



The Janus School

Student Information Form Summer 2017

Student's Last Name * First Name * Middle Name * Birth Date *

County * School district in which you reside *

Last school attended before Janus Ethnicity

Parent/Guardian Name(s) *

Mailing Address * City * State * Zip *

Home Phone * Student- Cell Phone

Mother- Cell Phone Father- Cell Phone

With so many contact phone numbers on this form, it helps the Janus office to know which number you would prefer us to try first if we need to contact you for any reason, including sick children, transportation issues, etc. Please number your contact phone numbers below in order of preference with number one being the number we try first.

_____Home Phone _____Mother cell _____Father cell _____Mother work _____Father work

At The Janus School, we are committed to providing timely updates regarding your child's progress. In order for The Janus School to better ensure the confidentiality of student records and updates, please indicate what email accounts you authorize us to be able to send such information to and then sign below. Authorized email addresses can also be used to send in absence excuses. If such authorization is not desired or possible, please indicate. If No is indicated, we will still use your email addresses to send home non-confidential information such as reminders for events, etc.

I **give permission /do not give permission** (circle one) for such information to be released to the authorized email address/es below.

_____ (Signature) _____ (Date)

Primary email address Authorized? Yes No

Secondary email address Authorized? Yes No

Additional email address Authorized? Yes No

If you share custody of your child, please complete this section:

Please print name(s) and contact information of the other parent(s). **Please provide the school with a copy of the custody agreement.** Shared custody parents will receive all Summer Programs mailings and reports.

Parent Name(s)

Mailing Address

City

State

Zip

Home Phone

Fax Number

Mother- Cell Phone

Father- Cell Phone

Mother- Work Phone

Father- Work Phone

Primary email address

If you are the custodial parent and would like information to be released to a non-custodial parent(s), please complete this section:

If you are the custodial parent and would like to have the non-custodial parent(s) receive reports and parent mailings, please provide the information. **Please provide the school with a copy of the custody agreement.**

Parent Name(s)

Mailing Address

City

State

Zip

Home Phone

Fax Number

Mother- Cell Phone

Father- Cell Phone

Mother- Work Phone

Father- Work Phone

Primary email address

Work Contact Information

Work information - Father

Work information - Mother

| | | |
|------------|-------|-------|
| Employer | _____ | _____ |
| Address | _____ | _____ |
| Work Phone | _____ | _____ |
| Pager | _____ | _____ |

Emergency Contact Information

Person to call in emergency, other than parent* _____
(Please note that this emergency contact will be called in cases of unexpected early dismissals if we cannot contact a parent.)

Relationship to child _____ Phone* _____

Alternate person to call in emergency (optional) _____

Relationship to child _____ Phone _____

Transportation

Please list individuals whom you would give authorization to pick your child up other than mother or father.

| | |
|--------------------|----------------|
| Name _____ | Relation _____ |
| Phone Number _____ | |
| Name _____ | Relation _____ |
| Phone Number _____ | |
| Name _____ | Relation _____ |
| Phone Number _____ | |

* Mandatory

Medical Information

Please note that this information is given to medical professionals in cases of emergency,
so please be as specific and accurate as possible.

Health factors that would limit your child's participation in physical activity while at Janus: _____

Asthma, heart condition, etc. _____

Treatment? _____

Allergies (include allergies to drugs, bee stings, foods, etc.) _____

Date of last tetanus shot* _____

Name of child's physician _____ Phone _____

This health information is correct to my knowledge and I give permission for my child to engage in all activities except as noted by me.

*Signature of Parent/Guardian _____

Date _____

Medication Permission Form

All medication to be administered during the school day must be presented in the original container and labeled with the name of the student, name of medication, dosage, time or frequency of administration. The pharmacist can label a second container for school use on request. Please do not send any medication to school in unlabeled bottles or envelopes. To protect all students, medication may not be kept with the student, unless written permission is obtained from the prescribing physician. Medication cannot be brought in by a student, it must be brought in by a parent or mailed to school. Adult supervision is provided for student's self-administration of medication.

The Janus School can provide Tylenol, cough drops, or Tums (or generic forms) when needed. Please indicate below whether or not you give permission for Janus to administer these items when needed.

For more information on The Janus School's Health Policies & Procedures, please refer to the Student-Parent Handbook.

* Permission to administer Tylenol or generic form when needed: Yes _____ No _____

* Permission to administer cough drops when needed: Yes _____ No _____

* Permission to administer Tums or generic form when needed: Yes _____ No _____

* Permission to apply topical solutions (anti-itch, antibiotic ointment, hydrocortisone cream, sunscreen, bug repellent) when needed: Yes _____ No _____

* Mandatory

Medication Information Sheet

The Janus School does not oppose nor advocate medication for students. The Janus School believes that medication is a personal and family decision. However, The Janus School strongly encourages families to apprise the School of any and all medication use and medication changes to best inform the student's team of teachers. The Janus School also strongly encourages families to seek input from the School regarding student's behavior when making medication decisions.

Please list below all medications your child takes, both at school and at home, including non-prescription medications.

All medication to be administered during the school day must be presented to the front desk in the original container and labeled with the name of the student, name of medication, dosage, time or frequency of administration. The pharmacist can label a second container for school use on request. Please do not send any medication to school in unlabeled bottles or envelopes. To protect all students, medication may not be kept with the student, unless written permission is obtained from the prescribing physician. Medication cannot be brought in by a student; it must be brought in by a parent or mailed to school. Adult supervision is provided for student's self-administration of medication.

| Medication | Dosage | Prescribed For | Administered where/what time? | | Prescribing Physician |
|------------|--------|----------------|-------------------------------|----------|-----------------------|
| | | | Home | School | |
| Medication | 20mg | Headaches | | 8:00a.m. | Dr. Jane Smith, M.D. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

This student currently takes no medication on a regular basis:

*Parent/Guardian Signature: _____ Date: _____

*Signature of Physician: _____ Date: _____
 (Signature of Physician only required if there are medications to be administered during the school day)

*I agree to keep The Janus School aware of any and all medication changes: _____
Initials

IF YOUR CHILD NEEDS TO CARRY A MEDICATION WITH THEM PLEASE COMPLETE THE PERMISSION TO CARRY MEDICATION FORM LOCATED ON THE OTHER SIDE.

* Mandatory

Permission to Carry Medication on Person

The Janus School Health Policies and Procedures require that any student medication must be kept in the Health Room. If your child needs to carry a medication with them at all times, such as inhalers or EpiPens, please fill out this section including the prescribing physician's signature. By filling out and signing this section, you indicate that this student was taught and demonstrates the capability for self-administration and for responsible behavior in the use of his/her inhaler or EpiPen, and that he/she has permission to carry and self-administer his/her medicine, as prescribed, when needed. The student shall notify the front desk immediately following each use.

Name of Medication

Dosage

Time to be administered

* Signature of Parent/Guardian _____ Date _____

* Signature of Physician _____ Date _____

* Mandatory

Authorization for Medical Treatment

If a **serious** emergency arose, it might be necessary for a physician to attend to your child before the Janus School staff is able to contact you or your designated physician. Such care can be provided **only** if you sign the following authorization for medical treatment:

I hereby give permission to the physician selected by a staff member of The Janus School to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named on this form.

The undersigned hereby agrees to indemnify and hold harmless The Janus School, Board of Trustees, employees, agents and successors from any harm that might result from the procurement of such medical care.

Signature of Parent/Guardian _____ Date _____

Medical Insurance _____

Group Name _____

Name of Policy Holder _____

Group Number _____

Member ID _____

Hospital you would prefer your child be taken to _____

Child's Social Security Number _____

The Janus School asks for your child's Social Security Number only for the purpose of providing medical insurance and identification in the event of hospitalization. This information will be kept in a locked cabinet in our health room and will only be accessed by an administrator in the event of an emergency. This page will be shredded at the end of the summer.