



**SIBLING INFORMATION**

Full Name	Birth Date	Gender (circle)	Grade (circle)
_____	__/__/__	M or F	infant                      toddler                      preschooler LL ECBP K 1 2 3 4 5 6 7 8 9 10 11 12
_____	__/__/__	M or F	infant                      toddler                      preschooler LL ECBP K 1 2 3 4 5 6 7 8 9 10 11 12
_____	__/__/__	M or F	infant                      toddler                      preschooler LL ECBP K 1 2 3 4 5 6 7 8 9 10 11 12

**HEALTH**

Please indicate any medical conditions with a checkmark.

Allergies: _____	Asthma: _____	Heart Condition: _____	Vision/hearing: _____
ADD/ADHD: _____	Diabetes: _____	Seizure: _____	Other: _____
No health concerns: _____			

Explanation: \_\_\_\_\_

Medications: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_ Dentist: \_\_\_\_\_

\_\_\_\_\_ Dentist Phone: \_\_\_\_\_

**AUTHORIZATIONS**

**MEDICAL TREATMENT**

In the event my child is in need of medical attention and persons authorized by me cannot be reached, I authorize school officials to administer minor first aid or take emergency action at parent/guardian expense.  YES     NO

**FIELD TRIPS**

I give this one time permission for my student to participate in all school field trips this year.  YES     NO

**EXHIBITS**

I give permission for my student's writings and artwork to be exhibited out in the community, including the school website. The student will also be identified by name.  YES     NO

**STUDENT DIRECTORY**

I give permission for information about my student to be included in the student directory.  YES     NO

If you checked NO, please circle all information to be excluded:

Exclude this info:    Student Name                      Address                      Phone

*Note: Excluding student name means your student's name will not appear in programs, on sports rosters or distributed class lists such as but not limited to classroom party lists.*

**NOTIFICATIONS (effective July 1, 2015):**

**Use of Student Photographs, Videos, & Likenesses**

In the Linn-Mar Community School District, photographs, videos, or likenesses may be released without written consent unless qualified objectors comply with the following procedure. If any parent or guardian objects to the use of their student's photographs, videos, or likeness, they should contact their building principal in writing by September 15 of each school year (or within two weeks of the student's enrollment should it occur after this date).

**Student Internet Access**

In the Linn-Mar Community School District, students will have access to the Internet at school for educational purposes without written consent unless qualified objectors comply with the following procedure. If any parent or guardian objects to their student having access to the Internet at school for educational purposes, they should contact their building principal in writing by September 15 of each school year (or within two weeks of the student's enrollment should it occur after this date).

**Student Online Accounts**

In the Linn-Mar Community School District, students will be assigned a Microsoft Office 365 Student Account and/or Google Apps Education Account that includes email and other Office 365/Google services without written consent unless qualified objectors comply with the following procedure. If any parent or guardian objects to their student having access to a Microsoft Office 365 / Student Google Apps Education Edition and related accounts, they should contact their building principal in writing by September 15 of each school year (or within two weeks of the student's enrollment should it occur after this date).

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_