

Wise County Christian School

"Academic Excellence in a Christian Environment"

P. O. BOX 3297 • WISE, VIRGINIA 24293

PHONE (276) 328-3297 • FAX (276) 328-3248

www.wisecountychristianschool.com • email: wccs@sunsetcom.com

ADMISSION PROCEDURES

The procedures listed below are to be followed for all returning students to Wise County Christian School.

1. **Registration Forms:** All appropriate forms must be completed and signed as requested. These forms include the following: Admission Application, Enrollment Agreement, Financial Agreement, and Statement of Faith. ^
2. **Registration/Processing Fee:** The registration/processing fee must be paid. This fee is non-refundable. The registration/processing fee and registration forms must be submitted at the same time to the school office. The office cannot accept these two items separately.

Train up a child in the way he should go Proverbs 22:6

Wise County Christian School Registration Form

FIRST

MIDDLE

LAST

Name used in school

Child's Name _____

Grade for which application is being made: _____ New Student ----- Returning Student

Date of Birth: _____ () Male () Female Social Security No. _____
Month Day Year

Child's Address _____
STREET CITY STATE ZIP

Is the above address the correct billing address: () Yes () No

FAMILY INFORMATION:

1. Father's Name _____ Home Phone _____
Address _____
STREET CITY STATE ZIP

Employer _____ Bus Phone _____

Marital Status: () Married () Widowed () Separated () Divorced () Remarried

Church _____
Address _____ Phone No. _____

Pastor's Name _____ Attend: () Regularly () Not Regularly

1. Mother's Name _____ Home Phone _____
Name
Address _____
STREET CITY State

Employer, _____ Bus Phone -----

Marital Status: () Married () Widowed () Separated () Divorced () Remarried

Church _____

Name Address Phone No.

Pastor's Name _____ Attend: () Regularly () Not Regularly

3. ' Do you have any other children enrolled at WCCS?. _____ If yes, how many? _____

4. Please list names and ages of brothers and/or sisters: _____

5. Who has legal custody of the child for whom application is made? _____ If only one person has custody, a copy of the appropriate documents must be furnished and on file at school.

EMERGENCY INFORMATION:

Child's Doctor _____

Office Address _____ Office Phone. _____

Child's Dentist _____

Office Address _____ Office Phone. _____

If neither the father nor the mother (or guardian) can be contacted call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I agree that the director or his designee may authorize the physician of his/her choice to provide care in the event that neither I nor the family physician can be contacted immediately.

Parent's Signature _____ Date _____

MEDICAL HISTORY (may be completed by parent)

Previous hospitalization: ()Yes ()No If so, why? _____

Is the child allergic to anything: ()Yes ()No If so, what? _____

Any previous diseases or illness: ()Yes ()No If so, what? _____

Any operations:)Yes)No If so, what?

Any physical handicaps:)Yes)No If so, please describe.

Is the child under the care of a doctor:)Yes)No If so, for what reason?

Any history of mental retardation:)Yes)No

Any history of convulsions:)Yes)No

Any history of diabetes in the family:)Yes)No

Any history of heart trouble:)Yes)No

Are there any special instructions about which we should know? Explain:

EDUCATIONAL BACKGROUND (New Students Only)

List below all schools your child has attended (include home schooling)

Name of School	Address (Street, City, State, Zip)	Dates (Month of Year)	Grades
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Has applicant had any discipline problems or been suspended or expelled? Explain:

Does applicant have any physical, emotional, or mental handicaps which may affect activities or progress?

Has applicant ever taken any type of psychiatric, psychological or educational testing others

Has applicant received any type of tutoring or therapy? Explain:

We heard about this school by: () Friend () Radio () Newspaper () Other.

Please state clearly why you wish to send your child to Wise County Christian School

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

Part I - HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. The parent or guardian completes this page (Part I) of the form. The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: _____ Current Grade: _____
 Student's Name: _____
 Student's Date of Birth: Student's ^{Last} / ^{First} / ^{Middle} Sex: _____ Country of Birth: _____ Main Language Spoken: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name of Mother or Legal Guardian: _____ Phone: _____ Work or Cell: _____
 Name of Father or Legal Guardian: _____ Phone: _____ Work or Cell: _____
 Emergency Contact: _____ Phone: _____ Work or Cell: _____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head or spinal injury		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Hospitalizations		
Developmental problems			Lead poisoning		
Bladder problem			Muscle problems		
Bleeding problem			Seizures		
Bowel problem			Sickle Cell Disease (not trait)		
Cerebral Palsy			Speech problems		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example, feeding tube, oxygen support, hearing aid, etc.):

List all prescription, over-the-counter, and herbal medications your child takes regularly:

Check here if you want to discuss confidential information with the school nurse or other school authority. Yes No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: None FAMISPlus (Medicaid) FAMIS Private/Commercial/Employer sponsored

_____. (do ___) (do not ___) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. *This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.*

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of person completing this form: _____ Date: _____

Signature of Interpreter: _____ Date: _____

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**

Part 11 - Certification of Immunization

Section I

**To be completed by a physician, registered nurse, or health department official.
See Section II for conditional enrollment and exemptions.**

(A copy of the immunization record signed or stamped by a physician or designee indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.)

Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: _____ Date of Birth:

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IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5
*Tdap booster (6 th grade entry)	1				
*Poliomyelitis (IPV, OPV)	1	2	3	4	
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3	4	
*Pneumococcal (PCV conjugate) *only for children <2 years of age	1	2	3	4	
Measles, Mumps, Rubella (MMR vaccine)	1	2			
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
*Rubella	1		Serological Confirmation of Rubella Immunity:		
*Mumps	1	2			
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used	1	2	3		
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine	1	2			
Meningococcal Vaccine	1				
Human Papillomavirus Vaccine	1	2	3		
Other	1	2	3	4	5
Other	1	2	3	4	5

I certify that this child is ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED in accordance with the MINIMUM requirements for attending school child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Minimum requirements are listed in Section III).

Signature of Medical Provider or Health Department Official: _____

Date (Mo., Day, Yr.Y. / /)

Students Name: ----- ■ _____ Dale of Bmh: _____

Section II Conditional Enrollment and Exemptions

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1 -271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

DTP/DTaP/Tdap: [___] J; DT/Td: [___]; OPV/IPV: [___]; Hib: [___]; Pneum: [___]; Measles: [___] J; Rubella: [___]; Mumps: [___]; HBV: 1 ___]; Varicella: [___]

This contraindication is permanent: [___] J, or temporary [___] and expected to preclude immunizations until: Date (Mo., Day, Yr.): | ___ | ___ | ___ |.

Signature of Medical Provider or Health Department Official: _____, _____ **Date (Mo., Day, Yr.):** | ___ | ___ | ___ |

**=&

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on _____.

Signature of Medical Provider or Health Department Official: _____ **Date (Mo., Day, Yr.):** | ___ | ___ | ___ |

Section III Requirements

'Minimum Immunization Requirements for Entry into School and Day Care (requirements are subject to change)

- 3 DTP or DTaP - at least one dose of DTaP or DTP after 4th birthday unless received 6 doses before 4th birthday
- Tdap - booster required for entry into 6th grade if at least 5 years since last tetanus-containing vaccine
- 3 Polio - at least one dose after 4th birthday unless received 4 doses of all OPV or all IPV prior to 4th birthday
- Hib - 2-3 doses in infancy; 1 booster between 12-15 months; 1 dose between 15-60 months if Unvaccinated, for children up to 60 months of age only
- Pneumococcal - 2-4 doses, depending on age at 1st dose for children up to 2 years of age only
- 2 Measles - 1st dose on/after 12 months of age; 2nd dose prior to entering kindergarten
- 1 Mumps - on/after 12 months of age
- 1 Rubella - on/after 12 months of age

Note: Measles, Mumps, Rubella requirements also met with 2 MMR - 1st dose on/after 12 months of age; 2nd dose prior to entering kindergarten

Hep B - 3 doses required (2 doses if Merck adult formulation given between 11 - 15 years of age; check the indicated box in Section I if this formulation was used)

1 Varicella - to susceptible children born on/after January 1, 1997; dose on/after 12 months of age

*** Additional Immunizations Required at Entry into 6th Grade**

- Tdap - booster required for entry into 6th grade if at least 5 years since last tetanus-containing vaccine

-For current requirements consult the Division of Immunization web site at <http://www.vdh.vginia.gov/epidemiology/immunization>

Certification of Immunization 04/07

Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year. Before entry into kindergarten or elementary school (Rel. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth/

Student's Name: _____

Date of Birth: ____/____/____

Sex: M F

Date of Assessment: ____/____/____

Weight: _____ lbs. Height: _____ .ft

Body Mass Index (BMI): _____

Age / gender appropriate history completed

Anticipatory guidance provided

TB Risk Assessment: No Risk Positive/Referred

Mantoux results: _____ mm

Within normal

HEENT 1 2 3

Lungs 1 2 3

Heart 1 2 3

Physical Examination

2 = Abnormal finding 3 = Referred for evaluation or treatment

Neurological 1 2 3

Abdomen 1 2 3

Extremities 1 2 3

Skin 1 2 3

Genital 1 2 3

Urinary 1 2 3

EPSDT Screens Required for Head Start - include specific results and date:

Blood Lead: _____ Hct/Hgb _____

Assessed/or:	Assessment Method:	Within normal	Concern identified:	Referred for Evaluation
Emotional/Social				
Problem Solving				
Language/Communication				
Fine Motor Skills				
Gross Motor Skills				

Q Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.

	1000	2000	4000
R			
L			

Screened by OAE (Otoacoustic Emissions): Pass Refer

Referred to Audiologist/ENT Unable to test ____ - needs rescreen

Permanent Hearing Loss Previously identified: ____ Left ____ Right

Hearing aid or other assistive device

With Corrective Lenses (check if yes)

Distance Pass fail

Stereopsis Pass fail

____ Not tested

20/ 20/ 20/

Test used:



Problem Identified: Referred for treatment

No Problem: Referred for prevention

No Referral: Already receiving dental care

Summary of Findings (check one):

Well child; no conditions identified of concern to school program activities

Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here):

Allergy o food: _____ D insect: _____ D medicine: _____ : D other:

Type of allergic reaction: a anaphylaxis a local reaction Response required: a none D epi pen a other

Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)

Restricted Activity Specify: _____

Developmental Evaluation ____ Has IEP ____ Further evaluation needed for: _____

Medication. Child takes medicine for specific health conditions). D

Special Diet Specify: _____

Special Needs Specify: _____

Other Comments:

Health Care Professional's Certification (Write legibly or stamp):

Name: _____! _____: _____! _____

Signature: _____

Date: _____

Practice/Clinic Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

PRE-SCHOOL INFORMATION

PERSONAL ITEMS

1. Please see that each item of clothing has your child's name on it.
2. Each child needs a change of clothing in a zip-loc bag with their name on it.
3. Each child needs a small sheet or towel and a small blanket with their name on them for nap time. Bed clothes will be sent home on Thursday/Friday every other week to be laundered.
4. For sanitation reasons, we cannot substitute other children's clothing or bed clothing. Please be sure your child has what it needs.
5. Think of your child's comfort and provide simple clothing that is free of complicated fastenings. Think of the messy art materials and other activities and provide clothing that is washable. Provide clothing that is sturdy. Provide sweaters/jackets even on the first sunny fall day. It is much easier to remove unnecessary items than to put on something you don't have. Please put your child's name on all their belongings.

PARKING

Parking is not allowed in the front of the school. Parking is limited, so please limit the time in the building during the busy hours of 7:45-8:30 am and 2:45-3:30 pm.

NUTRITION

You will need to send a snack for your child. Please send lunch unless you are notified that the school is selling lunch that day.

BIRTHDAYS

We celebrate birthdays during the snack or lunch period. You may bring cake, etc. Please let the teacher know in advance.

CHRISTMAS PARTY AND VALENTINE PARTY

We will have a Christmas party and exchange gifts. The children will draw names. For Valentine's Day, a class list of names will be sent home. Homeroom parent will plan the party.

TOYS FROM HOME

Except for toys that may be needed for the first few days to help ease the transition from home, we ask that you leave your child's toys at home or in the car. If an item is brought to school, we cannot be responsible for it. We cannot show movies that are copyrighted.

THE HEALTH AND SAFETY OF YOUR CHILD

Your child's health is a matter of major importance to all of us. Upon enrollment, you must file with us a health form signed by a physician. We also require that the child have certain standard immunizations and a tuberculin clearance.

Your child may be sent home if any symptoms of illness appear during the day. In such cases, your child will be immediately isolated from the others and you will be contacted.

KEEP YOUR CHILD HOME IF HE/SHE:

- ..Has a fever or has had one during the previous 24 hour period.
- ..Is taking an antibiotic, until the doctor authorizes the child to return.
- ..Has a heavy nasal discharge.
- ..Has a constant cough.
- ..Is just tired. Rest at such times may prevent the development of serious illness.
- ..Has symptoms of a possible communicable disease. (These are usually sniffles, reddened eyes, sore throat, headache and abdominal pain, plus a fever.) Please notify the school at once if the child does have a communicable disease. **YOUR CHILD MAY COME TO SCHOOL:**

- ..If a cold is over, but a minor nasal drip remains.
- ..If there has been an exposure to communicable disease, but the school has been notified so that the incubation period can be discussed and it can be determined on what dates your child should stay home.

IN CASE OF ACCIDENTAL INJURY we will make an immediate attempt to contact a parent. If we can't reach you, we will call the child's physician. If necessary, we will also call an ambulance, or paramedics. Until the arrival of a parent, the Director or an assistant will be in charge and make all decisions about the care of the child. You will be expected to assume responsibility for any resultant expense. Each parent must fill out an Emergency Medical Form. It is to your child's benefit that you keep the school up to date on phone numbers, emergency numbers and other pertinent information.

STATEMENT OF FAITH

The basis of faith of this organization is as follows:

- A. There is one God eternally existing in three persons - - the Father, the Son, and the Holy Spirit. (Matthew 28:19)
- B. The Bible is the Word of God, verbally inspired; infallible and inerrant in all that it says. (II Tim. 3:16; I Thes 2:13)
- C. The Lord Jesus Christ is fully God (John 1:1); fully man (John 1:14); born of a virgin (Matthew 1:23); lived a sinless life (Hebrews 4:15); performed miracles (John 4:29); shed His blood and died a substitutionary death (Hebrews 10:10, 12, 19); arose bodily from the dead (I Cor. 15:12-20); ascended to and sits in glory at the Father's right hand (Hebrews 1:3); and is to return for His own (John 14:3).
- D. Man is by nature and practice a sinner; separated from God and can become God's child only by faith in the Lord Jesus Christ and His work of redemption on Calvary. (Jeremiah 17:9; Romans 3:23; Ephesians 2:8,9; and Romans 10:9,10).
- E. Those who are born into God's family have eternal life and those who are not remain in spiritual death and will be separated from God forever in Hell. (John 3:18, 36; and Matthew 25:46) V
- F. The Holy Spirit lives in the believer and enables him to walk in purity of life and submission to the will of God. (Eph. 1:13, 14; and Galatians 5:22, 23)
- G. All believers are united together by the Holy Spirit in the body of Christ for the purpose of causing the growth of the body and building itself up in love. (I Cor. 12:13; Eph. 4:16)
- H. The triune God created from nothing all that is in the span of six days. (Gen. 1)
- I. The ministry of the local church is God's established instrument for carrying out the Great Commission. The body of Christ, the church, is composed of all born again believers who have by faith accepted Christ as Lord.

Since we are an inter-denominational body, this statement of faith constitutes the boundaries wherein we may be dogmatic. No official position will be taken on controversial doctrines which may exist outside this statement.

I have read the WCCS Statement of Faith, and I understand that it constitutes the boundaries where we may be dogmatic.

PARENT'S SIGNATURE

Wise County Christian School ENROLLMENT AGREEMENT

So that each parent and student understands school policies, we ask that you read the following information and sign this form indicating your agreement and understanding of the policies set forth.

1. Students are to show due respect in relations to the faculty and in speaking to faculty members. The first rule of conduct should at all times be consideration of others.
2. The use of profanity, tobacco, alcoholic beverages, illegal or unauthorized drugs on campus or off campus at any time of the year, are serious violations of the standards of Wise County Christian School. See Discipline Policy.
3. Students are not allowed to leave the school grounds during the school hours without permission from parents and proper school authorities.
4. The school is not responsible for the loss of personal property whether the loss occurs by theft, fire, or any other cause.
5. Wise County Christian School reserves the right of dismissal of any student who persistently and willfully neglects his academic work, exercises poor citizenship, reflects adversely on the Christian principles of the school or generally fails to cooperate with instructors or administration.
6. Attire and appearance appropriate to the occasion is expected of all students at all times and students are expected to adhere to guidelines as described in the student handbook.
7. Many individuals have, through their prayers and gifts, made this campus and program possible. Students should consider it a privilege to attend Wise County Christian School and therefore do all in their power to keep the building attractive and make the utmost use of all facilities. Any student known to deface or destroy school property will be assessed the full cost of repairs and be subject to possible disciplinary action including dismissal.
8. Wise County Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. Nor does it discriminate in the administration of its educational policies, admission policies, scholarships, athletic, and other school administrative programs.
9. A student handbook will be furnished to each student so they will be knowledgeable of general regulations.
10. I authorize the Wise County Christian School to take my child on approved school field trips. Field trips are listed on the monthly school calendar. As parents, we sincerely pledge our loyalty to the aims and ideals of the school.
11. As parents, we hereby invest authority in the faculty and administration concerning the discipline of our child as necessary. We further agree that we will support the faculty and administration in discipline at home as needed.
12. As parents, we agree, in accordance with the principle of Matthew 18:15-17, to bring any and all questions and criticisms to the person most directly involved. If we have a question about a specific classroom action or procedure, then we will contact the appropriate teacher. If a satisfactory conclusion is not reached, then we will contact the administrator.
13. It is understood that all students are accepted on a trial basis for the first grading period before grade placement becomes final. As parents, we agree to be in regular attendance at scheduled PTF meetings.

I understand that in signing this Enrollment Agreement, I am agreeing to accept and abide by the rules and philosophy of the Wise County Christian School.

Parent's Signature

Student's Signature

CONSENT FORM FOR EMERGENCY MEDICAL TREATMENT

Dear Parents,

According to Virginia law, no emergency room in Virginia can give treatment to a minor (other than life-threatening situations) without the consent of the parent or guardian. To assure that your child receives the care he or she deserves when you are not there, we are asking you to complete the Emergency Treatment Consent Form.

This Consent Form will become irrevocable once care and treatment has been provided.

In case of emergency, I hereby authorize any hospital to provide any medical/surgical treatment or diagnostic tests deemed necessary in the treatment of and diagnosis of:

CHILD'S NAME

PARENTS NAME (Print or Type)

CHILD'S BIRTH DATE

MAILING ADDRESS

LAST TETANUS SHOT (Month/Year)

HOME PHONE

CHILD'S ALLERGIES

FATHER'S NAME

MEDICATIONS CHILD IS TAKING

FATHER'S WORK PHONE

SPECIAL MEDICAL PROBLEMS

MOTHER'S NAME

HEALTH INSURANCE

MOTHER'S WORK PHONE

INSURANCE NUMBER

SIGNATURE OF PARENT OR GUARDIAN

FAMILY DOCTOR

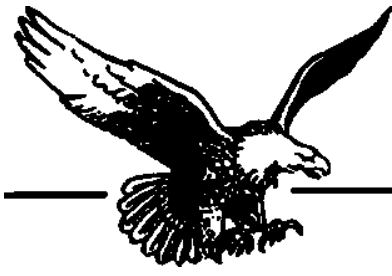
WITNESS

DOCTOR'S PHONE NUMBER

DATE

OTHER PERSON TO CONTACT IN EMERGENCY

PHONE



Wise County Christian School

"Academic Excellence in a Christian Environment"

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www.wccseagles.com • email: wccs@sunsetcom.com

TO:

SCHOOL

ADDRESS

CITY

STATE

ZIP

Dear Principal:

The following student(s) has enrolled at Wise County Christian School:

STUDENTS NAME

STUDENTS NAME

GRADE

GRADE

DATE OF BIRTH

DATE OF BIRTH

Please forward a complete transcription of his/her records to my attention to facilitate proper academic placement. Please include: grades from course work, standardized test scores, health records, attendance records and all other pertinent data in his/her cumulative file.

Your cooperation in this endeavor is truly appreciated.

Sincerely,

Wise County Christian School

PARENTS SIGNATURE

DATE

Train up a child in the way he should go Proverbs 22:6

Wise County Christian School has my permission to give the following over-the-counter medications:

{student name}

Acetaminophen (Tylenol) _____

Dosage:

Ibuprofen (Advil) _____

Dosage: ,

Anti-Acid (Turns) _____

Dosage: _

Only the following person(s) is/are allowed to pick up my child from school:

NAME

SS# or DRIVER'S LICENSE #

Parent / Legal Guardian Signature:.

Date: