



HEALTH INFORMATION - 2009 - 2010 (all students)

This information will be reviewed and maintained in confidential manner by the School Nurse assigned to your student's school.

STUDENT NAME: _____ BIRTH DATE: _____

SCHOOL: _____ GRADE / TRACK: _____

EARLY CHILDHOOD HEALTH HISTORY (check all that apply)

- Checkboxes for: Mother was ill during pregnancy, Child had trouble starting to breath at birth, Child was born early, Child was unable to leave the hospital with the mother, Child's birth weight was less than 5 pounds, Child developed a same rate as other children of same age

Comments:

HAS YOUR STUDENT EVER EXPERIENCED OR IS YOUR STUDENT CURRENTLY EXPERIENCING ANY OF THE FOLLOWING?

Table with 2 columns: Condition (check the ones that apply) and Comments. Lists various medical conditions like Allergies, Asthma, Autism, ADD, ADHD, Diabetes, etc.

MEDICATIONS

- List any illness, hospitalization, surgery, accidents your student had in the past year. _____



Douglas County School District

- List any emotional, social or other conditions that might affect your student’s school performance. _____
- Approximate number of days student has been absent from school last year: _____
Reason for absence: _____
- Are there any restrictions of activity or physical limitations? **No** **Yes**
If yes, please explain: _____
- Is your student **currently** taking any medications, including over-the-counter? **No** **Yes**
If yes, provide medications/ dosage/frequency and any side effects your student experiences. _____
- **Please keep in mind that your student will need a Medication Release Form for each medication taken at school.**
- Is your student currently receiving alternative therapies (acupuncture, homeopathic, herbal, biofeedback, etc)? **No** **Yes** If yes, please explain: _____
- **Is there anything else you would like us to know about your student?** _____

Please note: Health information will be shared with school personnel to provide for the health and safety of your student. By signing below, you indicate your agreement with sharing this information.

Parent/Guardian Signature _____ **Date** _____

Parent Information and Acknowledgement Form
Student Rights and Responsibilities
Code of Conduct and Discipline

A review of district policies and procedures is important to both you and your child. In this document, you will find information necessary to ensure a safe and positive learning environment for all students. Please review and discuss this handbook as a family and make yourself familiar with the policies that help shape our schools.

I/we have read and discussed the Douglas County School District Code of Conduct and Discipline handbook with my child. I/we understand and agree that my child is responsible for compliance with school district policies and will be subject to disciplinary consequences outlined in this handbook.

Student's Name: _____ **Grade:** _____
(Please print)

Student's Signature: _____

Parent/Guardian's Signature: _____

Date: _____

Please sign and return to your student's school.

Student Acceptable Use of District Information Technology Agreement (AUA)

Directions: After carefully reviewing Douglas County School District Policy JICJ and Regulation JICJ-R, *Student Use of Information Technology*, and any other materials that are attached to this Agreement, please read and fill out the appropriate portions of this Agreement and return it to your school. *No student will be permitted to use any District information technology (such as computer access) until this form is properly filled out and turned in.*

Parent or Guardian (If the student is less than 18 years old, then a parent or guardian must read and sign this Agreement)

As the parent or guardian of this student I have read and agree to follow the District's rules regarding appropriate use of its information technology ("IT"). I have discussed these rules with my child and believe he or she understands them. I also recognize that it is impossible for the District to completely control information that is available to students electronically and will not hold the school, the District, or any of its employees responsible for materials my child may acquire through District IT. I understand that neither I nor my child has any expectation of privacy in electronic communications made or received using District IT, and that the District has the right to inspect, retain, and, if appropriate, disclose any information sent or received through its IT system. I understand that this includes materials and records of use that have been "deleted." I also recognize that if my child uses District IT inappropriately, his or her access to such resources may be restricted or revoked, I may be required to reimburse the District for unauthorized charges or costs, and such inappropriate use may result in other disciplinary consequences for my student, up to and including expulsion and/or legal action. With this understanding, and in consideration of the benefits access to District's IT provides, I give permission for my child to use District IT in accordance with District policies and school or class rules.

Student Name (please print)

Date of Birth

School of Attendance and Grade Level

Parent or Guardian Name (please print)

Signature of Parent or Guardian

Date

Student (grade 7 and above)

I have read and agree to follow the District's rules regarding appropriate use of District information technology ("IT"). I have discussed these rules with my parent or guardian, have asked a teacher or other school official any questions I might have about these rules, and understand these rules. Because of the benefits access to District IT provides, I agree to follow these rules and to limit my use of District IT to school-related communications (such as communicating about homework or class projects) and things directly related to further education (such as getting or learning about a job or community-service activities). I understand that if I do not follow the rules, I may lose the privilege of using these resources and may have other disciplinary action taken against me.

Student Name (please print)

Student Signature

Date