

Registration Vs Verification: What's the Difference?

1. Registration is an on-going process throughout the year but must be done prior to verification.
2. Registration can now be completed through **Online Registration System (OLR)**. If you have not had a chance to complete this step please do so.

<https://muscogee.k12.ga.us/c/Divisions/StudentServices/StudentRegistration/OnlineRegistration>

- Write down your application number. _____ It is the second thing you see after you start your application.
2. Verification happens during specific time frames prior to the start of each school year.
 3. Verification occurs at the student's assigned school and includes school specific forms, schedules, instructional material, etc.

WHAT YOU NEED TO COMPLETE ONLINE REGISTRATION

CURRENT STUDENTS

1. A lease showing occupants and your signature, mortgage or property tax
2. A current utility bill stating name and service address or a letter of service
 - We only accept cable, gas, power or water

****If you are living with someone, that person must come with you to the district office or the school your child is zoned to attend. You must bring the following with you to expedite the process.**

- Both parties must have their id. The person that owns or rents the property their id must match their address. The person who is living with that person has 30 days to change their id to match the address that they have the affidavit at.
- The person that owns or rents the property has to present a mortgage, lease or property tax document
- In addition the person that owns or rents the property has to present a current utility or letter of service.
 - We only accept cable, gas, power or water

NEW TO THE DISTRICT

1. All of the above.
2. Student's **Birth Certificate**
3. Student's **Social Security Card**
4. **Parent id**
5. **GA Immunization Form (3231)** or waiver form giving more time to get the 3231 from the health department or your pediatrician.
6. **GA Eye, Ear and Dental Form (3300)** or waiver from fiving more time to get the 3300 from the health department or your pediatrician.
7. If your child is a 1st – 5th grade student then we need a withdrawal form or last report card from the previous school.

For assistance with new student registration: Contact Central Registration, centralregistration@muscogee.k12.ga.us, 706-748-2271. In person assistance is available by appointment at the Public Education Center on 2960 Macon Road.

IMPORTANT: All visitors must wear face masks/coverings and observe six feet distance between individuals at all times upon entering any District sites.

La forma esta disponible en Espanol – Por
favor preguntale al Principal de su Escuela.



Muscookee County School District – Student Enrollment Form

School Name: _____

School Year: **2020-2021**

Grade: _____

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____ Preferred Name _____
Gender: _____ Male _____ Female Birth Date: ____/____/____ Social Security Number: _____

ENROLLING ADULT INFORMATION (Parent/Guardian 1) (The enrolling adult must sign at the bottom of this form in order to complete enrollment).
NOTE: The student must reside primarily with the enrolling adult.

Name of Enrolling Adult: _____¹ Relationship to Student: _____
Last First Middle

Parent Status: _____ Married _____ Separated _____ Divorced _____ Single

What is the primary language of the enrolling adult?: _____

Residential Address: _____ City _____ State _____ Zip _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Occupation/Employer: _____ Email: _____

Do you: _____ Own your home _____ Rent your home or _____²Share a residence with another family

Is a parent/guardian on active duty military? _____ Yes _____ No Is a parent/guardian a civilian employed at Ft. Benning? _____ Yes _____ No

ADDITIONAL STUDENT INFORMATION

Ethnicity: Hispanic/Latino _____ Yes _____ No *In the next line, check all options that apply.*

Race: _____ White _____ Black/African-American _____ Asian _____ American Indian/Alaska Native _____ Native Hawaiian/Other Pacific Islander _____ Multiracial

If Not Born in the USA: Country of Birth _____ Date First Enrolled in School in the USA (DD/MM/YYYY) _____

School Last Attended: _____ City _____ State _____

Has student ever attended a Columbus school? _____ Yes _____ No If yes, give year and name of school. _____

³Has student ever attended public school in another district? _____ Yes _____ No If yes, give year and name of school. _____

Has student ever been served by a Special Ed. program? _____ Yes _____ No Gifted Education? _____ Yes _____ No

Does the student have a current IEP? _____ Yes _____ No Is the student on a 504 Plan? _____ Yes _____ No

English for Speakers of Other Languages (ESOL)? _____ Yes _____ No Speech Therapy at School? _____ Yes _____ No

Has the child moved within the past 36 months across state or school district lines to enable the child, the child's guardian, or member of the child's family to obtain temporary or seasonal employment in an agricultural or fishing activity? _____ Yes _____ No

HOME LANGUAGE SURVEY (Required prior to enrollment – State Board of Education Rule 160-4-5-.02)

What language(s) did the student first learn to speak? _____

What language(s) does the student speak at home? _____ What language(s) does the student speak most often? _____

TRANSPORTATION

Morning: _____ Car Rider _____ Student Driver _____ Before School Program _____ Walker _____ Bus Rider (Bus # _____)

Afternoon: _____ Car Rider _____ Student Driver _____ After School Program _____ Walker _____ Bus Rider (Bus # _____)

Name of Day Care: _____ Phone #: _____

¹ If not the parent/legal guardian, Non-Parental Affidavit of Residency must be completed. (State Board of Education Rule 160-5-1-.28)

² Affidavit of Residency may be required for proof of residency (State Board of Education Rule 160-5-1-.28)

³ Release of Records form may be required.

Student Name: _____

Grade: _____

SIBLING INFORMATION (Brothers and sisters 18 years of age or under)

Name _____ Birthdate (MM/DD/YYYY) _____ School Attending/Reason If Not in School _____

Name _____ Birthdate (MM/DD/YYYY) _____ School Attending/Reason If Not in School _____

Name _____ Birthdate (MM/DD/YYYY) _____ School Attending/Reason If Not in School _____

STUDENT HEALTH RECORD ** THE ATTACHED CLINIC CARD MUST BE COMPLETED ******

Does the student need to take medication at school?: _____ Yes _____ No Medication: _____

Food/Drug or other Allergies?: _____ Yes _____ No Allergies: _____

What medical information does the school need to know about the student?: _____

Student's Physician Name: _____ Phone: _____

In the event of an emergency, the school will have the student transported to the closest doctor or medical facility for treatment. Parents/guardians will assume full responsibility for all charges incurred. Please indicate your preferred hospital (note: the school cannot guarantee transport to this facility):

Martin Army Hospital Doctors Hospital Midtown Medical Center St. Francis Other (Specify.) _____

STUDENT RELEASE INFORMATION

ADDITIONAL PARENT/GUARDIAN (#2) _____ Relationship to Student: _____
Last First Middle

Address (if different from Parent/Guardian #1): _____
Street City State Zip

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Occupation/Employer: _____ Email: _____

Parent/Guardian #2 is authorized to pick up the student from school and may be called in case of emergency if enrolling adult cannot be reached?:

_____ YES _____ NO

STUDENT MAY BE CHECKED OUT BY THE FOLLOWING ADDITIONAL PEOPLE WITH PROPER STATE/MILITARY ISSUED I.D. ****Please indicate individuals other than enrolling adult****

Name: _____ Cell Phone: _____ Work Phone: _____ Relationship _____

Name: _____ Cell Phone: _____ Work Phone: _____ Relationship _____

EMERGENCY CONTACT **Please indicate an individual other than parents/guardians******

Name _____ Cell or Home Phone: _____ Work Phone: _____ Relationship _____

Signature of Parent/Legal Guardian
(Enrolling Adult)

Date Submitted

ONLY THE ENROLLING ADULT DESIGNATED ON THIS DOCUMENT IS AUTHORIZED TO WITHDRAW THE STUDENT.

Office Use Only

SCHOOL YEAR 2020-2021

____ SS# _____ Birth Certificate
____ Immunization _____ Proof of Residency
____ EED _____ Clinic Card



**ACKNOWLEDGMENT OF RECEIPT OF
MCSD STUDENT HANDBOOK & CODE OF CONDUCT**

The undersigned student (where appropriate) and parent hereby acknowledge receipt of the Muscogee County School District Handbook and **Code of Conduct ("Handbook") for the 2020-2021 school year.** We have received, read, and discussed the requirements of the Handbook, including but not limited to: the code of conduct; disciplinary procedures; responsible use of devices and internet-based educational solutions as outlined in the Student Handbook and relevant MCSD Board Policy language, and the requirements of and penalties for violation of Georgia's compulsory attendance law, and we agree to fully abide by the same.

Signature of Parent

Date

Printed Name of Student

Signature of Student

Date

School: _____

Grade: _____

Home Room Teacher/Advisor: _____

***** Please complete and return within 5 days of receipt of the Handbook. *****

The Muscogee County School District supports the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act and does not tolerate discrimination in any form.



Behavior Contract

Student – Parent – School

2020 – 2021

Administrators, please have each student review the Muscogee County School District Behavior Code and Discipline Policy Handbook, sign, and return this form to be maintained by the school. Students, please place your initials by each statement and sign at the bottom. Parents please review the statements with your child and sign. Your signature indicates that you and your child/ren have read, reviewed, and understand the School District Behavior Code and Discipline Policy and all School Board policies contained therein.

Board policies are available at www.muscogee.k12.ga.us

_____ I have received, read, and understand the Muscogee County School District Behavior Code and Discipline Policy Handbook.

_____ I will not disrupt or interfere with the day-to-day operations of the school.

_____ I will not damage or attempt to cause damage to school property.

_____ I will not bully others or verbally or physically harm any student, or employee.

_____ I will not have a weapon or anything that could be considered a weapon on school property, on the school bus, on the way to school, or at a school function or event.

_____ I will not sell, possess, or be under the influence of alcohol, tobacco products, or illegal substances while on school property, on the way to school, or at a school function or event.

_____ I will comply with all directions and commands given by any authorized school personnel.

_____ I will take pride in my appearance by maintaining the MCSD dress code.

_____ I will attend all classes and not leave the school without permission.

_____ I will not demonstrate gang signs, nor will I draw or wear gang insignia.

_____ While at school or any school function, I will not participate in any inappropriate sexual behavior verbally, written, or physically.

Student Signature

Date

Parent Signature

Date



Parent & Student Notification Agreement
The Compulsory Attendance Law O.C.G.A §20-2-690.1

The Compulsory Attendance Law O.C.G.A. §20-2-690.1 continues to be in effect for the current academic year, which pertains to every school district in Georgia. The Compulsory Attendance Law states “children between their sixth and sixteenth birthday shall enroll and attend a public school, a private school, or a home study program”. If a child is under 6 years of age and has attended more than 20 days in a public school, he/she is then subject to this law. The law also provides “penalties for parent(s), guardian(s), or other person residing in Georgia who are in violation of O.C.G.A §20-2-690.1; which are imposed at the discretion of the court having jurisdiction”. Each day's violation of this law, after the School District has notified the parent, guardian, or other person in charge of a child having five unexcused absences from school, shall constitute a separate offense subjecting the person notified to the following measures:

- Fine of not less than \$25 and not greater than \$100
- Imprisonment not to exceed 30 days
- Community service
- Any combination of the above penalties

Elementary and middle school students may only miss **15** days per year before possible retention. High school students may miss only seven (**7**) days per semester to prevent loss of credits. Parents are required to provide proof of excused absences **within three days after the absence occurred**. Handwritten notes from parent(s), a doctor's excuse, or a copy of a court order are a few examples of acceptable proof of absences. Schools may require additional verification for those students who have established a pattern of excessive absences.

The Muscogee County School District is required to obtain signatures from parents and students (who are ten years-old by September 1) as acknowledgment of receipt of the **Parent & Student Notification Agreement** and of the possible consequences due to non-compliance.

Thank you for your cooperation in acknowledging receipt of this agreement and the consequences in the event of any violation of the Compulsory Attendance Law. Please return this to your school's administration.

School Name: _____

Student Name (please print) _____ Date: _____

Parent/Guardian Signature: _____

Student Signature: _____

Student's Age as of September 1, (2020): _____



Parent's Right To Know

Parents may request the following information about his/her student's teacher:

- Whether the teacher has met Georgia qualifications as licensing criteria for the grade level and subject matter he/she teaches.
- Whether the teacher is teaching under emergency or other provisional status through which Georgia requirements have been waived.
- The teacher's college major, whether the teacher has an advanced degree, and, if so, the subject of the degree.
- Whether any teachers' aides or similar paraprofessionals provide services to the child and, if so, their qualifications.

Point of contact: Federal Programs Office (706)748-2138

School: _____

Parent/Guardian Signature: _____

Date: _____

*Principals: Federal regulations require the collection of this document from each of your parents. Please send a sampling (25 copies) to Federal Programs, Muscogee Public Education Center.



Muscogee County School District
Parental Opt-Out of Club Participation/Event Activities

Student Name _____

School _____

I hereby acknowledge receipt of information regarding student clubs/event activities that are scheduled to be operational at the school during the current school year. I understand that if a club and/or event for which information has not been provided is started after this information is distributed, I will be provided with the information at that time and my written permission will be required prior to my student's participation.

I wish to withhold permission for my child to participate in the student club(s)/event(s) listed below:

1. _____
2. _____
3. _____

I wish to withhold permission for my child to participate in ALL clubs and/or events:

_____ YES

_____ NO

Parent/Guardian Name _____
(Please print)

Parent/Guardian Signature:

Date:

**PARENT AND STUDENT NOTIFICATION
BAD CHECKS**

The Muscogee County School District has a contract with CHECKredi to collect checks that are returned unpaid.

In the event a check is returned marked Account Closed, Fraudulent, Stop Payment, or NSF Item, CHECKredi will contact the check writer and make arrangements for recovery of the funds in addition to a \$35.00 fee.

For additional information, call CHECKredi at (877) 524-7334 or visit the CHECKredi website at www.checkredi.com.

School: _____

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____

School District: _____

Date: _____

Parent Occupational Survey

Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? ☐ Yes ☐ No
- Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? ☐ Yes ☐ No

If you answer "yes", check all that applies:

- ☐ 1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- ☐ 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- ☐ 3) Processing/Packing agricultural products
- ☐ 4) Dairy/Poultry/Livestock
- ☐ 5) Packing/Processing meats (beef, poultry, or seafood)
- ☐ 6) Commercial fishing or fish farms
- ☐ 7) Other (Please specify occupation): _____

Names of Parent(s) or Legal Guardian(s) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Thank You! Please return this form to the school

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, 201 West Lee Street, Brooklet, GA 30415
Toll Free (800) 621-5217 Fax (912) 842-5440

GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637
Toll Free (866) 505-3182 Fax (229) 546-3251

Family Contacted/Attempt Date: _____

Sent to Regional Office on: _____

1854 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • www.gadoe.org

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



Distrito Escolar: _____

Fecha: _____

Encuesta Ocupacional para Padres

Favor de completar este formulario para ayudarnos a determinar si su(s) hijo(s) califica(n) para recibir servicios suplementarios de parte del Programa de Título I, Parte C

Nombre del/los Estudiante(s)	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? ☐ Sí ☐ No
2. ¿Alguien en su casa trabaja o ha trabajado en una de las siguientes ocupaciones de forma permanente o temporaria en los últimos tres años? ☐ Sí ☐ No

Si la respuesta es "sí", marque todo trabajo que aplique:

- ☐ 1. Sembrando/Cosechando vegetales (tomates, calabazas, cebollas, etc.) o frutas (uvas, fresas, arándanos, etc.)
- ☐ 2. Sembrando, cortando, procesando árboles, o juntando paja de pino (*pine straw*)
- ☐ 3. Procesando/Empacando productos agrícolas
- ☐ 4. Trabajo en lechería, polleras o ganadería
- ☐ 5. Empacando/Procesando carnes (res, pollo, o mariscos)
- ☐ 6. Trabajos relacionados con la pesca (pesca comercial, o criadero de pescados)
- ☐ 7. Otra actividad. Por favor especifique en cuál: _____

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: _____

¡Muchas Gracias! Por favor regrese éste formulario a la escuela

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

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Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



SCHOOL COUNSELING and SCHOOL SOCIAL WORK SERVICES
Safe and Drug-Free Schools

PARENTAL PERMISSION FORM

In order to provide the most effective prevention resources and/or activities for your child, Safe and Drug-Free Schools collect survey information from students at various grade levels during the school year. The surveys are anonymous, voluntary and ask for responses that pertain to student involvement in substance abuse/use, bully prevention, nutrition, mental health, suicide prevention, child abused prevention, college and career readiness, and school climate. Students and/or parents have the right to opt-out.

The data collected is to identify critical areas of need for our Safe and Drug-Free Schools efforts. Survey analysis of these data provides information/data that:

- ~ Assists in the maintenance of a school environment that is free of drugs and violence.
- ~ Drives School Counseling Core curriculum for grades PreK-12 (e.g. *Child/Teen Lures Prevention Program*, Character Education, Social-Emotional Learning, Soft Skills Development, etc.)
- ~ Promotes a classroom atmosphere that allows teachers to teach and students to learn.
- ~ Develops and offers experiences that involve students in applying the concepts of making healthy decisions, accepting responsibility for behaviors, and understanding consequences.

Safe and Drug-Free and School Counseling Core curriculum and activities are based on following domains:

- ~ Academic Development
- ~ Career Development
- ~ Social/Emotional Development
- ~ Mindsets and Behavior for Student Success

Please check one:

- ☐ I give permission for my child to participate in these important School Counseling and Safe and Drug-Free Schools' curriculum instruction, activities and surveys.
- ☐ I DO NOT give permission for my child to participate in School Counseling and Safe and Drug-Free Schools' curriculum instruction, activities and surveys.

Please sign and return this form to your child's school.

SCHOOL: _____

STUDENT NAME: _____ **GRADE:** _____

Parent/Guardian Signature

Date

Thank you for your participation.



539 Brown Avenue
Columbus, GA 31906
(706) 748-3113/6983

SPECIAL NEEDS TRANSPORTATION

STUDENT INFORMATION FORM

PHOTO
HERE

Dear Parent,

Please complete this form in its entirety, front and back, and give to our bus staff prior to your child receiving bus transportation. This form contains emergency contact and medical information that is mandatory to be present on the bus with your child. Please know, this information will be treated as highly confidential and extreme measures will be taken to protect your child's privacy. Your child's safety and welfare is of utmost importance to us. Thank you, and we look forward to a great school year.

STUDENT'S NAME _____ DATE OF BIRTH _____

ASSIGNED SCHOOL _____ ASSIGNED PROGRAM _____

HOME ADDRESS _____ PHONE # _____

PARENT / GUARDIAN NAME _____

MOTHER'S WORK # _____ FATHER'S WORK # _____

A.M. PICK UP (If other than home address) _____

CONTACT PERSON _____ CONTACT PHONE # _____

P.M. DROP OFF (If other than home address) _____

CONTACT PERSON _____ CONTACT PHONE # _____

EMERGENCY CONTACTS

(1) NAME _____ PHONE # _____

(2) NAME _____ PHONE # _____

PERSONS OTHER THAN PARENT/GUARDIAN ALLOWED TO RECEIVE STUDENT FROM BUS AT DROP OFF, IF PARENT/GUARDIAN IS UNAVAILABLE

*** BUS STAFF WILL ASK FOR I.D. FROM INDIVIDUALS TO CONFIRM IDENTITY BEFORE RELEASING STUDENT TO THEM.

(1) _____ (2) _____

(3) _____ (4) _____

EMERGENCY MEDICAL INFORMATION

Student's Name _____ Date _____

Hospital Preference _____

Any Existing Medical Conditions _____

Allergies _____

Current Medication(s) Dosage(s) _____

Special Instructions for Attending Physician _____

CHECK ALL THAT ARE APPLICABLE

☐ Verbal ☐ Non Verbal ☐ Walk-On ☐ Wheelchair ☐ Epileptic

☐ Diabetic ☐ Hemophiliac ☐ Visually Impaired ☐ Medically Fragile

☐ Other _____

SPECIAL BUS EQUIPMENT

☐ Safety Vest ☐ Car Seat ☐ Lap Belt ☐ Other _____

SPECIAL INSTRUCTIONS FOR MANAGING STUDENT _____

EMERGENCY EVACUATION DRILLS (Conducted twice a year in school bus loop)

I give my child my permission to participate in bus evacuation drills Yes _____ No _____

Signature Parent/Guardian _____ Date _____

Special Dietary Needs Prescription Form

This form **must be fully completed and signed by a licensed physician** for a child with a disability, and by the recognized medical authority for a child with a medical/dietary needs in order for a student to receive modifications or substitutions to the regular school meals.

Date: _____

Student Name: _____

Student Number: _____

Date of Birth: _____ Grade: _____

School: _____

Diagnosis(es): _____

ICD-9 code(s): _____

Parent/Guardian: _____

Phone Number: _____

Describe the Student's: ☐ Disability ☐ Medical Condition that requires the student to have a special diet **and** the major life activity affected by the student's disability or condition:

History of anaphylaxis reaction due to severe food allergy: ☐ Yes ☐ No

(If yes, please provide documentation)

Does your child use an EPI pen? ☐ Yes ☐ No

History of allergy testing to indicate food allergy: ☐ Yes ☐ No Date: _____

List food(s) to be omitted from the diet **and** food(s) that may be substituted:

Registered Dietitian consulting with the patient:

Name: _____

Phone Number: _____

Physician's Signature: _____

Phone Number: _____

Physician's Name: _____

Fax Number: _____

Please complete and return as soon as possible.

To be completed by office:

Clinic Worker/RN contacted: ☐ Yes ☐ No

School cafeteria Manager contacted: ☐ Yes ☐ No

POS system updated: ☐ Yes ☐ No

This institution is an equal opportunity provider.



Consent Form: Media relations and use of student images/audio/video

The District is approached by various media outlets and other outside organizations seeking to interview, record, or photograph students for non-advertising purposes. These requests must be made to and approved by the Director of Communications and/or designee. Once a student's photograph, video image, audio clip, quote, or other potentially identifying information is published by a media outlet or external organization, it can be accessed by individuals or groups that are not related to the District and that cannot be controlled by the District. The District will not authorize a media outlet to ask a student for personally identifying information such as their full name, parents' names, addresses, telephone numbers, or the like.

The District Communications Office maintains several social media platforms and manages the creation of online content; in doing so, the Communications Office often uses photographs and videos (with and without audio) that contain student images and student audio in the creation of content that is then published to these sites.

Please print: by signing below, I hereby grant permission to the District to allow the student named below to be interviewed, photographed, or recorded by the District or by media as outlined above.

Student's First Name: _____ Student's Last Name: _____

Parent's Signature: _____ Date: _____

Parent's First Name: _____ Parent's Last Name: _____

Student's Signature (*if 18 years of age or older*): _____

Permission to Display Student Work

My signature below indicates that I am providing non-exclusive rights to the District to publicly display and/or use work, art, or other materials created at school by the student named above in its print or electronic media. I understand that I can revoke this consent in writing by providing said written revocation to the Principal or building leader and that my revocation will be effective upon receipt.

Parent's Signature: _____ Date: _____

Parent's First Name: _____ Parent's Last Name: _____

Student's Signature (*if 18 years of age or older*): _____



Student Health Record

School: _____ Year: _____

Student's Name: _____ D.O.B. ____ / ____ / ____

Last

First

Middle

Grade: _____ Teacher: _____ Sex (Check One): Male ☐ Female ☐

Race / Ethnicity (Check One):

☐ Black / African American ☐ White ☐ Hispanic ☐ American Indian ☐ Multi-Racial ☐ Other

Student Address: _____ Zip Code: _____

Mother / Legal Guardian: _____ Home Phone: _____ Work Phone: _____

Father / Legal Guardian: _____ Home Phone: _____ Work Phone: _____

Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Special Health Issues (Please check all that apply and explain below):

☐ ADD / ADHD ☐ Drug Allergy (Name of Drug): _____ ☐ Prosthesis

☐ Asthma ☐ Food Allergy (Name of Food): _____ ☐ Glasses

☐ Diabetes ☐ Insect Sting Allergy (Type of Insect): _____ ☐ Braces

☐ Epilepsy (Seizures) ☐ Heart Condition (Type): _____ ☐ Hearing Aid

Please explain any/all medical conditions, surgeries or problems that your child has had that may or may not present a problem while at school:

List any medication that your student is currently taking:

Reason for medication:

Is there a medical reason that prohibits your student's participation in physical education?

☐ Yes ☐ No

If yes, please supply a doctor's statement for school files.

Additional Medical Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Physician's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

We will continue to work with parents of medically fragile students to create/comply with Health Care Plans. Parents whose children may need a health care plan for the first time this year due to COVID-19 should contact the Administrator immediately so that it can be created.

For COVID-19 resources, please refer to MCSD home page or

<http://sites.muscogee.k12.ga.us/covid-19/>

The Registered nurse or clinic worker will contact your child's physician regarding child's health care needs if necessary.

In the event of an emergency, a representative of the school will contact the family doctor if the parent or legal guardian cannot be reached.

In the event of an emergency, the school will contact an ambulance to transport your student to the hospital.

The following information is optional. It is being asked in order to provide you with health insurance information:

Does your child have health insurance coverage (Ex.: Medicaid, Peachcare, Tri-Care, Blue Cross, etc.)?

☐ Yes ☐ No

Parent / Guardian Signature

Date

Notes:



**Muscogee County School District
Columbus, Georgia
Student Health Services**

Dear Parent or Guardian:

Student Health Services is proud to be a part of the team effort that supports student success in Muscogee County. We are a team of a Lead Nurse, 9 Registered Nurses, 7 Licensed Practical Nurses and 54 Clinic Workers who work diligently to ensure your child remains healthy while at school. The RNs and LPNs travel throughout the school district to support students. School Clinic Workers are available 4 hours per day in your child's school to provide first aid, administer daily medications and emergency medications, and provide assistance during an acute illness. As your child's school nurse works with you this year, we need your assistance and cooperation in preparing for the possibility that your student might need to take medication, become ill, or have an injury during school hours.

School Medication Administration

The Muscogee County School District's medication administration policy (JGCD) is available on the MCSD website for your review. Important points to remember:

- The parent or legal guardian must complete and sign the Medication Administration Authorization form for ALL medications given at school. This applies to both prescription and over-the-counter medications. A new form is required each school year, and whenever there is a change in the student's medication (dosage, timing, etc.).
- A parent or legal guardian must bring all medication to the school clinic.
- All medication (prescription and over-the-counter) must be in their original containers, with unexpired dates and labeled in English. Prescription medications must be clearly labeled with the physician's name, medication's name, strength, dosage, time for administration and dispensing pharmacy. Over-the-counter medications must be provided in the original unopened containers.
- If your student has a life-threatening condition (i.e. asthma, diabetes, or severe allergy), permission may be granted to the student to carry medication on his/her person. Your health care provider's signature is required on the Permission to Carry Prescription Medication form.
- If medication can be provided BEFORE school, while the student is at home, then please do so. School clinics are staffed 4 hours per day and morning medications cannot be safely given prior to clinic worker arrival.
 - Medications should be given at home whenever possible.
 - Once a day medications should be given at home, before school.
 - If medication must be taken with food it should be given at home.
 - If medication is twice a day, both doses should be given at home (before and after school), unless specified differently on the prescription.
 - If medication is three times a day, all three doses should be given at home (before school, after school, and before bed), unless specified differently on the prescription.
- All students with medication administered during school hours, and those with emergency medication, must have a Student Health Care Plan signed by a physician and on file in the school clinic.

- School clinics are not stocked with medication. Any and all medication, to include antibiotic ointment, anti-itch lotion, cough drops, acetaminophen, ibuprofen, and antacids must be provided by the parent/guardian.

Student Illness and Injury

- The main reasons for keeping your student home from school are he/she is too sick to participate comfortably at school or might spread a contagious disease to other students. If your student has been diagnosed with a contagious disease, please contact the school principal and school clinic immediately.
- Your child will be sent home from school for fever of 100 degrees or greater; vomiting; diarrhea; drainage from a wound, eyes, rash or nose; head lice/nits; scabies; or unexplained rash.
- Your student may not return to school until they have been fever-free and symptom-free for 24 hours **without** the use of medication.
- Whenever there is a doubt about whether or not your child should attend school, please contact your physician.
- Students who become ill at school must be picked-up in a timely manner. Please ensure the school office and school clinic have working telephone numbers for you and an emergency contact. Always answer the phone when your child's school calls; they may be reaching you to inform you of an emergency.
- Ill students not picked up from school in a timely manner may result in a referral to the Department of Children and Family Services (DFACS).

Chronic Illnesses and Conditions

- If your child has a chronic illness or other health condition (i.e. asthma, diabetes, migraine headaches, seizures, sickle cell, or severe allergy, etc.) which may require medication or special care during school hours a Student Health Care Plan is required.
 - The Student Health Care Plan requires a physician's signature to be valid, and a new plan is required each school year.
- Any student returning to school following surgery or a hospitalization must present a physician's release to return to school. The release to return to school must include any instructions for care during the school day (i.e. activity restriction, use of crutches, etc.).
- If your child requires a procedure to be performed during the school day (i.e. catheterization, diaper change, tube feeding, trach care, etc.) a physician's order is required, as well as a completed Student Health Care Plan and Authorization for Administration of Health Procedure form. The parent/guardian of the student is required to provide training to all staff who will be performing the procedure.

Working together, we can promote the health and well-being of your student and ensure they obtain the maximum educational benefit while at school.

Sincerely,

Jeannie Polhamus, RN
Lead Nurse
Muscogee County School District

May 2020