

WINCHESTER HIGH SCHOOL / 2017- 2018

Student's name: _____ Grade: _____

HANDBOOK; BUS RULES & EXTRACURRICULAR CODE OF CONDUCT VERIFICATION

- We have received, reviewed, and we agree to abide by the rules stated in the 2017–2018 Winchester High School Student Handbook which includes the bus rules and the Winchester/Bluffs High School Extracurricular Code of Conduct. *A copy of the handbook is on our website (www.winchesterschools.net). You will receive your handbook at registration.*

MILITARY CHILDREN

- This information will help identify Illinois Military Families. Please take a few moments to answer these voluntary questions. Your participation will help schools get US Department of Defense assistance for children struggling with their parent(s)/guardian(s) military deployment.
Does your child(ren)'s parent/guardian serve in the military including National Guard or Reserve? **YES** or **NO**
Is the parent/guardian currently serving on active duty or expect to be deployed this year? **YES** or **NO**
Has the parent/guardian returned from deployment in the last 6 months? **YES** or **NO**

INSURANCE WAIVER

- I request that my child not be required to carry student insurance because of the insurance carried by the parents. We are covered by _____ (Name of Insurance Company) and the policy number is _____. I hereby waive any liability against the Community Unit School District # 1 because of any injury that might occur while participating in any school activity.

PARENTAL WAIVER FOR SCHOOL-PROVIDED TRANSPORTATION

- I release Winchester CUSD #1 and the West Central Cougars Athletic Cooperative from any liabilities due to my decision to allow my child _____ to obtain alternative transportation to and from **West Central Cougar (WCC) Practices**. This alternative transportation may include driving his/her own vehicle, riding with family and/or friends, and riding with other student athletes. I understand that school officials and employees cannot monitor the means of this alternative transportation. I further understand this waiver *does not apply to "away" contests*, as all team members are required to ride in school vehicles to these events.

HEALTH INFORMATION

- List any medications that your child takes on a regular basis, as well as any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems or any chronic conditions, etc.

EXPLANATION: _____

DOCTOR: _____ PHONE: _____

I, the undersigned, do hereby authorize officials of Winchester School District to contact directly the person named above and do authorize the name physician to render such treatment as may be deemed necessary in an emergency, for the health of my child. In the event the physician, contacts given; or parents cannot be contacted, the school's officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of my child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Student Cell Number: _____

MEDIA RELEASE FORM

Bluffs School District

Winchester Community Unit School District #1

(both schools are used for co-op sports)

School Year 2017 - 2018

SCHOOL (circle one)	WHS						WGS				Bluffs			
GRADE (circle one)	P	K	1	2	3	4	5	6	7	8	9	10	11	12

Student's Last Name

First Name

Middle

Please check any publication below which you **WILL NOT ALLOW** your child to appear in. If you allow your child to appear in all of the areas below, don't check anything. A parent signature is required.

_____ School Yearbook

_____ School Newspaper / Newsletter

_____ School Web Page / Name

_____ School Web Page / Picture

_____ Marquee Sign (Winchester CUSD#1)

_____ School Endorsed Webpage/Social Network

_____ Jacksonville and / or Other Regional Newspapers

_____ Regional Television or Radio

_____ College / University classroom videotaping for the purpose of supporting Student Teacher credentials

_____ Classroom teacher videotaping for the purpose of student skills assessment

Should the student named above be in a Co-op sports program with Bluffs School District and Winchester School District, I allow my students picture/name to be used in accordance with Bluffs Schools' website and Winchester Schools' website and other media sources as indicated above.

Parent/Guardian Signature: _____

Winchester School District Student Internet and Computer Use Permission Form

Class/Grade _____

Student Name _____
(please print)

I have read the Internet Use Policy and the Computer Use Policy and am familiar with class Internet Use procedures. I understand and agree that the district may monitor all of my Internet and computer usage on district computers. I agree to abide by these rules and understand that my violation of them will result in appropriate sanctions and/or disciplinary actions.

Home Room Teacher (WGS only) _____

Student Signature _____

Date _____

Parent/Guardian Name _____
(please print)

I have reviewed the attached policies for Internet and computer usage with my student, and I understand and agree that violation of the policies will result in appropriate sanctions and/or disciplinary actions. I also agree that the district may monitor all Internet and computer usage by my student. I give my permission for my student to have access to the Internet and computers at Winchester Community Unit School District No. 1.

Parent/Guardian Signature _____

Date _____

WINCHESTER COMMUNITY UNIT SCHOOL DISTRICT #1

Winchester High School
200 West Cross Street
Winchester, IL 62694
MR. DENNIS VORTMAN, Principal

PERMISSION FOR SCHOOL NURSE/FACULTY TO ADMINISTER OVER THE COUNTER MEDICATION FOR THE 2017-2018 SCHOOL YEAR

Student Name (Print): _____ DOB: _____

Mother/Guardian Name: _____ Phone: _____

Father/Guardian Name: _____ Phone: _____

Allergies & Health Issues: _____

Current Routine Medications & Dosages: _____

I hereby authorize the school nurse (only on days when she is present at my child's school), the School Administration, or Office Personnel, to administer over the counter medication to my child as prescribed by standing orders as indicated below. I understand that if my child visits the nurse multiple times with the same complaint, I will be contacted, and my child will be referred to his/her medical provider for evaluation. If any adverse reaction to medication is noted I will be notified immediately. In case of severe reactions, I give permission for my child to receive emergency care. I hereby release the Board of Education, their agents, and employees from any and all liability that may result from my child taking medication. This permission form is valid for the **2017-2018** school year only.

<u>OVER-THE-COUNTER MEDICATION</u>	<u>CONDITION/SYMPTOMS</u>	<u>DOSAGE AND TIME</u>	<u>POSSIBLE SIDE-EFFECTS</u>	<u>COMMENTS</u>
Antacid (Tums) Chewable Tablets (Calcium Carbonate) <input type="checkbox"/> Yes <input type="checkbox"/> No	For stomach ache or heartburn.	Administer according to the manufacturer's label.	Constipation.	Not to be used in children less than 6 years old.
Advil/Motrin Tablet (Ibuprofen) <input type="checkbox"/> Yes <input type="checkbox"/> No	For relief of body aches and pains, menstrual cramps, or fever.	Administer according to the manufacturer's label.	Upset Stomach.	Alert: Contains no aspirin but should not be given if student has allergy to aspirin; may cause stomach bleeding.
Tylenol (tablets) (Acetaminophen) <input type="checkbox"/> Yes <input type="checkbox"/> No	For relief of minor aches and pains; fever.	Administer according to the manufacturer's label.	None significant if administered per manufacturer's label.	Alert: Students with temperature over 100.4 must be sent home.
Triple Antibiotic Cream (Cream/Ointment) <input type="checkbox"/> Yes <input type="checkbox"/> No	For scratches, burns, scrapes, etc.	Administer according to manufacturer's label.	None significant if administered per manufacturer's label.	None.
Sore Throat / Cough Drops <input type="checkbox"/> Yes <input type="checkbox"/> No	For sore throat or cough.	Administer according to manufacturer's label.	None significant if administered per manufacturer's label.	None.

Physician's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____



IHSA Sports Medicine Acknowledgement & Consent Form

Acknowledgement and Consent

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Testing Policy. We also acknowledge that we are providing consent to be tested in accordance with the procedures outlined in the IHSA Performance-Enhancing Testing Policy.

STUDENT

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Consent to Self Administer Asthma Medication

Illinois Public Act 098-0795 provides new directions for schools concerning the self-carry and self-administration of asthma medication by students. In order for students to carry and self-administer asthma medication, parents or guardians must provide schools with the following:

- Written authorization from a student's parents or guardians to allow the student to self-carry and self-administer the medication.
- The prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered.

A full copy of the law can be found at <http://www.ilga.gov/legislation/publicacts/98/PDF/098-0795.pdf>.