IS YOUR CHILD CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES OR ON AN IEP? YES / NO

CIRCLE ONE

YES/NO Does your child reside in the Hobart School District? If no, what district?_____
If NO transfer papers MUST be on file.

YES/NO I give my permission for Hobart Schools to use corporal punishment on my child (according to school policy)

YES/NO I give my permission to participate in class fieldtrips?

YES/NO I give my permission to ride the Hobart school bus and I have received, read and understand the Transportation Rules and Regulations Policy Information Sheet.

YES/NO I give permission for my child to have access to the Hobart Schools network and the internet and I have received, read and understand the Internet Policy according to the Student Handbook and Information sheet.

YES/NO I give permission for my child's directory information to be released according to the FERPA law.

YES/NO I have received, read and understand the Kenneth O'Neal Middle School Handbook

MEDICAL HISTORY

List any medical conditions, health problems, allergies, serious illnesses or other information you feel would help us better care for your student:

_____

_____

List any medications taken on a daily or as needed basis, including inhalers/nebulizer treatments:
All medications (whether prescribed or over-the-counter) must be in the original &/or labeled container.

Medication	Dosage	How often?
1.		
2.		
3.		

Do you give us consent to administer the above listed medication at school? YES or NO
Is your child knowledgeable and able to self-administer his/her inhaler? YES or NO or N/A
Please attach a statement from the child's physician that the student is capable of self-administration of his or her inhaler.

Please circle which of these, if any, you give permission to school personnel to administer to your child while at school, if needed:

YES OR NO Tylenol/Acetaminophen **YES OR NO** Ibuprofen
YES OR NO Chewable Tums **YES OR NO** Neosporin/Antibiotic Ointment
YES OR NO I give school personnel permission to provide care to my child in the event of minor illness or injury.

_____

(Parent/Guardian Signature) (Date)

PLEASE NOTE: FOR YOUR CHILD TO RECEIVE ANY OTHER MEDICATION NOT LISTED ON THIS PAPER, YOU MUST SEND THE MEDICATION TO SCHOOL WITH A WRITTEN CONSENT FOR THE NURSE OR OTHER QUALIFIED SCHOOL PERSONNEL TO ADMINISTER. WE MUST RECEIVE WRITTEN CONSENT PRIOR TO ADMINISTERING ANY MEDICATION.