



STUDENT HEALTH FORM

Student's Name: _____
Last First Middle

Grade: _____ Birth Date: _____ Age: _____ Gender: _____

Medical Plan:

Does your child have a health condition that is life threatening? ☐ No ☐ Yes

Does your student have an existing 504 medical plan? ☐ No ☐ Yes

Medication:

Does your student take medications during the school day? ☐ No ☐ Yes Reason _____

*****If yes, doctor's instructions must be provided, along with original container*****

Does your student need an Epi-pen? ☐ No ☐ Yes Reason _____

<u>Medication</u>	<u>Dose</u>	<u>Time/Instructions</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health Information:

Physician's Name _____ Phone _____ Date of Last Visit _____

Dentist's Name _____ Phone _____ Date of Last Visit _____

Hospital Preference _____

Does your student have asthma? ☐ Yes ☐ No Does he/she use an inhaler? ☐ Yes ☐ No

Does your student have any of these allergies?

Allergy- Bee Sting? ☐ Yes ☐ No

Allergy- Food? ☐ Yes ☐ No If yes, specify: _____

Allergy- Medication? ☐ Yes ☐ No If yes, specify: _____

Allergy- Other? ☐ Yes ☐ No If yes, specify: _____

Please list additional health issues here:

Over-the-Counter Medication Authorization:

I understand if my student needs over-the-counter medication (acetaminophen, ibuprofen, tums), it must be provided in the original container, labeled with my student's name. I give the school staff permission to administer this medication as directed. All medication must be kept in the school office.

X _____
SIGNATURE of Parent/Guardian/Other Date

Emergency Medical Treatment Authorization:

In case of illness or injury of my student, I understand the school will attempt to contact parents or guardians first, followed by other persons I have listed as authorized to receive information, make certain medical decisions and have my student re-eased to their custody. If none is available, the school is authorized to make whatever arrangements are deemed necessary to maintain my student's health including, but not limited to, emergency medical treatment. I verify that the information provided on this form is accurate and current.

X _____
SIGNATURE of Parent/Guardian/Other PRINTED Name of Parent/Guardian/Other Date

AUTHORIZATIONS

Student's Name: _____
Last First Middle

Text Message Authorization:

Webberville Schools uses an automated app system, Appazur, to provide emergency communications and district updates to students and family. I authorize the District and the School to send communications via sms message. I understand that I can opt out of receiving these messages at any time by replying STOP to the message or by contacting the main office.

Parent/Guardian Initials: _____

Media Release Authorization:

During the school year, Webberville Schools may take digital images and/or videos of students at school-related activities to use in various publications; including, but not limited to yearbook, website and district social media accounts. I understand that if I do not want my student's image/video included in these publications, it is my responsibility to contact the main office.

Parent/Guardian Initials: _____

Equipment User Agreement:

I have read and understand the equipment/device agreement provided to me by Webberville Schools (found at www.webbervilleschools.org, under the elementary tab or in the elementary office) and acknowledge my responsibility in the care, use and handling of school-issued electronic devices. I understand that if my student's Chromebook is damaged and the fault is determined to be the fault of the student, I may be charged for repair or replacement of the Chromebook.

Parent/Guardian Initials: _____ Student Initials: _____

Internet User Agreement:

I have read and understand the Student Acceptable Use of Technology Policy (found at www.webbervilleschools.org, under the elementary tab or in the elementary office) and agree to its terms and conditions. I acknowledge my responsibility in the school-appropriate use of district technology and internet access. I understand that these policies are included for reference in the student handbook and are supported by the Webberville Schools Board of Education.

Parent/Guardian Initials: _____ Student Initials: _____

Walking Field Trip Permission:

I consent to my child's participation in field trips that involve walking to locations in close proximity to the school, and hereby waive all claims against the District of its employees for any injury, accident, illness, or death occurring or by reason of the field trip. I understand that this waiver of claims will bar any claim or lawsuit against the District or its employees. The undersigned acknowledges that he/she has reviewed the form carefully and agrees to its contents and signed the form voluntarily.

Parent/Guardian Initials: _____

Student Handbook & Discipline Policy:

My student and I have read, understand, and agree to abide by the information contained in the Webberville Student Handbook & Discipline policies. (found at www.webbervilleschools.org, under the elementary tab or in the elementary office.)

Parent/Guardian Initials: _____ Student Initials: _____

Concussion Awareness:

By my signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received the Concussion Fact Sheet for Parents and/or Students (found at www.webbervilleschools.org, under the elementary tab or in the elementary office).

Parent/Guardian Initials: _____ Student Initials: _____

Acknowledgements and Signature:

I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that it is my responsibility to inform the appropriate school office if/when there is a change to any information on this form. By signing this Enrollment Form, I accept and agree that any incorrect information could lead to dismissal of my student.

X _____
SIGNATURE of Parent or Guardian PRINTED Name of Parent, or Guardian Date

X _____
SIGNATURE of Student PRINTED Name of Student Date

**Webberville Community Schools**

309 E. Grand River Ave. Webberville, MI 48892
www.webbervilleschools.org | 517-521-3422

TRANSPORTATION FORM

Student's Name: _____ Grade: _____
Last First Middle

Today's Date: _____ Start Date: _____

New Student? ☐ Yes ☐ No

Transportation Needed? ☐ Yes ☐ No ☐ AM ☐ PM

Pick-Up? ☐ Yes ☐ No

Walking Home? ☐ Yes ☐ No ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

I give permission for my child to walk home after school without supervision. Parent/Guardian Initials _____

Address: _____
Street City/State/Zip

Mailing Address: _____
Street City/State/Zip

Parent/Guardian Contact Name: _____

Phone: _____

Emergency Contacts:

1st: _____ Phone: _____

2nd: _____ Phone: _____

3rd: _____ Phone: _____

Alternate Information:

Adult at alternate stop: _____

Alternate Pick-up Address: _____

Alternate Drop-off Address: _____

Is this address a daycare? ☐ Yes ☐ No

Alternate Phone: _____

Early Dismissal: In case of early dismissal, my student is to do the following:

☐ Ride the bus home ☐ Walk Home ☐ Car Rider

☐ Go to Kids Club because my student is currently enrolled in AM or PM Webberville Kids Clubhouse child care.

☐ Go to the following relative or baby-sitter: Name: _____ Phone: _____

Transportation Verification:

I understand that I am to notify the office in writing of any change to the above listed transportation plan.

X _____
SIGNATURE of Parent/Guardian/Other PRINTED Name of Parent/Guardian/Other Date

Bus Transportation & Conduct

Bus transportation is provided as a service for eligible students. Bus routes and schedules are available through the Transportation Office at 517-521-3447, Ext. 7976 and are posted on the district website prior to the start of the school year.

Students riding school transportation are expected to follow all safety rules and directions from the bus driver, whose authority on the bus is final. Behavior that disrupts the safe operation of the bus or endangers others may result in the loss of bus riding privileges.

Bus discipline follows a progressive process, beginning with parent contact and increasing to temporary or long-term suspension of riding privileges for repeated violations. Serious offenses—including fighting, vandalism, smoking/vaping, disrespect toward the driver, or other significant misconduct—may result in immediate suspension from bus transportation and/or additional school discipline.

For complete transportation expectations, disciplinary procedures, and bus safety rules, please refer to the Webberville Middle/High School Student Handbook:

www.webbervilleschools.org/schools/high-school/parent-resources/documents-and-policies/

Acknowledgment

I acknowledge that I have read and understand the Bus Transportation & Conduct expectations. I understand that riding the school bus is a privilege and that students are expected to follow all bus safety rules and directions from the bus driver. I also understand that failure to comply with these expectations may result in the loss of bus riding privileges.

Student Name: _____

Student Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____