

PERRY LOCAL SCHOOLS

2016 SUMMER SCHOOL PE REGISTRATION

STUDENT INFORMATION

STUDENT FIRST NAME _____

GRADE: _____

STUDENT LAST NAME _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN ADDRESS:

PARENT/GUARDIAN PHONE # (H, W, C):

SUMMER SCHOOL SESSION INFORMATION

STUDENT'S COUNSELOR:

2016 SUMMER PE INFORMATION

Student will be registered for Summer PE (June 6 - June 17). Summer PE will be held M-F from 7:00 AM - 12:30 PM.
Students should report to the PHS auxiliary gym on the first day of class.

2016 SUMMER SCHOOL PAYMENT INFORMATION

TOTAL NUMBER OF COURSES: 1

TOTAL COST: \$160

There is no reduction in fees for Summer PE.

Summer PE fees are due by 2:00 PM on Friday, May 20th

All fees must be paid in full prior to the first day of the Summer PE. Students with outstanding fees will not be permitted to take Summer PE until all fees are paid in full. ***Please make checks payable to Perry Local Schools. No tuition fees will be returned after the first day of class. This form must be signed and returned with payment by the due date(s) listed above.**

I agree to enroll my child in Perry's Summer PE and agree to the payment terms.

Parent / Guardian Signature: _____ Date: _____

HEALTH ALERT

EMERGENCY MEDICAL AUTHORIZATION

PURPOSE - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. This information may be shared with the educational team to best meet your child's needs.

Student Name _____ Phone # _____ Bus # _____
Address _____ School District _____
_____ School Attending _____
Address Change Y N Birth Date _____ Sex M F Grade _____ Home Room _____

Residential Parent or Guardian

Mother _____ Day Ph # _____ Cell/Pager # _____
Father _____ Day Ph # _____ Cell/Pager # _____
Other Name _____ Day Ph # _____ Cell/Pager# _____
Other Name _____ Day Ph # _____ Cell/Pager# _____

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone # _____
Dentist _____ Phone # _____
Medical Specialist _____ Phone # _____
Hospital _____ Phone # _____

Below check any current health condition that may require attention during the school day:

- | | |
|--|--|
| <input type="checkbox"/> Allergies (be specific)
<input type="checkbox"/> Foods _____
<input type="checkbox"/> Medicines _____
<input type="checkbox"/> Bee Stings <input type="checkbox"/> EpiPen
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Concussion/head injury — year _____
<input type="checkbox"/> Physical disability (be specific) _____
<input type="checkbox"/> Respiratory (be specific) _____ |
| <input type="checkbox"/> Asthma <input type="checkbox"/> Inhaler
<input type="checkbox"/> Cancer
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Hearing problems <input type="checkbox"/> Hearing aid(s)
<input type="checkbox"/> Heart problems (be specific) _____ | <input type="checkbox"/> Seizures _____
<input type="checkbox"/> Vision problems (be specific) _____
<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts |
| <input type="checkbox"/> Surgeries (include year) _____

_____ | <input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Behavior/emotional problems _____

<input type="checkbox"/> Other (be specific) _____
_____ |

List all medications and dosages your child receives on a continual basis:

PLEASE COMPLETE PART I OR PART II — NOT BOTH

Part I — TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the designated physician or dentist, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the designated hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date _____ Parent or Guardian Signature _____

Part II — REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: _____

Date _____ Parent or Guardian Signature _____

Section 3313.712, Ohio Revised Code

(Pursuant to H.B. 639)

- (A) Annually, the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, have provided to the parent or legal guardian of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide the parent or legal guardian of such pupil, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section.

When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local, or joint vocational school district to which the pupil is transferred. Upon request of his parent or guardian, authorities of the school in which the pupil is enrolled may permit such parent or guardian to make changes in a previously filed form, or to file a new form.

If a parent or guardian does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving a child.

Even if a parent or guardian gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extracurricular activity authorized by the appropriate school authorities, the authorities of the school in which the pupil is enrolled shall make reasonable attempts to contact the parent or legal guardian before the treatment is given. The school shall present the pupil's emergency medical authorization form or a copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.

- (B) The emergency medical authorization form provided for in division (A) of this section is as follows:
(See reverse side)