

Academic Challenge Info Sheet

Name: _____

Email: _____

Your cell: _____

Parent/guardian: _____

Their phone: _____

Home address: _____

Other extra-curriculars: _____

Academic Challenge subjects that you feel are strengths for you (circle all that apply):

AMERICAN LITERATURE

ENGLISH/WORLD LITERATURE

MATH

AMERICAN GOVERNMENT

WORLD HISTORY

PHYSICAL SCIENCE

FINE ARTS

WORLD GEOGRAPHY

LIFE SCIENCE

U.S. HISTORY

Are you available for matches most Monday and Wednesday afternoons, from November through January?

EMERGENCY MEDICAL AUTHORIZATION

PURPOSE - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. This information may be shared with the educational team to best meet your child's needs.

Student Name _____ Phone # _____ Bus # _____
 Address _____ School District _____
 _____ School Attending _____
 Address Change Y N Birth Date _____ Sex M F Grade _____ Home Room _____

Residential Parent or Guardian

Mother _____ Day Ph # _____ Cell # _____
 Email _____ Pager # _____
 Father _____ Day Ph # _____ Cell # _____
 Email _____ Pager # _____
 Other Name _____ Day Ph # _____ Cell # _____
 Name of Relative or Childcare Provider _____
 Address _____ Phone # _____
 _____ Relationship _____

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone # _____
 Dentist _____ Phone # _____
 Medical Specialist _____ Phone # _____
 Hospital _____ Phone # _____

Below check any **CURRENT** health condition that may require attention during the school day:

- Allergies (be specific)
 - Foods _____ EpiPen ___ Yes ___ No
 - Medicines _____
 - Bee Stings _____ EpiPen ___ Yes ___ No
 - Other _____
- Asthma _____ Uses emergency inhaler ___ Yes ___ No
- Cancer _____
- Diabetes _____
- Seizures _____
- Heart problems (be specific) _____
- Physical disability (be specific) _____
- Other health conditions (be specific) _____
- Previous surgeries (be specific) _____
- Previous concussion/head injury-year _____
- Hearing problems _____ Has hearing aids ___ Yes ___ No
- Vision problems (be specific) _____
- Wears: Glasses Contacts
- ADD/ADHD _____
- Behavior/emotional problems _____
- No current health conditions

List all medications and dosages your child receives on a continual basis: _____

PLEASE COMPLETE PART I OR PART II — NOT BOTH

Part I — TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the designated physician or dentist, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the designated hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date _____ Parent or Guardian Signature _____

Part II — REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: _____

Date _____ Parent or Guardian REFUSAL Signature _____

Jackson Local Schools

Striving for Excellence



PARENT CONSENT FOR TRIP

I _____
(Parent's Name)

permit my child _____
(Child's Name)

To participate in the trip to: _____

I understand that this trip is part of the District's educational program and provides a learning experience of educational value to my child.

I further understand that the staff member(s) who will accompany the students on this field trip will exercise the necessary and appropriate duty of care for them pursuant to Board Policy #3213, including, but not limited to, administering medication, if required, or seeking emergency medical attention, if need be.

Parent's Signature

Date

© NEOLA 2003

dc

BOARD OF EDUCATION OFFICE
7984 Fulton Drive NW, Massillon, OH 44646
Superintendent - (330) 830-8000 • Treasurer (330) 830-8002

JACKSON
HIGH SCHOOL/JTCE
7600 Fulton Dr. N.W.
Massillon, Ohio 44646
(330) 837-3501

JACKSON MEMORIAL
MIDDLE SCHOOL
7355 Mudbrook St. N.W.
Massillon, Ohio 44646
(330) 830-8034

AMHERST
ELEMENTARY SCHOOL
8750 Jane St. N.W.
Massillon, Ohio 44646
(330) 830-8024

LAKE CABLE
ELEMENTARY SCHOOL
5335 Villa Padova Dr. N.W.
Canton, Ohio 44718
(330) 494-8171

SAUDER
ELEMENTARY SCHOOL
7503-Mudbrook St. N.W.
Massillon, Ohio 44646
(330) 830-8028

STRAUSSER
ELEMENTARY SCHOOL
8646 Strausser St. N.W.
Massillon, Ohio 44646
(330) 830-8056

SPECIAL
SERVICES
7984 Fulton Dr. N.W.
Massillon, Ohio 44646
(330) 830-8006