

**Diagonal Community School
Student Personal Information
2021-2022**

Please fill out one form per family

Student Name Birthdate Gender Grade **Student Phone** e-mail

Primary Language Spoken in Home _____

Mother's Name _____

Mother's Address _____

Mother's Phone # _____ Cell Phone # _____

Mother's e-mail _____

Mother's place of employment _____ Phone # _____

Father's Name _____

Father's Address _____

Father's Phone # _____ Cell Phone # _____

Father's e-mail _____

Father's place of employment _____ Phone # _____

Are we permitted to send student reports and info to this email? Y or N
Best way to get information, (Circle all that apply) Text, E-mail, or Mail

EMERGENCY CONTACT:

Please list two people that we may contact, if parents cannot be reached, for medical, weather, or early dismissal.

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Have these people agreed to assume this responsibility? Y or N

Please indicate if there is anyone that does NOT have permission to pick up your child from school:

Name _____

Parent/Guardian Signature and Date

Diagonal School Health Form

Student Health Registration Form

Legal Last	First Name	Middle Initial	Gender	Birthdate	Grade	Other
				/ /		

Please contact your school nurse if your student has any health concerns that need to be addressed in the school setting.

Medical History

Is your child **currently** being treated for any of the following? Please check all that apply.

<input type="checkbox"/> Asthma/Reactive Airway	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bone/muscle disease	<input type="checkbox"/> Skin Condition	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Mental health condition (i.e., depression, anxiety, eating disorder)		<input type="checkbox"/> Other _____

Does your child experience any of the following?

<input type="checkbox"/> nose bleeds	<input type="checkbox"/> frequent earaches	<input type="checkbox"/> overweight for age	<input type="checkbox"/> physical disability
<input type="checkbox"/> poor appetite	<input type="checkbox"/> frequent stomach aches	<input type="checkbox"/> frequent headaches	<input type="checkbox"/> fainting spells
<input type="checkbox"/> tires easily	<input type="checkbox"/> underweight for age	<input type="checkbox"/> learning disability	<input type="checkbox"/> other _____

Allergies:

Is your child allergic to anything? **Yes** **NO** If yes, please check all that apply.

<input type="checkbox"/> Food- You will have an additional form to fill out if a food allergy persists
<input type="checkbox"/> Medicine (list what types of medicine)
<input type="checkbox"/> Other- please list

Describe what happens when your child has an allergic reaction:

Medical Contact
 Name of Student's Doctor: _____ Phone: _____
 Name of Student's Dentist: _____ Phone: _____

Other information-

Medication

Please list all of your student's medications.

Name of Medication	Time medication is given	Reason for medication

Over the counter medication

I give permission for my child to receive OTC and topical medication for complaints of discomforts during the summer program. This includes but not limited to Tylenol, itch cream, tums, etc. _____ Initial

Emergency Release

I give permission to the appropriate personnel of the Diagonal Community School District to secure and authorize emergency medical care and treatment for my child that in their judgment is necessary in the best interest of my child while under their supervision. I also agree to assume and pay for the fees for the emergency medical treatment as authorized in this statement. I understand that this health information sheet is confidential but the information will be shared with other Diagonal Community School personnel as needed.

I DO or DO NOT give permission for the summer program to post pictures of my child on social media or the Diagonal paper.
 (circle one)

Parent/Guardian Signature: _____ Date Signed: _____

INTERNET ACCESS PERMISSION LETTER TO PARENTS

Student Name _____	Grade _____
Student Name _____	Grade _____
Student Name _____	Grade _____
Student Name _____	Grade _____

If you have granted your child Internet access, please have them respond to the following:

I have read the expected network etiquette (as printed in the current student handbook) and agree to abide by these provisions. I understand that violation of these provisions may constitute suspension or revocation of Internet privileges.

I agree to be responsible for payment of costs incurred by accessing any Internet services that have a cost involved or damage that may occur to a computer assigned to me. INITIAL _____

Code No. 605.6E2

Tylenol and Over the Counter Medication

I give permission for the school to apply a mask to my child if he/she is sick/coughing as determined by school nurse/staff. **Yes or No**

I give my child permissions to receive Tylenol/Acetaminophen for complaints of discomfort at school from the school nurse and the office staff at their discretion for this school year. **Yes or No**

Over the counter medication: I give permissions for the use of topical antibiotic ointment, cough drops, tums, antifungal ointment, hydrocortisone cream, loratadine and caladryl as needed by the discretion of the health office staff. **Yes or No**

When school officials are requested to administer drugs, the following guidelines are applicable:
Each order must include:

- a. The student's name.
- b. The name of the medication ordered.
- c. The dosage of the medication.
- d. The hours it is to be administered.
- e. The route of administration.
- f. Specific instructions needed to administer correctly.
- g. And sometimes a starting and stopping date.

- h. All prescription drugs and over the counter medications must be maintained in the original container.
- i. A parental signature on a statement requesting and authorizing school personnel to administer the medicine in accord with the prescription shall be on file at the student's attendance center.
- j. **If your child becomes ill during school hours you are allocated 30 minutes to have your child picked up.**

INITIAL _____

Photo Release Permission

I, _____ (Parent/Guardian) allow my child's or children's photos to be published in the local and surrounding newspapers or other school advertising.

I, _____ (Parent/Guardian) do NOT allow my child's or children's photos to be published in the local and surrounding newspapers or other school advertising.

Child/Children's Name:

Ala-carte

It is the parent's responsibility to discuss with their child whether or not they may charge extra food or milk. Extra food or milk are charged regardless if you are a free or reduced family. Parents will be responsible for payment of seconds.

School personnel will also work to discourage students from getting seconds if you wish.

_____ (Student names)

MAY or MAY NOT (circle one) get seconds for breakfast and lunch.

Blanket Field Trip Permission Slip

_____ Yes, I give permission for my child to go on field trips for the school year 2021-2022 within a 30-mile radius from the school. If the trip is longer, a permission slip will be sent home.

_____ No, I do not wish to give permission for my child to go on field trips for the school year 2021-2022 within a 30 mile radius from the school.

I have read and agreed to all of the above, if I did not, I have stated otherwise on that section.

Parent's/Guardian's Signature _____ Date _____

Iowa Department of Education
Student Race and Ethnicity Reporting

Student Name: _____ Date Form Completed: _____

Date of Birth: _____ Male Female

Person Completing This Form: Parent/Guardian Student Other: _____

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

1. Is your child of Hispanic, Latino, or Spanish ethnicity: Yes No
Includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

If you answered "Yes" to question #1, you may also check one or more of the racial categories in question #2. If you answered "No", please check one or more of the following racial categories.

2. Racial Categories:

- American Indian or Alaska Native
Origins in any of the original peoples of North, Central, and South America who maintain a tribal affiliation or community attachment.
- Asian
Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
- Black or African American
Origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander
Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White
Origins in any of the original peoples of Europe, the Middle East, or North Africa.

Please complete the entire form and return it to:

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Iowa Department of Education HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
 If yes, please provide school name(s), state, and dates attended:
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 5 above, please answer the following questions:

6. What language did your child learn when he/she first began to talk? _____

7. What language does your child most frequently speak at home? _____

8. What language do you most frequently speak to your child? (Father) _____
 (Mother) _____

9. Please describe the language understood by your child. (Check only one)
 A. Understands only the home language and no English.
 B. Understands mostly the home language and some English.
 C. Understands the home language and English equally.
 D. Understands mostly English and some of the home language.
 E. Understands only English.

 Parent or Guardian's Signature

 Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	