

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** _____

Richford Junior Senior High School



Allison Witherspoon
Guidance Director

1 Corliss Heights

TEL: 802-848-7416

FAX: 802-848-3201

Richford, VT 05476

RECORDS REQUEST

Dated _____

To Whom It May Concern:

_____ (grade _____) is in the process of enrolling
at Richford Jr-Sr High School.

In order to provide a suitable program for this student, we would appreciate your forwarding the
following information:

- Academic records
- Transcript
- IEP and/or other special ed. records
- Health records
- Other pertinent information
- State of Vermont student ID #

Thank you for your assistance.

Sincerely,

Guidance Department

+++++

I hereby grant permission for _____ to release records of
_____ to Richford Jr-Sr High School.

Parent / Legal Guardian

Parental permission is no longer required when records are requested from an authorized school personnel,
as stated in the Family Educational Rights and Privacy Act, Final Rule on Education Records,
Federal Register, July 17, 1976.

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.