

Potosi Public Schools

Updated Sept. 11, 2017

Emergency Health/History Family Form

Go to www.potosisd.k12.wi.us then select “parents/community”, and select “Skyward Family Access” and enter your login and password. Please list all students starting with the youngest.

Grade	Student;s First Name	Full Middle Name	Last Name	Birthdate	Male/Female	Race
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

List above all health issues that personnel need to be aware of: Diabetes, allergies, penicillin, bug bites, bees, migraines, etc.
List current medications and any concerns.

Grade	Student;s First Name	Full Middle Name	Last Name	Birthdate	Male/Female	Race
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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Grade	Student;s First Name	Full Middle Name	Last Name	Birthdate	Male/Female	Race
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_____	_____	_____	_____	_____	_____	_____

List above all health issues that personnel need to be aware of: Diabetes, allergies, penicillin, bug bites, bees, migraines, etc.
List current medications and any concerns.

Please complete front and back of this form and list all important information for us to reach you asap in case of emergency.

If students need to take medications during the school day you and your doctor will need to fill out a medical form (on website) Meds must be in original bottle with the name of the medicine and doctors' name on the bottle along with the time and dosage of medication that needs to be given.

Forms to

Next page...

Moms Name _____
Step-Father Name _____
Address _____
Home Phone _____
Cell Phone _____
Work Phone _____
Mother's Employment _____
What hours are you at work? (8-4pm) _____

Dads Name _____
Step-Mother _____
Address _____
Home Phone _____
Cell Phone _____
Work Phone _____
Father's Employment _____
Work hours _____

Child lives with? _____ **Parent contact e-mail address:** _____
Specify home, work or other

Parents will be contacted first but if no response, please list alternatives for Emergency/Illness.

First Contact Name _____ Phone _____ Relationship _____
2nd Contact Name _____ Phone _____ Relationship _____
3rd Contact Name _____ Phone _____ Relationship _____

Family Physician _____ Clinic/Hosp. _____ Phone _____
Yes, I give my permission in case of emergency you may have Dr. _____ or the physician on call administer emergency medical care to my child/children.

***Parent Signature** _____

English Language Learner

Students primary language? _____
If not English, can child speak or read English? Circle yes or no
Is English spoken in household? Circle yes or no

All schools report student data to the Department of Education using these new categories. Enter or update the student data for your child. With the new reporting categories, you may now identify your child by ethnic group

A) Circle One: Hispanic/Latino
NOT Hispanic/Latino)

AND B) Circle one or more racial groups: American Indian Black/African-American
Alaska Native Native Hawaiian/Other Pacific Islander
Asian White

These items are tabs listed in your Skyward Family Access account as yes you agree.

If for any reason you disagree with ANY items (1-6) below please contact the school office

- 1) Allows student information to be given to military recruiters. (Military tab in Skyward)
- 2) Allows student information within the school district as yearbooks, photographs and sports information to be included on rosters, programs or articles where students' directory information is identified. (Local Tab in Skyward)
- 3) Allows student information (transcripts) to be sent to institutions of higher education. (Higher Ed Tab in Skyward)
- 4) Allows your child's picture, video, name or work to be included on the school website, other district approved social media, newspapers, newsletters, etc. (Media Tab in Skyward)
- 5) Allows your student to attend supervised field trips such as school supervised walking field trips, educational field trips. (Field Trip Tab in Skyward)
- 6) Gives the district permission to photograph and publish participation in school sponsored activities. It also allows parent permission for students to check out possibly early during final exams (grades 9-12) if it is school allowed and students have their own ride. (District Tab in Skyward)

***Parent Signature** _____

Elementary Early Dismissal Plan (In case of inclement weather or other emergencies)

_____ My child _____ may proceed home as usual. List names
_____ My child _____ may proceed to _____ and will contact me.

Office assigns Locker # _____ Food Service # _____ Please write Bus Route # _____ Driver _____

Please return this form to one of the offices. Update information by logging into Skyward Family Access.