

Student's Emergency Information:

Insurance Information. *All students must have the following information on file:*

Name of Policyholder: _____

Insurance Company covering my child: _____

Uinta County School District #4 does not provide insurance for students, but you may purchase accidental insurance through the school. Forms are available at school offices.

Emergency Information:

In an EMERGENCY situation when we cannot reach you at home or at work, please list three people who have agreed to take responsibility for your child and have consented to the release of their phone numbers so we may reach them as an alternative.

Emergency Contact #1: _____ Phone: () _____ Relationship: _____

Emergency Contact #2: _____ Phone: () _____ Relationship: _____

Emergency Contact #3: _____ Phone: () _____ Relationship: _____

Emergency School Closure Plan:

If school is dismissed early my child should (please mark selection(s) below):

Ride the bus home _____ Ride the bus to day care _____ Walk home _____ Drive self home _____

Ride the bus (if other than home or day care) to: _____

Will be picked up by: _____

Other emergency plan: _____

Please indicate if it is necessary for school personnel to contact you if early emergency school closure occurs.

_____ Yes, call me at () _____ (or) () _____

_____ NO, it is not necessary to call, send my child as indicated above.

Parent/Guardian Signature: _____ Dated: _____

The Wyoming Department of Education may allocate funding to our school for children of migrant workers. We ask that you help us by answering the following questions. Please mark the selection using a checkmark or an X if any or all of these apply:

_____ Did you move in the last 36 months?

_____ Did you cross state or school district boundaries?

_____ Did you move for the purpose of seeking agricultural work?

_____ Was the work an important part of providing a living for you and your family?

Is this student in Foster Care? _____ Yes _____ No

Are one, or both, of the student's parents or guardians on Active Duty, in the National Guard, or in the Reserve components of the United States military services?

_____ Not Military Connected _____ Active Duty _____ National Guard or Reserve

Does your child require any special education services? If yes, please explain:

Permission

In District Permission:

I give permission for _____ to attend in-district functions.
Student's name

Parent/Guardian Signature: _____ Dated: _____

Medical Information/Health History

The following permissions/information must be updated annually:

Doctor's Name: _____

Dentist's Name: _____

Permission for UCSD#4 personnel to administer Non-Aspirin to:

Consent to administer Ibuprofen: Yes _____ No _____

Consent to administer Tylenol: Yes _____ No _____

Student Name

Parent/Guardian Signature

Dated

Medication must be provided by parent and placed in the nurse's office.

List your child's allergies: _____

List any diseases, operations, or injuries and the year: _____

List any additional medical information UCSD#4 should know about your child: _____

Does your child have visual problems? (List) _____ Wear glasses or contacts? _____

Does your child have hearing problems? (List) _____

Does your child have: Ear tubes _____ Frequent ear infections _____ Hearing aids _____ Hearing loss _____

Does your child have asthma? _____ List asthma medication: _____

Does your child require medication at home? If yes, please list: _____

Does your child require medication at school? If yes, please list: _____

Does your child have a history of chickenpox? If yes, please list the date (month/year): _____

Emergency Information

If deemed necessary, your child will be sent to your family doctor or emergency room at parent/guardian's expense.

As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child. I give consent to release this information to Uinta Co. School Dist. #4 personnel to promote the health and safety of my

Parent/Guardian Signature: _____ Dated: _____

The above signature acknowledges that I have read and consent to the above.

It is the intent of UCSD#4, that all parents/guardians have access to their student's information through a Parent Portal Account in PowerSchool.

Within the account a parent/guardian may view grades, attendance, school bulletins, lunch transactions, and report cards.

Please fill out the following information. I'll set the account up, and send a confirmation email that it has been completed.

Thank you!

Sherry Stucki
PowerSchool Administrator

Parent First and Last Name: _____

Current email address: _____

Username of your choice for the account: _____

Please list all students district wide that need included within this account:
