



Emergency Procedure Form --- Royall Middle & High School

First Name	Middle Name	Last Name	Date of Birth
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Check one <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Check all that apply <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White
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Names of Siblings in School	Grade	Teacher

Child lives with	
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Mother's Name	Physical Address, City, State, Zip
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Cell Phone	Mailing Address – If Different from Above
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Home Phone	Email
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Name of Work Place	Phone of Work Place
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Stepfather's Name <i>(If Applicable)</i>	Stepfather's Phone
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Father's Name	Physical Address, City, State, Zip
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Cell Phone	Mailing Address – If Different from Above
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Home Phone	Email
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Name of Work Place	Phone of Work Place
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Stepmother's Name <i>(If Applicable)</i>	Stepmother's Phone
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Emergency Contact Name	Relationship	Phone Number
1.		
2.		

Family Physician	Phone
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Family Dentist	Phone
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Medical Information
 Do we have your permission to take your child to your doctor if you or a family member can't be reached in an emergency? YES _____ NO _____
 Does your child take any medicine routinely? YES _____ NO _____ Name(s) _____
 Why do they take the medication(s)? _____
 Any medication(s) given at school? YES _____ NO _____ Name(s) _____
(Medication consent form must be filled out.)
 Other Important Medical Information: _____
 Family Health Insurance: _____

_____ Parent/Guardian Signature	_____ Date
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Technology Acceptable Use Policy

Student Agreement

I have read the Royall School District Student Computer and Internet Acceptable Use Policy. I fully understand my use privileges and responsibilities when using District-owned technology resources. I agree to comply with the District's Student Computer and Internet Acceptable Use Policy. I understand that any violation of this policy may result in my privileges being restricted or revoked. The District reserves the right to enforce other disciplinary action and/or possible legal action if necessary.

Parent Agreement

As a parent/guardian of this student, I confirm that I have read the Royall School District Student Computer and Internet Acceptable Use Policy and have discussed it with my child. I hereby give permission for my child to use the District's technology resources, including Internet access at school. I have explained the policy to my child and feel that my child understands what is expected of him/her when using the District's technology resources

Student Signature

Parent/Guardian Signature

Date

Pictures, Videos, and Publications

In order for the school to publically share information about your child one of the child's parents/guardians, must give written consent. By signing below you are allowing the school to publish photographs, videos, or your child's first name with the media including parent bulletin, school board reports/presentations, newspapers, radio, and school website.

Parent/Guardian Signature

Date

Transcripts

Students under the age of 18 that are requesting transcripts to be sent to outside businesses/colleges need parental approval. Please sign below if you allow the student to send out transcripts per your child's request.

Do we have permission to release your child's name, phone # & address to various organizations such as colleges, recruiters, etc? Yes _____ No _____

Parent signature: _____

Student Handbook and Co-curricular code

Student Section

I will adhere to the provisions of the Student Handbook and Co-Curricular Code of conduct. I understand it is my obligation to read all of the policies, guidelines, and expectations. If I do not understand any of the rules, I will ask for clarification. As a student, I understand that my participation in co-curricular activities is a privilege and, therefore, agree to be bound by the Royall Co-Curricular Code of Conduct. I understand this agreement is binding through my graduation from high school.

Student Signature: _____

Parent Section

I understand the provisions of the Student Handbook and Co-Curricular Code of Conduct. I understand it is my obligation to read and assist my son/daughter in adherence to all policies, guidelines, and expectations. As a parent, I understand that my son/daughters participation in co-curricular activities is a privilege and, therefore, agree to be bound by the Royall Co-Curricular Code of Conduct. I understand this agreement is binding through my graduation from high school.

Parent Signature: _____

ONLY REQUIRED FOR ATHLETES

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD

THIS CARD MUST BE FILED EVERY YEAR BEFORE PARTICIPATION CAN BEGIN IN ANY ATHLETIC PROGRAM.

1. Examination taken **after April 1** is good for the following **TWO SCHOOL YEARS**.
2. Examination taken **before April 1** is good for the remainder of that **SCHOOL YEAR** and the following **SCHOOL YEAR**.

NAME _____ GRADE _____ DATE OF BIRTH _____
Last First Middle Initial

Present Address _____ Telephone _____

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____ Telephone _____

Subscriber Member Name (Primary Insured) _____

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved sports.
2. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.
3. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.
4. It is recommended that information regarding your child's allergies and prescribed medication be made available.

PARENT: If there is any question that this student may not be qualified for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing card.

SIGNATURE OF PARENT _____ DATE _____

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS ALTERNATE YEAR CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION

ONLY REQUIRED FOR ATHLETES

All students should have adequate Insurance Coverage. Your signature below signifies that you have adequate insurance or will assume the cost of any injuries incurred in participation. Student Assurance Services, Inc. makes available an insurance plan that is designed to partially cover the cost of medical treatment. You may contact the District Office at 462-2600 for more information.

I agree to/understand the above insurance information.

Date