

**Richford Jr. Sr. High School**  
**Medical /Emergency Form 2022-2023**

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 two 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 \_\_\_\_\_

**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 2022 / 2023 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** \_\_\_\_\_

**Revised 7/6/2022**

## Richford Jr. Sr. High School

Dear Parent/Guardian:

Our school is participating the Pre-Kindergarten education program, the Community Eligibility Provision (CEP) or Provision 2 under the National School Lunch Program. Under CEP and Provision 2, *all students* receive a breakfast/lunch at no charge for the entire school year. However, to determine eligibility to receive additional benefits like supplemental tutoring, lower rates for the internet through Comcast, and assistance with fees for college entrance exams for your child(ren), you will need to complete a household income form.

1. DO I NEED TO FILL OUT A FORM FOR EACH CHILD? No. *Use one Household Income Form for all students in your household.* We cannot use a form that is incomplete, so be sure to fill out all required information. Return the completed form to: **Jane Fletcher, 1 Corliss Heights, Richford, VT**
2. MY CHILD(REN) ALREADY RECEIVE MEALS AT NO CHARGE AT SCHOOL, WHY SHOULD I COMPLETE THIS FORM? Many state and federal programs use household income information to determine eligibility for their programs. By completing this form your school is able to determine eligibility for additional programs your child(ren) may qualify for. Regardless, your child(ren) will still receive meals at no charge at school.
3. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
4. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
5. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
6. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.

If you have other questions or need help, call 802-848-7416

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. fax:  
(833) 256-1665 or (202) 690-7442; or
3. email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



**Contact information and adult signature**

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

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Name of Adult Completing the Form (printed)

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Signature

Today's Date

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Street Address (if available), Apt #

City

State

Zip Code

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Daytime Phone  
(Optional)

Email  
(Optional)

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**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?

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

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**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.

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