

Dakota Jr. Sr. High School District #201 - School Year 2011-2012
Emergency Information Student Handbook/Discipline Athletic Permission Form School Reach
Student Email Account

Student Last Name First Middle Grade Entering

Residential Address City/State/Zip Home Phone
*I certify that this address is our **primary residence**. If there is a change of address, documentation needs to be given to the school district when move takes place.*

Student resides at this address with whom: (CIRCLE) Mother / Father / Step-Mother / Step-Father / Guardian
Do both parents live within District #201? Yes ___ No ___

Father's Name Father's Cell No

Father's Address Father's Email

Father's Place of Employment Work Hours Father's Work No

Mother's Name Mother's Cell No

Mother's Address Mother's Email

Mother's Place of Employment Work Hours Mother's Work No

1-Emergency Contact Name (Other than Mother/Father/Guardian) Relationship Phone Number

2-Emergency Contact Name (Other than Mother/Father/Guardian) Relationship Phone Number

Emergency Medical Information Family Doctor: _____ Dr Phone: _____

If I cannot be reached and if in the judgment of school authorities immediate medical attention is indicated, I authorize responsible school personnel permission for emergency medical treatment or to send my child to an available doctor or hospital

Parent Signature Date

Hospital/Doctor Preference: _____
List any medical history or condition that may be helpful to a physician in treating your child, such as allergies, etc.

Student Handbook and Discipline Code Sign Off: I am familiar with and have received and read the 2011-2012 Dakota Student Handbook and Athletic Handbook, which summarizes rules and regulations regarding school policies, athletic eligibility and the high school athletics training policies.

Parent / Guardian Signature

Date

Student / Athlete Signature

Date

Athletic Permission to Participate: I hereby give (Student's Name) _____ my consent to participate in all sports unless otherwise noted here: _____. Furthermore, it is my understanding that an annual physician's report must be on file at the high school. I grant Monroe Clinic athletic trainer to assess and/or treat injuries.

Parent / Guardian Signature

Date

Student / Athlete Signature

Date

Athletic Participation Insurance Waiver: Dakota School District #201 Board Policy requires all athletes to carry either school insurance or requires parents to certify that their son or daughter is covered for athletic participation by their family insurance.

This is to certify that said athlete: _____ has my permission to participate in all types of athletics and desire to have waived the administrative regulations requiring school insurance before participation is permitted.

This also is to certify that I _____, parent or guardian, of the above named person will assume the financial responsibility that may be covered by said present school insurance, as approved by the Board of Education, Community Unit District #201, Dakota, Illinois.

Signed _____
Parent or Guardian

Insurance Company

Insured Parent

Policy Number

School Reach: *Telephone Broadcast System is to notify all parents by phone within minutes of an emergency or unplanned event that causes early dismissal, school cancellation or late start. This call could come in early morning or evening or sometimes during school hours.*

Parent Contact Information (One Number only): _____

If this is a cell number or a work number, please make sure that the call is able to go through so that you can be notified. If this number changes, you will have to notify the district so that we can make the change on our system.

Student Email Account Consent:

With the increasing use of technology as an instructional tool, students often need a Google email (called gmail) account. Students will be directed to create an account without any personally identifiable information.

This certifies that I give my son/daughter permission to create a gmail account for educational purposes.

Signature of parent

/ guardian

Date