

# Rib Lake School District

## 2024-25 Student Emergency Form for Rib Lake Middle and High Schools

<b>Student Legal Name</b>	(Last)	(First)	(Middle)
<b>Birth Date (M/D/Y)</b>	<b>Student Cell Phone Number</b>	<b>Gender (Circle One)</b> Male                      Female	
<b>Ethnicity (Circle One)</b> Hispanic   Not Hispanic	<b>Race</b> (Circle at least one of the following categories that applies) Asian   Black or African American   Native Hawaiian/Other Pacific Islander White   Native American or Alaskan Native - Tribal Affiliation: _____		
<b>Siblings in Household</b>	<b>Birth Date</b>	<b>School Attending or Will Attend</b>	
1			
2			
3			
4			
<b>Parent 1 - First Person to Contact</b>			
<b>Name</b> (First/Last)			
<b>Address</b> (Street)			
(PO Box - if Available)			
(City/State/Zip)			
<b>Phone</b> (Home)		(Cell)	
<b>Email</b> (may be used for notifications)			
<b>Employer</b> (Phone/Ext)		(Company Name)	
(Dept)		(Supervisor)	
<b>Parent 2 - Second Parent to Contact</b>			
<b>Name</b> (First/Last)			
<b>Address</b> (Street)			
(PO Box - if Available)			
(City/State/Zip)			
<b>Phone</b> (Home)		(Cell)	
<b>Email</b> (may be used for notifications)			
<b>Employer</b> (Phone/Ext)		(Company Name)	
(Dept)		(Supervisor)	
<b>Name of person responsible for food service account (Breakfast/Lunch):</b>			
<b>In case of illness/emergency, if parent/guardian cannot be reached, please call:</b>			
Name - other than self		Relationship	Phone
1			
2			
3			

Please complete both sides of form.  
Signature required.

**OVER PLEASE -**

If any information changes,  
you must notify the school.

<b>Student Legal Name</b>	(Last)	(First)	(Middle)
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### Parental/Guardian Permissions

**Please read the following comments and indicate yes or no for each of them.**

Yes	No	Students may have the opportunity to go on a field trip(s) throughout the school year. If you do not want your child to leave the school at any time for mini (within the district) or major (outside of district) field trips, please check no; otherwise check yes, providing your child the opportunity to participate. Please watch for notifications to have your child dressed appropriately and to inform your child's teacher of any concerns you may have about the trip (allergies, etc.).
Yes	No	I understand that the School District may disclose appropriately designated 'directory information' without written consent, unless I advise the District within 14 days of the start of school. I understand that the following information is considered directory information: Student's Name, Photograph/Video, School/Grade, Degrees/Honors/Awards, Participation in Activities/Sports, Weight/Height (for athletics), Date of Birth, and Home Address (BP #347.1)
Yes	No	I understand that I have the right to (1) inspect, review and obtain copies of my child's records; (2) to request the amendment of my child's school records if I believe the records are inaccurate, misleading or otherwise in violation of the student's rights of privacy; (3) to consent to the disclosure of my child's school records, except to the extent state and federal law authorizes disclosure without consent; and (4) to file a complaint with the Family Policy Compliance Office of the U.S. Department of Education (Rule 347).
Yes	No	I give permission for my child to take possession of a District provided Chromebook and agree to the provisions set forth in the <i>Chromebook Procedures and Information Guide</i> found on the district website under <u>Technology Information</u> , including costs involved in damage and repair.
Yes	No	I give permission for my child to access the Internet and use the school computer hardware (i.e. Chromebook/Ipad) as I have read the <i>Student Acceptable Use of Technology Guidelines</i> (Rule 363.2) found on the district website under <u>Technology Information</u> . I understand this access is designed for educational purposes and I will not hold RLSD responsible for materials on the network. I further understand that any violation of school district policy by my child may result in his/her Internet privileges being restricted or revoked and may lead to additional disciplinary action. If the violation constitutes a criminal offense, appropriate legal action will be taken. Signature: _____ Date: _____

**Do you need a hard (paper) copy of:**

Yes	No	Board Policy 347.1 - Student Directory Data
Yes	No	Rule 347 - Guidelines for Student Records
Yes	No	Board Policy 363.2 - Student Acceptable Use of Technology
Yes	No	Rule 363.2 - Student Acceptable Use Guidelines
Yes	No	Student Handbook

**Language Survey**

Yes	No	As a Parent/Guardian, do you require communication in a language other than English? If yes, please indicate language. (Communication in foreign language is not guaranteed.) Language: _____
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**Military Service**

Yes	No	Is a parent or guardian a member of the armed forces on active duty, serves full-time National Guard duty, or is a traditional member of the National Guard or Reserve?
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If an injury occurs and requires immediate medical treatment, the nearest medical facility will be requested to treat the child. This form signed by the parent or legal guardian will accompany the child and act as an authorization for emergency care. An ambulance or other appropriate transportation will be used to transport the child. The parent or guardian will be sought by school and /or hospital personnel. By signing this form, I also give permission for my child's health information to be shared with the appropriate staff at school.

<b>Signature of Parent/Guardian</b>	<b>Date</b>
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Please complete both sides of form.

Signature required.

OVER PLEASE -

If any information changes, you must notify the school.

This completed and signed form must be returned to the school office before your student is allowed to participate in a field trip, receive a Chromebook, or use the Internet. In addition to parent permissions, students will also be asked to sign agreement forms at school.

<b>Student Legal Name</b>	(Last)	(First)	(Middle)
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### Health Questions

Does your child have any allergies?		<input type="checkbox"/> No	<input type="checkbox"/> Yes (please list below)
<input type="checkbox"/>	Food:	_____	
<input type="checkbox"/>	Medications:	_____	
<input type="checkbox"/>	Insect Stings:	_____	

Yes	No	<b>Does your child have an EpiPen or AUVI-Q prescribed?</b>
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Yes	No	Does your child take medications regularly?
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Yes	No	Will your child need to take any medications at school? (Medication forms will need to be completed)
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Please check any of your child's health concerns below:

- None
- Bleeding Disorder
- Diabetes
- Migraine Headaches
- Heart Condition
- Cancer
- Gastrointestinal Condition: \_\_\_\_\_
- Immunocompromised Condition: \_\_\_\_\_
- Seizure Disorder
- Other Health Concerns: \_\_\_\_\_

Yes	No	I give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR) and my Immunization Provider for the purpose of maintaining a complete and accurate record.
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Yes	No	I give permission for my child to participate in the hearing screening program at their school.
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Yes	No	I give permission for my child to participate in the vision screening program at their school.
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Yes	No	I give permission for Rib Lake Schools to use preservative free artificial tears, hydrocortisone cream, and triple antibiotic ointment per package instructions if needed by my child.
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Yes	No	Is there anything else you'd like us to be aware of regarding your child's health needs?
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If yes, please explain: \_\_\_\_\_

**Please call the school and ask for the school nurse if you would like to talk to them about your child's health condition(s).**

### Housing Questions

Please check the box that best describes your current living situation. (Check all that apply)	
<input type="checkbox"/>	In a permanent single family home/apartment/rental
<input type="checkbox"/>	In a shelter (family shelter, domestic violence, youth, or temporary housing)
<input type="checkbox"/>	In a motel, hotel or weekly rate housing
<input type="checkbox"/>	Sharing the housing of other persons due to economic hardship or loss of housing
<input type="checkbox"/>	Living in a car, park or campground or other inadequate accommodations
<input type="checkbox"/>	Living without a parent or legal guardian
<input type="checkbox"/>	Other (Please describe): _____

Please complete both sides of form.

Signature required.

OVER PLEASE -

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## Digital Equity Survey

**Please read the following and complete for your student**  
**If multiple parents, please complete this form for each address**

Parent/Guardian you are completing this form for: _____	
Can the student access the internet on their primary learning device at home?	Yes      No
If the student is unable to access internet in their primary place of residence, why not?	
<input type="checkbox"/>	Not Desired
<input type="checkbox"/>	Not Available
<input type="checkbox"/>	Not Affordable
<input type="checkbox"/>	Other
What is the primary type of internet service used at the residence?	
<input type="checkbox"/>	Residential Broadband (e.g. DSL, Fixed Wireless, Cable, Fiber)
<input type="checkbox"/>	Cellular Network
<input type="checkbox"/>	Hot Spot (school provided hot spot, or school provided service)
<input type="checkbox"/>	Satellite
<input type="checkbox"/>	Community Provided Wi-Fi
<input type="checkbox"/>	Dial-Up
<input type="checkbox"/>	Other
<input type="checkbox"/>	None
<input type="checkbox"/>	Unknown
Can the student stream a video on their primary learning device without interruption?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Sometimes
<input type="checkbox"/>	No
What device does the student most often use to complete school work at home?	
<input type="checkbox"/>	Desktop Computer
<input type="checkbox"/>	Laptop Computer
<input type="checkbox"/>	Tablet
<input type="checkbox"/>	Chromebook
<input type="checkbox"/>	Smartphone
<input type="checkbox"/>	None
<input type="checkbox"/>	Other: _____
Who provided the primary learning device to the student?	
<input type="checkbox"/>	School
<input type="checkbox"/>	Personal
<input type="checkbox"/>	Other
Is the primary learning device shared with anyone else in the household?	
<input type="checkbox"/>	Shared
<input type="checkbox"/>	Not Shared
<input type="checkbox"/>	Unknown

The District does not discriminate in the employment of staff on the basis of the Protected Classes of race, color, national origin, age, sex (including transgender status, change of sex, sexual orientation, or gender identity), pregnancy, creed or religion, genetic information, handicap or disability, marital status, citizenship status, veteran status, military service (as defined in 111.32, Wis. Stats.), ancestry, arrest record, conviction record, use or non-use of lawful products off the District's premises during non-working hours, declining to attend an employer-sponsored meeting or to participate in any communication with the employer about religious matters or political matters, or any other characteristic protected by law in its employment practices.