

## STUDENT/PARENT HANDBOOK CONFIRMATION

### STUDENTS

Please sign below and return to the office. Your signature indicates that you have read the Whitewater Public Schools Student/Parent Handbook and understand the rules and regulations as approved by the Trustees of School District #20D.

X

\_\_\_\_\_  
Signature of student

### Parent/Guardian

As an informed parent, your signature below indicates that you have read the rules and regulations of the Whitewater Public School Student/Parent Handbook. This does not imply approval or disapproval. This is for your benefit.

Please indicate your consent by checking either or all box(s).

- My child may be video taped during class time for educational purposes.
- I give my son/daughter permission to participate in any City-County Health Screening (vision, hearing, dental).
- I will allow the school to publish my child/children's directory information.

Please sign below indicating that you have read the rules and regulations.

X

\_\_\_\_\_  
Signature of parent/guardian

*Return this page and return to the main office by August 28, 2014*

## MEDICAL RELEASE

*I understand that medical emergencies are sometimes associated with school related activities. I hereby give school personnel permission to transport my son/daughter to the nearest hospital and medical staff personnel permission to administer the necessary treatment. Efforts to contact me, the parent/guardian, will be a high priority.*

X

\_\_\_\_\_  
Parent signature consenting to the above

X

\_\_\_\_\_  
Student's name

*I hereby give my consent for the following mentioned student to be transported and attended by qualified medical personnel as the result of illness or injury.*

\_\_\_\_\_  
Print name of parent/guardian

\_\_\_\_\_  
signature of parent/guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
home phone

\_\_\_\_\_  
Insurance company

\_\_\_\_\_  
work phone

*Remove and return this page to the main office by August 28, 2014*

## ACKNOWLEDGEMENT CONCERNING USE OF STUDENT PARKING

I acknowledge and understand that:

1. Students are permitted to park on school premises as a matter of privilege, not right.
2. The school system retains authority to conduct routine patrols of student parking lots and inspections of the exteriors of student automobiles on school property.
3. The school system may inspect the interiors of student's automobiles whenever a school authority has reasonable suspicion to believe illegal or unauthorized materials are contained inside the automobiles.
4. Such patrols and inspections may be conducted without notice, without student consent, and without a search warrant.
5. If I fail to provide access to the interior of my car upon request by a school official, I will be subject to school disciplinary action.

X

\_\_\_\_\_  
Student signature                      date

X

\_\_\_\_\_  
Parent signature                      date

## ACKNOWLEDGEMENT CONCERNING USE OF LOCKERS

I acknowledge and understand that:

1. Student lockers are property of the school system.
2. Student lockers remain at all times under the control of the school system.
3. I am expected to assume full responsibility for my school locker.
4. The school system retains the right to inspect student lockers for any reason at any time without notice, without student consent, and without a search warrant.

X

\_\_\_\_\_  
Student signature                      date

X

\_\_\_\_\_  
Parent signature                      date

## MEDICATION PERMISSION FORM

Please fill out the form below and return to the office as soon as possible if your child will be taking medication during the day while attending Whitewater Public Schools.

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Purpose of medication \_\_\_\_\_

\_\_\_\_\_

Time of day medication is to be given \_\_\_\_\_

Possible side effects \_\_\_\_\_

\_\_\_\_\_

Anticipated number of days it needs to be given at school \_\_\_\_\_

\_\_\_\_\_

Signature of physician

I hereby give my permission for \_\_\_\_\_ to take the above medication at school as ordered. I understand that it is my responsibility to furnish this medication.

X

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of parent/guardian

*Note: All medication is to be brought to school in a container appropriately labeled by the pharmacy, or physician, stating the name of the student, the name of the medication, and the dosage.*