

**Richford Jr. Sr. High School**  
**Medical /Emergency Form 2020-2021**

Note: A new form is required every year. Please notify us if anything changes **DURING** the year.

Student Name (First-Middle-Last) \_\_\_\_\_  
DOB \_\_\_\_\_ Ethnicity/Race \_\_\_\_\_ Grade \_\_\_\_\_  
Mailing address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Physical address \_\_\_\_\_ Parent's Cell phone \_\_\_\_\_

Father / Guardian \_\_\_\_\_ Home phone \_\_\_\_\_  
Father's employer \_\_\_\_\_ Work or cell \_\_\_\_\_  
Mailing address (if different from child) \_\_\_\_\_  
Highest Level of Education: HS Diploma \_\_\_ Two Year Degree \_\_\_ Four Year Degree \_\_\_ Other \_\_\_

Mother / Guardian \_\_\_\_\_ Home phone \_\_\_\_\_  
Mother's employer \_\_\_\_\_ Work or cell \_\_\_\_\_  
Mailing address (if different from child) \_\_\_\_\_  
Highest Level of Education: HS Diploma \_\_\_ Two Year Degree \_\_\_ Four Year Degree \_\_\_ Other \_\_\_

Separated or divorced? If so, who has custody? MOM / DAD / OTHER \_\_\_\_\_  
Do we have a copy of the custody order at school? Please circle one: YES / NO, I will send it ASAP

Child's **Doctor** \_\_\_\_\_ Physical exam within the last year? YES / NO  
Child's **Dentist** \_\_\_\_\_ Dental exam within the last year? YES / NO

Does your child have any current or past **health issues**? Any changes in your child's health since last year? (Examples: chicken pox, asthma, and/or new diagnosis) Please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Allergies? (List and describe reaction(s)) \_\_\_\_\_  
Has your child ever been diagnosed with asthma? Yes / No  
If yes, does your child still have asthma? Yes / No / Not Sure  
Current medications (including dosage) \_\_\_\_\_

Does your child have health insurance? Yes / No  
Dr. Dynasaur/Medicaid # \_\_\_\_\_ Private # \_\_\_\_\_ None \_\_\_\_\_

\*\*\*\*\***Medical Permissions**\*\*\*\*\*

**Yes / No** The school has my permission to contact my child's doctor \_\_\_\_\_ to give and receive any necessary medical and/or dental information.

**Yes / No** . I give permission for my child to see the dental hygienist at school.

I give permission for my child to be given the medication (or the generic equivalent) circled here:  
**ADVIL      TYLENOL      BENADRYL      COUGH DROPS      TUMS      NO MEDS**

In the event of serious illness or injury I request that the school contact me. If I cannot be reached I authorize school personnel to seek emergency medical care and transportation to the emergency room, and authorize the ER doctor to administer whatever treatment deemed necessary, at my expense.

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

**EMERGENCY CONTACT** – Please list three nearby relatives or friends who will assume care of your child in case of illness or an unexpected early dismissal.

Name \_\_\_\_\_ Relationship? \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship? \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship? \_\_\_\_\_ Phone \_\_\_\_\_

My child is allowed to go with these persons on a non-emergency basis as well. \_\_\_ Yes \_\_\_ No

**Yes / No** I give permission for my child to go on **educational walks within the town limits.**

**Yes / No** You may send my child home without contacting me first if school is dismissed early.

## **Student Permissions**

**Yes / No** **Computer Use Permission** – My child has permission to print and access electronic information, with supervision from school staff, in accordance with the Richford Town School District's G8 Acceptable Use Policy. It is the policy of the Richford Town School District to allow access to electronic resources, including the Internet, to support and enrich the curriculum.

**Yes / No** **Internet Publishing** – I give permission for my child's photograph, schoolwork, first name and last initial only, to be published online (including but not limited to the school website, blogs and facebook), at the discretion of the teacher or school officials.

**Yes / No** **Photograph and Videotaping Permission** – I give permission for my child to be photographed and/or videotaped, for publishing in various media and/or on the internet, by Richford Jr. Sr. High School staff and/or approved school volunteers and/or newspaper or television reporters.

**Yes / No** **I have received a copy of this year's student handbook.**

**Yes / No** **I have read the information posted on the school website regarding concussions.**

## **18 YEAR OLD STUDENTS** (or when student turns 18 during the 2020 / 2021 school year)

**Yes / No** I give my child permission to sign himself / herself out without a phone call to a parent either at home or at work.

My e-mail address for non-emergency purposes is: \_\_\_\_\_

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



# FRANKLIN NORTHEAST SUPERVISORY UNION

P.O. Box 130, 80 Main Street, Richford, Vermont 05476  
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Lynn Cota  
Superintendent

Morgan Daybell  
Business Manager

Dominic DeRosia  
Director Technology

Jamie McAllister  
Director Human  
Resources

Heather Moore  
21<sup>st</sup> CCLC Project  
Director

Dawn Reed  
Director Food Services

Michelle Theberge  
Director Student  
Services

Jody Vaillancourt  
Director Instruction &  
Learning

Dear Parent/Guardian,

Attached you will find the Household Income Verification Form. It is essential that schools get these forms back.

As you may remember from previous school years, we are able to offer FREE meals to ALL students due to the data we gather from this form. The more forms we get back, the more accurate our information is and we can continue to offer free meals to students in years to come.

This form does more than help us to offer free meals to students in our schools. The data we gather also allows our schools access to grants, funding sources, and services that are used to improve your child's school experience. Additionally, at the high school level, this form helps families with access to scholarships and programs such as Upward Bound and VSAC, and fee waivers for college applications and SAT/ACT tests. We need all the forms returned to get the most accurate data for our district and community and to provide these services and supports to students. Please know that the information you share on the form is confidential and only a summary of all data gathered is used to determine our ability to access grants and services.

We greatly appreciate you taking the time to complete this form. If you have children in multiple schools in our district (For example, a child in Bakersfield Elementary and another at Enosburg High) you may receive multiple copies of this form. You **ONLY NEED TO FILL OUT ONE FORM PER FAMILY** and return it to one of the schools.

FNESU schools thank you for taking the time to complete this form and in so doing, allow us to provide the best education possible for your children.

Should you have additional questions or need help filling out the form, please contact your school's administrative assistant.

Thank you again for your support and cooperation in this matter.

Sincerely,

FNESU Schools



**Contact information and adult signature**

"I certify (promise) that all information on this application is true and that all income is reported."

\_\_\_\_\_  
Name of Adult Completing the Form (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Street Address (if available), Apt #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
( )

\_\_\_\_\_  
Daytime Phone  
(Optional)

\_\_\_\_\_  
Email  
(Optional)

**CHECKLIST**

- Have you included all your children as household members?
- Are *both* the household size and total household income range boxes checked?
- Have you signed the form?

**DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.**

**Economic Status:**      Meets the free guidelines      \_\_\_\_\_  
                                 Meets the reduced guidelines      \_\_\_\_\_  
                                 Income over the guidelines      \_\_\_\_\_

*I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.*

Signature (of school or district staff): \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Reminder:** All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account.