

Swansea Public Schools
EMERGENCY NOTIFICATION INFORMATION / HANDBOOK ACKNOWLEDGEMENT

*Please complete both sides of this document and return to school **as soon as possible**. PLEASE PRINT CLEARLY*

Student's Legal Name _____ Male _____
Last Name First Full Middle Name Female _____

Address _____ Home Phone # _____

Date of Birth _____ Grade _____ Teacher _____

Place of Birth (city/town, state) _____ Is your family homeless? Yes No

Name of Parent/Guardian # 1 _____ Place of Employment _____

Home Address _____

Work Phone _____ ext _____ Cell Phone _____ Email _____

Name of Parent/Guardian # 2 _____ Place of Employment _____

Home Address _____

Work Phone _____ ext _____ Cell Phone _____ Email _____

Parent/Guardian(s) _____ Has any legal/court documentation been given to school? Yes No

Person with whom child resides _____ Relationship _____

If other, explain: _____

Phone _____ Work Phone _____
(if other than above) (if other than above)

This is an Emergency Contact List – not a daily “pick-up list”.

The following is a list of people who have agreed to care for and/or transport your child when a parent or guardian cannot be reached in an emergency. The name of a responsible sibling may be included if they can provide transportation. Non-family students are excluded from transporting other students. **PLEASE PRINT CLEARLY- do not add parent/guardian names here.**

Name _____ Address _____ Relationship _____

City/State _____ Phone _____ Cell _____

Name _____ Address _____ Relationship _____

City/State _____ Phone _____ Cell _____

Name _____ Address _____ Relationship _____

City/State _____ Phone _____ Cell _____

HIPAA NOTICE:

I give permission for necessary information related to my child's condition to be shared with the school nurse. Yes No

Please notify your school nurse of any medical/health changes or needs at any time.

If your child has a serious medical issue such as an allergy to bee/wasp stings, requires medication during the school day, or requires accommodations for a medical problem, it is your responsibility to contact the nurse directly.

No medication will be given (including over the counter medicines such as aspirin, etc.) until a **written order** is received by the school nurse from a licensed physician.

In the event of an emergency your child will be transported to the medical facility determined by the responding EMTS. It is understood that the school, in arranging for transportation of your child to a hospital for emergency care, is acting as a medium and is not thereby assuming responsibility.

AUTOMATED "ONE-CALL Contact List

The "One Call Now" phone message service we use delivers automated phone calls for routine reminders and emergency notifications such as inclement weather issues or cancellations. In an effort to provide efficient contact, please add one telephone number per line for contact to be made. Please add only numbers you wish to be called. Calls will be made to all numbers listed below regardless of the type of message. **Please let us know throughout the year if any of these numbers have changed. (Please write clearly).**

Suggested numbers: home, cell, work, day care, grandparents, babysitter - PLEASE PRINT CLEARLY

Contact number _____ (preferably home telephone #)

Contact number _____ (preferably Parent/Guardian #1 cell phone #)

Contact number _____ (preferably Parent/Guardian #2 cell phone #)

Contact number _____ Description _____

Student Name/Photo Release- please choose one

During the school year, photographs or videos may occasionally be taken in school or during normal school-sponsored activities outside the school. Parents have the option to choose whether or not photographs and/or their child(ren)'s names may be included in publications, presentations, or Web pages produced by the district and/or news releases sent to external media sources throughout the school year. These occasions provide wonderful opportunities to display the many achievements of our students.

Yes, I give permission for my child's name to be released and for my child to be photographed or videotaped while in school or during school-related activities outside the classroom.

By checking "yes" means that you give permission for your child's **first and last name and/or photograph** to be used in publications, presentations, videos, or Web pages, or news releases produced by the Swansea Public Schools, or by agencies working with the district. My child's first and last name and/or photograph may be included in news releases distributed to newspapers and other news media.

No, I do NOT want my child's name released nor my child to be photographed or videotaped while in school or during school-related activities outside the classroom.

Checking "no" means that your child's **first and last name and/or photograph** may NOT appear in any publications, presentations, videos, Web pages, or news releases produced by the Swansea Public Schools or by agencies working with the district that gets distributed outside of the school community. (Annual school yearbooks are considered internal school publications and are not subject to these restrictions. If you wish your child's name/photo not be included in the annual school yearbook (if they are done at your child's school), please notify your school principal in writing.) It also means that your child's name and/or photograph may NOT be included in news releases distributed to newspapers and other news media.

Massachusetts state reporting requires Swansea School Department to ask the following question in regard to your family military status. (MIC3)

Please check the appropriate box if this student is a child of:

- No, not a member of a military family
- Yes, child of active duty member
- Yes, child of members or veterans who are medically discharged or retired for 1 year
- Yes, child of member who died on active duty

5/17

COMPUTER / INTERNET USE AGREEMENT

As a user of the Swansea Public Schools computer network, I hereby agree to comply with all of the conditions and rules outlined in the Swansea Public Schools PK- 12 Student Computer / Network / Internet User Agreement, which is included in the Student Handbook and posted on the district website at www.swanseaschools.org. As the parent or legal guardian of a student in the Swansea Public Schools, I grant permission for my child to access networked computer services. I understand that individuals and families may be held liable for violations. I understand that some materials on the internet may be objectionable, but I accept responsibility for guidance of internet use – setting and conveying standards for my child to follow when selecting, sharing or exploring information and media.

I certify that my child is a legal resident of the Town of Swansea as determined by Chapter 76, Section 5 and 6 M.G.L. I further certify that my child and I have read and understood the rules and policies outlined in the Student/Parent Handbook and the Computer/Internet Use Agreement.

Student signature: _____

Date: _____

Parent / guardian signature: _____

Date: _____