

2024-2025 Student Emergency Form

(This form needs to be completed EVERY school year)

****NOTIFY SCHOOL OFFICE OF ANY CHANGES DURING THE YEAR****

Date: ____/____/____

Date of Birth: ____/____/____

Student Name: _____
Last First Middle

Address: _____
Street Address Alpha City Zip Code

Child Resides with: _____

Are there any legal documents affecting your child? Yes ___ No ___ If Yes, please attach documents.

Mother's/Guardian's Name: _____ Mother/Guardian will be contacted: 1st ___ 2nd ___

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Father's/Guardian's Name: _____ Father/Guardian will be contacted: 1st ___ 2nd ___

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Emergency Contacts: In case the child listed above becomes ill or is injured at the school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following. These contacts will also be contacted if your child is absent from school without notification. They will be contacted in numerical order in case of emergency.

1. _____
Name Relationship Phone
2. _____
Name Relationship Phone
3. _____
Name Relationship Phone

Health Insurance

Does your child have health insurance? Yes _____ No _____ My child does not have health insurance. You may release my name and address to NJ FamilyCare Program to contact me about

Provider: _____

health insurance. NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 1-800-701-0710 or visit www.njfamilycare.org to apply online.

Date: _____ Printed Name: _____

Signature: _____

Written consent required pursuant to 20 U.S.C. § 1232g (b) (1) and 34 C.F.R. 99.30 (b).

In an emergency when parents cannot be reached, I authorize the school to call:
(Name, Address & Phone Number)

Physician / Clinical Facility: _____

Dentist: _____

Hospital: _____

Update Health Records: (List any medical/surgical care your child has received during the past year)

Recent Serious Illness

Recent Serious Hospitalization

Recent Immunizations

Restrictions

Recent Dental Exam (Date/Braces?)

Recent Eye Exam (Date/Contact/Glasses?)

Current Medications:

Yes _____ (Describe Below) No _____

Medication/Dosage

For What Condition

Allergies: _____

Additional Medical Notes:

I, the undersigned, do hereby authorize officials of Alpha Public School to contact directly the persons named on this form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent's / Guardian's Signature: _____ Date: _____

Alpha Public School

ACCEPTABLE COMPUTER, INTERNET AND ELECTRONIC MAIL USE AGREEMENT

This form is to be completed after reviewing the Alpha Board of Education Acceptable Use Policy No. 2361 and all documents incorporated into that Policy by reference. The completion of this form indicates that the student and his/her parent(s)/guardian(s) agree to abide by the terms and conditions of the Policy. This form must be signed by the student and his/her parent(s)/guardian(s) before the student will be permitted to access to the District Network or Computer System.

STUDENT AGREEMENT

I have read the Alpha Board of Education Acceptable Use Policy, (Policy No. 2361) and agree to abide by the terms and conditions set forth therein. I understand that any access provided is designed for educational purposes, and that if I fail to abide by the terms of Board Policy No. 2361, my access to the District Network, Internet or Computer System may be suspended and that I may be subject to additional discipline. I also understand that there may be criminal or civil consequences to my conduct depending on the severity of my behavior.

I accept all financial and legal liabilities, which may result from my use of the Alpha District Network, Internet or Computer System. I release the Alpha Public School District, its officers, employees, agents, representatives and all organizations and individuals related to the Alpha Public School District's District Network, Internet or Computer System from any and all actions, claims, costs, damages, liability or losses, including, but not limited to, attorney's fees incurred by the Alpha Public School District relating to or arising out of my use of the District Network, Internet or Computer System. I specifically agree to indemnify and hold the Alpha Board of Education, its Board members, employees, agents, servants and representatives harmless for any actions, claims, costs, damages or losses, including, but not limited to attorneys' fees, incurred by the Alpha Board of Education relating to, or arising out of my use of the District Network, Internet or Computer System or any breach of this Agreement or the Acceptable Use Policy 2361.

I agree to keep my assigned password private, and not share it with any individual other than my parent.

I also agree to report any misuse of the District Network, Internet or Computer System to my principal or teacher. (Misuse can come in many forms, including messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, terrorism or inappropriate language, cyber bullying or inappropriate interactions with others on social networking sites and in chat rooms.)

Student's Name (Print) : _____

Student's Signature : _____

Date: _____

Homeroom Teacher: _____

Alpha Public School

I, (Print Name) _____, as the parent/guardian of
(Print Student's Name) _____, hereby give my permission for my child to access the District Network and to use the District computer system and Internet. I have read, understand and agree to the terms and conditions of the Alpha Board of Education Acceptable Use Policy (Policy No. 2361), and agree to monitor my child's use of the Internet and District Network while he/she is at home to ensure that he/she is abiding by the procedures set forth therein. I also recognize that some materials on the Internet may be controversial and objectionable and that it is impossible for the Alpha Board of Education to restrict access to all controversial and objectionable materials. I will not hold the Alpha Board of Education responsible for any materials, or the accuracy or quality thereof, acquired or viewed on this network by my child.

I understand that improper or inappropriate use of the District Network, Internet or Computer System by my child may result in revocation or suspension of my child's privilege to access the network and/or computers, as well as the imposition of school discipline, criminal penalties and/or civil penalties, and I accept all financial and legal liabilities resulting there from. I also agree to pay for any charges or costs caused or incurred by my child through the use of a school sponsored Internet account, and to report any misuse of the Internet through school-sponsored accounts to my child's teacher or principal.

I release the Alpha Board of Education, its Board members, employees, agents, servants, representatives and all organizations and individuals related to the Alpha Board of Education's District Network, Internet or Computer System from any and all liabilities or damages that may result from my child's use of the Internet network. I specifically agree to indemnify and hold the Alpha Board of Education, its Board members, employees, agents, servants and representatives harmless for any actions, claims, costs, damages or losses, including, but not limited to attorneys' fees, incurred by the Alpha Board of Education relating to, or arising out of my child's use of the District Network, Internet or Computer System or any breach of this Agreement or the Acceptable Use Policy by my child.

By signing this Agreement, I acknowledge that I have read and I understand this Agreement and agree to accept its terms and conditions and the responsibility for guiding my child and conveying to him/her appropriate standards for selecting, sharing and/or exploring information.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Name: (Please Print) _____

Street Address: _____

Home Telephone Number: _____

Homeroom Teacher _____

Student Pledge for Chromebook Use

Alpha Public School

Student Pledge for Chromebook Use By initialing each section below students and parents are indicating that they have read and agree to the statements in each section of this Student Pledge:

I WILL

- Take good care of my Chromebook.
 - Know where my Chromebook is at all times.
 - Charge my Chromebook's battery daily.
 - Keep food and beverages away from my Chromebook so I do not damage it.
 - Use my Chromebook in appropriate ways, as a learning tool that will help me to meet educational goals and objectives set forth in each of my courses of study.
 - Follow the policies outlined in the Acceptable Use Policy while at school.
 - Notify the office in case of theft, vandalism, and other acts covered by insurance.
 - Be responsible for all damage or loss caused by neglect or abuse.
 - Return the Chromebook and power cords to the District in good working condition.
-

I WILL NOT

- Disassemble any part of my Chromebook or attempt any repairs.
 - Leave my Chromebook unattended.
 - Loan out my Chromebook to other individuals.
 - Place decorations (such as stickers, markers, etc.) on my Chromebook or its case.
 - Deface the serial number on my Chromebook.
-

I UNDERSTAND

- My Chromebook is equipped with a camera and other features that are capable of recording and collecting information on my use and activity.
- The district will not use any of the features of the Chromebook in a manner that would violate the privacy rights of the student or any individual residing with the student.
- The Chromebook is subject to inspection at any time without notice and remains the property of the school.

I agree to the stipulations set forth in the above documents including: Acceptable Use Policy and the Student Pledge for Chromebook Use:

Student Name (Please Print)

Student Signature Date

Parent Name (Please Print)

Parent Signature Date

Individual school Chromebooks and accessories must be returned to the Alpha Public School at the end of each school year. Students, who graduate early, withdraw, are expelled, or terminate enrollment at Alpha Public School for any other reason must return their individual school Chromebook on the date of termination. Devices not returned within 7 days of student withdrawal from the district will be reported as stolen and will become a student obligation. Grades will be withheld until all student obligations are met.

**Alpha Public School
Permission/Authorization Form
2024-2025 School Year**

Student Name: _____

Grade: _____ Homeroom Teacher: _____

This form will be kept in the main office for the 2024-2025 school year.

Field Trip Permission: Teachers will send home information prior to the date of each trip. This standard permission may be revoked or changed relative to each trip. It is the parents' choice whether students should attend trips.

I grant permission for my child to participate in field trips during the 2024-2025 school year. I understand that these trips will be adequately supervised by school staff, and they may be either a walking trip or transportation will be provided on safe, registered school buses operated by properly licensed drivers.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Walking Home Permission: This blanket permission will allow your child to walk home in the circumstances listed. **Parents may choose to grant permission to one or more instance or all of them.**

I grant permission for my child to: (please mark all that apply)

- Parent or designated adult/child care pick up during the 2024-2025 school year.
If designated adult/child care please provide name: _____
(Teacher/main office needs to have prior notification by note or email if someone other than parent or designated adult/child care is picking up child(ren). Person will be required to show identification.)
- Walk home from school during the 2024-2025 school year at regular dismissal time.
- Walk home from after sch. clubs, activities or tutoring during the 2024-2025 sch. year.
- Grades 5-8 - Walk home after school dances during the 2024-2025 school year.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

*****PLEASE SEE REVERSE SIDE*****

Photographic/Video Release: I grant Alpha Public School the right to use my child's photograph, either in video, print, or electronic format for any appropriate use in school materials, including, but not limited to, websites, newsletters, brochures, and marketing materials. This right can be transferred to third-party sources (such as local newspapers) for publicity reasons in the media and legitimate organizations partnering with the school. These rights are perpetual and not limited geographically. Of note, students' names (abbreviated or full) and grade level may appear on any internal and third-party sources materials as previously stated.

YES, I grant permission as stated above regarding my child for the 2024-2025 school year.

NO, I do not grant permission to the above regarding my child for the 2024-2025 school year.

NO, I do not grant permission to the above regarding my child for the 2024-2025 school year. However, I do grant permission to include my child's photograph and general information in the annual school yearbook.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Alpha Public School
817 North Blvd
Alpha, NJ 08865

Phone: 908-454-5000

Fax: 908-454-4347

Tylenol, Benadryl, & Tums
Administration in School

The school doctor has provided a standing-order to administer one or two 325mg tablets of **Tylenol** as needed for menstrual cramps/headache/pain. **Tums** – 1-2 tablets as needed for stomachache and heartburn. **Benadryl** – 1-2 tablets as needed for allergies or bee stings/bug bites. If any of these medications can be detrimental to your child's health or if there is a change in your child's health status, it is the responsibility of the parent to notify the School Nurse **in writing**.

If you want the nurse to administer Tylenol/Tums/Benadryl to your child for the **2024-2025** school year, please complete and sign the form below and have your child return it on the first day of school. The Nurse will have these medications available, you will not have to bring in your own. These medications will be used only if needed, ice for headaches and bug bites, ect. will be attempted first.

Thank you,

Laura Griffiths, BSN, RN, CSN-NJ
Alpha School Nurse

Please complete, sign and return to your homeroom teacher as soon as possible.

I give permission for the School Nurse at Alpha Public School to administer during the **2024-2025** school year.

Place an X next to what medication you would like the nurse to administer:

Tylenol _____

Tums _____

Benadryl _____

Students Name: _____

Signature of Parent/Guardian: _____ Date: _____

ALPHA PUBLIC SCHOOL
817 NORTH BLVD.
ALPHA, NJ 08865

School Nurse
Phone: (908) 454-5000 Ext. 205

Fax: (908) 454-4347

**PARENTAL AND PHYSICIAN'S AUTHORIZATION FOR
ADMINISTERING MEDICINES TO STUDENTS**

DO NOT RETURN THIS FORM UNLESS YOUR CHILD IS TO RECEIVE MEDICATION AT SCHOOL

A. To be completed by the Parent or Guardian:

I request that my child _____ in grade _____ receive medication as prescribed below by our physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the school nurse will administer the medication.

I do hereby release, discharge, and hold harmless Alpha School District, its agents and employees from any and all liability and claim whatsoever for the self-administration of the medication listed below as a result of any injury arising from self-medication.

Telephone Number _____ Date _____

Signature (Parent or Guardian) _____

B. To be completed by the Physician: (Must be written by physician only)

I request that my patient, as listed below, receive the following medication:

Name of pupil _____ DOB _____

Diagnosis _____

Name of medication _____

Prescribed dosage, means of administering, time to be taken during school hours:

Expected duration of treatment _____

Possible side effects and adverse reactions (if any) _____

Medication may be omitted during class trip if parent or nurse not available to administer
Please Check _____ Yes _____ No _____

Physician (please print) _____ Phone _____

Signature _____ Date _____

Stamp _____