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

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_____

Medication	Dose	Time/Instructions

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 Middle School or High School Tab or in the MS/HS 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 Middle School or High School tab or in the MS/HS 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 Middle School or High School tab or in the MS/HS 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 Middle School or High School tab or in the MS/HS 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

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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

Rev. E. 6/23/26

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: _____

Webberville Community Schools

Online/Virtual Learning Registration Form

My student, _____, is granted permission to be scheduled in Webberville Schools' Online Learning Curriculum. I, _____, agree that my student may be enrolled in online courses for the current school year. I understand that communication will be made to me prior to online enrollment.

Student Signature_____ Date_____

Parent Signature_____ Date_____

DO NOT WRITE BELOW THIS LINE- FOR OFFICE USE ONLY

Date Received _____ Staff Initials _____

Date Given for Scheduling _____ Staff Initials _____

Date Filed in CA60 _____ Staff Initials _____

Webberville Community Schools

Consent for Disclosure of Personally Identifiable Information and Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information and immunization information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize **Webberville Community Schools** *to release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.*

Student's Name: _____ Date of Birth: __/__/__

Signature of Parent/Guardian
or Eligible Student: _____ Date:__/__/__

Printed Parent/Guardian Name: _____