD Diagnosed Migraines (needs MD orders)

Irritable Bowel: Explain \_\_\_\_\_

Menstrual Problems: Explain \_\_\_\_\_

Orthopedic Limits: Explain \_\_\_\_\_ PE limits \_\_\_\_\_

Restricted Physical Activities: \_\_\_\_\_

Psychological DX: \_\_\_\_\_

Scoliosis: \_\_\_\_\_

Urinary Problems: \_\_\_\_\_

Vision: (Circle) Glasses Contacts Other

Other: \_\_\_\_\_

List all prescription medications this student is currently taking: \_\_\_\_\_

Regulations established by the Indiana State Board of Health require that schools have parental permission to administer generic Tylenol, antacids, sore throat lozenges, Orajel, Aloe and Calamine Lotion for minor discomfort on an infrequent basis. (Ibuprofen is not stocked)

I hereby give permission for \_\_\_\_\_ to receive generic Tylenol, etc. during school hours  
(Student Name)

Tylenol dosage given will be as follows: Two 325 mg tablets 12 years and older

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician below and to follow his instructions and/or call the life squad. **Depending on the emergency the life squad will make the decision of where to transport your child according to their mandates.** If you would like to request a hospital, please circle one of the following. Margaret Mary Dearborn Co. Franciscan Med Center (Harrison)

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Number must be provided)

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

PLEASE NOTIFY SCHOOL IF ANY OF THE ABOVE INFORMATION CHANGES

# **Emergency Notification Information**

## **School year 2017-2018**

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

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

**School Location** SUNMAN-DEARBORN MIDDLE SCHOOL

**Please return this form to the Guidance Office.**

Please choose **1 phone number** to call in the event of a snow closure or snow delay.

**Weather related school closure / 2 hour delay number**

\_\_\_\_\_  
**Please include area code**

Please choose **1 phone number** to call in the event of an Early Dismissal.

**Early Dismissal phone number**

\_\_\_\_\_  
**Please include area code**

Please choose **1 phone number** to call in the event of any type of disaster, (bomb threat, guns on premises, gas leak, no water, etc.).

**Disaster phone number**

\_\_\_\_\_  
**Please include area code**

Please choose **1 email address** for notification. Please print legibly and somehow note if a 0 is a zero or the letter o, if a 1 is the number one or the letter L (lower case), etc.

**Parent email**

\_\_\_\_\_  
**Please return form. Remember, if this form is not returned, you will not be notified. This form may be updated at the beginning of each school year.**

**Parent Signature** \_\_\_\_\_

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

# SUNMAN-DEARBORN MIDDLE SCHOOL

## Media Release Permission

### Family Educational Rights and Privacy Act (FERPA)

Through the course of the school year, your child's photograph may be taken for various group and individual recognition. The photographs may be posted on the school or corporation website and/or may be distributed to local media sources and press releases authorized by the school or corporation.

Student FULL Name (Print): \_\_\_\_\_

Grade: \_\_\_\_\_

Please check ONE of the choices below:

\_\_\_\_\_ **I PERMIT** the use of my child's photo in school related media releases.

\_\_\_\_\_ **I DO NOT PERMIT** the use of my child's photo in school related media releases.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

The Family Educational Rights and Privacy Act (FERPA) requires that SDMS obtain your written consent prior to the disclosure of personally identifiable information/pictures from your child's record. Your signature above grants SDMS permission or denial of permission for this information to be disclosed. **THIS INCLUDES YEARBOOK PHOTO, SPORTS PICTURES, NEWSPAPER ARTICLES, CLUB PHOTOS, ETC!!!**

The Migrant Education Program (MEP) provides supplemental education and support services to eligible children through national funding. The purpose of the program is to ensure that all migrant students reach the academic standards and graduate with a high school diploma (or complete GED/HSE).


**WORK SURVEY**

Thank you for answering the following questions. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is **strictly confidential**.

Student's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

1. How long have you lived in this city/school district? \_\_\_\_\_
2. Within the last **3 years**, has your child(ren) moved from one school district to another within the United States, with a parent, relative or guardian so that person could look for seasonal or temporary work in agriculture? **YES** \_\_\_ **NO** \_\_\_\_ If you answered **NO**, please stop. 

If you answered **YES**, please continue.

3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Month \_\_\_\_\_ Year \_\_\_\_\_
4. Please check any of the agricultural activities listed below that you have looked for or worked in:

- |   |   |
|---|---|
| <input type="checkbox"/> Plant or harvest vegetables or fruits                | <input type="checkbox"/> Canning vegetables or fruits       |
| <input type="checkbox"/> Detassel corn  | <input type="checkbox"/> Sod farm                           |
| <input type="checkbox"/> Tobacco farm   | <input type="checkbox"/> Planting, pruning or cutting trees |
| <input type="checkbox"/> Poultry and/or egg farm                              | <input type="checkbox"/> Dairy farm                         |
| <input type="checkbox"/> Duck, turkey, chicken, pork or beef processing plant | <input type="checkbox"/> Flora culture/gladiola farm        |
| <input type="checkbox"/> Aquaculture/fish hatcheries                          | <input type="checkbox"/> Green house or plant nursery       |

Please list the names of all of the children in the household under 22 years of age.

Child's Name	Date of Birth (D.O.B.)
1.	
2.	
3.	
4.	
5.	

**El Programa de Educación Migrante (MEP) provee servicios educativos suplementarios a niños que califican a través de fondos nacionales. El propósito del MEP es asegurar que todos los estudiantes migrantes tengan éxito académico y que se gradúen con su diploma (o que completen el GED/HSE).**

**ENCUESTA DE TRABAJO**

Gracias por contestar las siguientes preguntas. Si su hijo/a es elegible para el Programa de Educación Migrante, podría recibir apoyo educativo adicional. La información es **completamente confidencial**.

Nombre del Estudiante: \_\_\_\_\_ Nombres de los Padres: \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Teléfono: (\_\_\_\_) \_\_\_\_\_

Fecha: \_\_\_\_\_ Firma de los Padres: \_\_\_\_\_

1. ¿Cuanto tiempo han vivido en esta ciudad/distrito escolar? \_\_\_\_\_
2. Durante los **últimos 3 años**, ¿Se ha mudado su(s) hijo(s) o han cambiado de distrito escolar dentro de los Estados Unidos, solo(s), o con un padre o pariente, para que esa persona pudiera buscar trabajo temporal o de temporada en algo relacionado con la agricultura?

**SI** \_\_\_\_\_ **NO** \_\_\_\_\_ Si contestó **NO**, favor de parar aquí. 

**Si** contestó **SÍ**, favor de continuar.

3. ¿Cuando fue la última vez que usted o un miembro de su familia se mudó para trabajar en la agricultura? Mes \_\_\_\_\_ Año \_\_\_\_\_
4. Por favor marque en la parte abajo la actividad agrícola en que usted buscó trabajo o trabajó.

- |   |  |
|---|--|
| <input type="checkbox"/> Matadero de patos, pavos, pollos, cerdos o vacas | <input type="checkbox"/> Enlatar o congelar verduras o frutas en la bodega |
| <input type="checkbox"/> La espiga (maíz)                                 | <input type="checkbox"/> Trabajar en la siembra o cosecha de césped        |
| <input type="checkbox"/> Cultivar tabaco                                  | <input type="checkbox"/> Plantar, emparejar o cortar árboles               |
| <input type="checkbox"/> Pollería o granja de huevos                      | <input type="checkbox"/> Granja de vacas lecheras                          |
| <input type="checkbox"/> Plantar o cosechar verduras o frutas             | <input type="checkbox"/> Cultivar y cosechar flores                        |
| <input type="checkbox"/> Trabajar en un criadero de peces                 | <input type="checkbox"/> Trabajar en la cría de plantas                    |

Por favor escribe los nombres de todos los niños, menores de 22 años de edad, que viven con usted.

Nombre del niño(a)	Fecha de nacimiento
1.	
2.	
3.	
4.	
5.	

# YEARBOOK ORDER FORM

Order your 70 page hard back yearbook today!

Cost is \$25.00

Order forms need to be completed and turned in with money attached in an envelope to the front office.

Deadline to order yearbooks at this price is October 5th.

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

Grade \_\_\_\_\_

Advisory Teacher \_\_\_\_\_

Quantity Ordered \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Please make checks payable to:

Sunman Dearborn Middle School