

# Perrydale School District #21

## Student Medical Information

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Physical Address \_\_\_\_\_

Sex: M or F      Birth Date \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Doctor(s) Name \_\_\_\_\_ Phone \_\_\_\_\_

My child  does/  does not have health insurance, vision insurance, dental insurance.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Does your child have any allergies to: Food \_\_\_\_, Medication \_\_\_\_, Bees \_\_\_\_, Pollen \_\_\_\_, Dust \_\_\_\_, Other \_\_\_\_

Please list any specific allergies \_\_\_\_\_

My child takes prescription medication at home.    Y    N    please name medication taken \_\_\_\_\_

My child takes prescription medication at school    Y    N    please name medication taken \_\_\_\_\_

My child wears:     eye glasses     contact lenses     hearing aids     other \_\_\_\_

**Check any condition/disease which has the potential to present a life threatening emergency or any condition which has in the past presented a life threatening emergency.**

<input type="checkbox"/> Requires epi-pen at school	<input type="checkbox"/> Emotional/Behavioral problems	<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Severe bee/insect sting reaction	<input type="checkbox"/> Inhaler/Nebulizer at school	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Severe food allergy	<input type="checkbox"/> Gastrostomy	<input type="checkbox"/> Asthma
<input type="checkbox"/> Heart condition	<input type="checkbox"/> Requires catheterization	<input type="checkbox"/> Dialysis
<input type="checkbox"/> Colostomy/Ileostomy	<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Cancer
<input type="checkbox"/> Physical disability/impairment	<input type="checkbox"/> Tracheotomy	

**If any of the above are checked, the student may need to have a medical protocol in place prior to entering school.**

**Check any of the following that your child has now or has had in the past.**

<input type="checkbox"/> Migraines	<input type="checkbox"/> Skin Disorders	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Neck Injuries	<input type="checkbox"/> Gastritis	<input type="checkbox"/> Operations
<input type="checkbox"/> Back Injuries	<input type="checkbox"/> Bowel/toileting problems	<input type="checkbox"/> Ulcers
<input type="checkbox"/> Muscle, Joints or Bone disease	<input type="checkbox"/> Urinary Tract disorder	

Please explain any checked health concerns/ or list any additional health concerns you may have about you child \_\_\_\_\_

Is there any reason your child should not be able to participate in regular school activities including sports, physical education, field trips, and other activities? Yes \_\_\_\_ No \_\_\_\_

If so, please explain \_\_\_\_\_

**I hereby give my permission for my child to receive emergency medical treatment, and information on this document may be available to school and health personnel especially in the event of an emergency**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDIA PERMISSION

Child/Children Name _____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

I give permission for my child's name and/or photograph to be printed in the following publications or releases during the 2023-2024 school year. This release applies to grades **K-12.**

YES	NO	
_____	_____	Yearbook/Annual
_____	_____	School Newspaper or School Programs
_____	_____	Local Newspaper
_____	_____	Perrydale social media
_____	_____	<u>(Juniors &amp; Seniors Only)</u> Access to Student Information by Military or College Recruiters

\_\_\_\_\_  
Signature of Parent/Guardian/Eligible Student

\_\_\_\_\_  
Date

### Non-discrimination Statement:

It is the policy of the Perrydale School District Board of Education and School District that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, religion, national origin, age or disability in any educational programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact the Superintendent/Title IX Coordinator and persons having questions about special needs should contact the Director of Special Programs/Section 504 Coordinator at the Perrydale School District Office, 7445 Perrydale Rd Amity OR 97101 (503) 623-2040 or (503) 835-3184

### Volunteering For Perrydale School

Perrydale School District welcomes parent/guardian involvement. Please designate any of the following areas you can help with and complete the requested information below.

My child's classroom

Library

Other Classrooms

Fundraising

Sports

Other: \_\_\_\_\_

NAME: \_\_\_\_\_ DAYTIME PHONE NUMBER: \_\_\_\_\_

If you would like to receive our newsletter via E-mail please provide your E-mail address:



**Perrydale**  
 SCHOOL DISTRICT  
 7445 Perrydale Rd  
 Amity, OR 97101

503-623-4186 / 503-835-7575  
 Fax: 503-835-0631

## Internet Acceptable Use Policy (AUP)

2023-24

We are pleased to offer the students of Perrydale School, access to the Internet. This access to the Internet is provided for students to conduct research. Access to the Internet is given to students who agree to act in a considerate and responsible manner. Access to the Internet will enable students to explore thousands of libraries, databases and bulletin boards.

While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. We do have a filtering system on our network that blocks out many inappropriate sites, but ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, Perrydale School supports and respects each family's right to decide whether or not to grant permission. Families should be warned that some material accessible via the Internet may contain items that are illegal, inaccurate or potentially offensive to some people. Violations may result in a loss of access as well as other disciplinary or legal action.

Parent permission is required. Access is a privilege-not a right. Access entails responsibility. Within reason, freedom of speech and access to information will be honored. During school, teachers of younger students will guide them toward appropriate materials.

### **User Agreement and Parent Permission Forms:**

As a user of Perrydale School computers, I hereby agree to take the necessary training to utilize the Internet at Perrydale School. I will communicate over the network in a reliable fashion while honoring all relevant laws and restrictions. Students will be made aware of relevant laws and restrictions during training.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

As a parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to access networked Internet computer services. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use, setting and conveying standards for my daughter or son to follow when selecting, sharing or exploring information and media.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**Student Rider Registration Form  
MID COLUMBIA BUS CO., Inc.  
Perrydale School  
District**

School: \_\_\_\_\_ Date \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Students address \_\_\_\_\_

Parents Name \_\_\_\_\_ Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

Day Care Name \_\_\_\_\_ Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

Date you would like transportation to begin \_\_\_\_\_ End \_\_\_\_\_

**Transportation Department Only:**

Pick up: Bus # \_\_\_\_\_ Time \_\_\_\_\_ M TU W TH FR

Drop off: Bus # \_\_\_\_\_ Time \_\_\_\_\_ M TU W TH FR

Bus Stop Address: \_\_\_\_\_

Dear Parent:

Transportation is provided for students who are designated as "transported students" by the School District's Busing Plan and who obey the rules and regulations established by the State of Oregon, the School District & Mid Columbia Bus, Co. Failure to follow the rules and regulations listed below could result in loss of bus riding privileges.

**State of Oregon's Department of Education - Rules Governing Pupils Riding School Buses**

1. PUPILS BEING TRANSPORTED ARE UNDER THE AUTHORITY OF THE BUS DRIVER.
2. FIGHTING AND WRESTLING, OR BOISTEROUS ACTIVITY IS PROHIBITED ON THE BUS.
3. PUPILS SHALL USE THE EMERGENCY DOOR ONLY IN CASE OF EMERGENCY.
4. PUPILS SHALL BE ON TIME FOR THE BUS BOTH MORNING AND EVENING.
5. PUPILS SHALL NOT BRING ANIMALS, FIREARMS, WEAPONS, OR OTHER POTENTIALLY HAZARDOUS MATERIALS ON THE BUS.
6. PUPILS SHALL REMAIN SEATED WHILE THE BUS IS IN MOTION.
7. PUPILS MAY BE ASSIGNED SEATS BY THE BUS DRIVER.
8. WHEN NECESSARY TO CROSS THE ROAD, PUPILS SHALL CROSS IN FRONT OF THE BUS OR AS INSTRUCTED BY THE BUS DRIVER.
9. PUPILS SHALL NOT EXTEND THEIR HANDS, ARMS OR HEADS THROUGH THE BUS WINDOW.
10. PUPILS SHALL HAVE WRITTEN PERMISSION TO LEAVE THE BUS OTHER THAN AT HOME OR SCHOOL.
11. PUPILS SHALL CONVERSE IN NORMAL TONES; LOUD OR VULGAR LANGUAGE IS PROHIBITED.
12. PUPILS SHALL NOT OPEN OR CLOSE WINDOWS WITHOUT PERMISSION OF THE DRIVER.
13. PUPILS SHALL KEEP THE BUS CLEAN, AND MUST REFRAIN FROM DAMAGING IT.
14. PUPILS SHALL BE COURTEOUS TO THE DRIVER, TO FELLOW PUPILS AND PASSERS-BY.
15. PUPILS WHO REFUSE TO OBEY PROMPTLY THE DIRECTIONS OF THE DRIVER OR REFUSE TO OBEY REGULATIONS MAY FORFEIT THEIR PRIVILEGE TO RIDE THE BUS.

For the safety and protection of your student(s), they will be allowed to get off the bus only at their assigned stop or at the school they regularly attend. (This rule can be waived with a signed written request by the parent and approved by the principal or his/her signee.)

While your students are riding our school buses, you may need to connect with them.

**Our dispatch phone number is: 503-623-7245**