

# Middle School Code of Conduct 2018/2019

BREACH OF CONDUCT	1 <sup>ST</sup> OFFENSE	2 <sup>ND</sup> OFFENSE	3 <sup>RD</sup> OFFENSE
<b>ATTENDANCE</b>			
A. Unexcused tardiness to class	TD	TD	TD
B. Tardies to school/checkouts (instruct time missed)	5=1 absence	10=2 absences	15=3 absences (cont.)
C. Failure to attend class/activity	ISS(1-3)	ISS(3-5)	OSS(3-5)
D. Leaving class/school without permission	ISS(1-3)	ISS(3-5)	OSS(3-5)
E. All day truancy	ISS(3)	ISS(5)	OSS(5-10)
<b>STAFF-STUDENT RELATIONS</b>			
A. Profanity/obscene gestures toward staff member	PD/ISS/OSS(1-3)	OSS(3-5)	OSS(5-10)
B. Rudeness/disrespect toward staff member	ISS <1-3 Days	ISS<1-5 Days	ISS(3-5)
C. Refusal to obey a reasonable request	ISS(1-3)	ISS(3-5)	OSS(1-5)
D. Aggression/assault/threat toward staff member	OSS(5-10) PR-RC	LTS-PR	LTS-PR-JP
E. Deceiving School Officials	ISS(1-3)	ISS(3-5)	OSS(1-5)
<b>ENDANGERING ACTS</b>			
A. Possession of firearm/explosive	LTS/Expulsion SBD		
B. Possession of other weapons or facsimiles	PD/OSS/LTS	LTS/Expulsion SBD	
C. Aggression/fighting with minor or no injury	PD/ISS/OSS(1-3)	OSS(1-5)	OSS(3-10)
D. Assault and battery with serious injury	OSS/LTS/PR	LTS/PR/JP	
E. Horseplay	VW/ISS(1)	ISS(2-3)	ISS(3-5)
F. Bullying	ISS(1-3)	ISS(3-5)	OSS(1-5)
G. Communication threat/intimidation with threat of violence	PD/VW/ISS/OSS(1-3)	PD/ISS/OSS(3-5)	OSS(5-10)
<b>VIOLATIONS OF THE LAW</b>			
A. Possession/use/distribution of unauthorized drugs/alcohol	PD/OSS(1-5)	PD/OSS(5-10)	PD/LTS/PR
B. Possession/use/distribution of illegal drugs/paraphernalia	PD per board policy OSS(1-10)/ LTS/ expul./PR	LTS/Expul. remainder of school year	
C. Malicious destruction of school property	ISS(1-5)+RES	OSS(3-5)+RES	LTS/PR+RES
D. Unlawful/unauthorized entry	PD-ISS/OSS	PD-ISS/OSS	PD/LTS
E. Theft of or on school property	PD-ISS/OSS	PD-ISS/OSS	LTS+PR+RES
F. Discharging fire alarms or extinguishers	PD-OSS(5-10) PR	PD/PR/OSS(10)+RES	LTS/PR
G. Bomb Threat	LTS (365)/PR/SBD		
<b>MISCONDUCT</b>			
A. Throwing food/making a mess in cafeteria	Clean-up/PD	Clean-up/ISS(1-3)	Clean-up/ISS(3-5)
B. Willfully disturbing/disrupting/interfering with learning	ISS(1-3)	ISS(3-5)	OSS(1-3)
C. Profanity/obscene gesture/defacing property	ISS(1-3)/PD	ISS(3-5)	OSS(1-3)
D. Immoral/disreputable conduct	OSS(1-5)	OSS(5-10)	LTS
E. Excessive display of affection	PD/VW/PN/ISS	ISS(1-3)	ISS(5)
F. Sexual/racial harassment	PD/ISS/Form/PN	OSS(3) Form/PN	OSS(5) Form/PN
G. Inappropriate dress	VW/CC/PN	ISS(1-3) CC/PN	PD/ISS/OSS(1-3)
H. Unauthorized use of electronic devices	Confiscate/ISS(1-3) PN/PD	Confiscate/ISS(3-5) PN/PD	Confiscate/OSS(1-3) PN/PD
I. Possession or use of tobacco products	PN+ISS(1) Tobacco Class	PN+ISS(2) Tobacco Class	PN+ISS(3) Tobacco Class
J. Cheating	"O"+VW+PN	"O"+PN+ISS (3)	"O"+PN+ISS (5)
K. Bus misbehavior	PD/VW/PN	PD/PN/5 Days off	PD/PN/10 Days off
L. Aiding/Abetting school disturbance	ISS(1)	ISS(2-3)	ISS(3-5)
M. Dishonesty/Tampering with other's possessions	ISS(1-3)	ISS(3-5)	OSS(1-5)

CC=Change Clothes

LTS=Long Term Suspension

PN=Parent Notification

SBD=Super/Board Discretion

WP=Withdrawal Privileges

CP=Corporal Punishment

"O"=Will receive a zero

PR=Police Report

TD=Teacher Discretion

ISS=In-school suspension

OSS=Out-of-school suspension

RC=Refer to Counselor

VW=Verbal Warning

JP=Juvenile Petition

PD=Principal Discretion

RES=Restitution

Students Signature \_\_\_\_\_

Parents Signature \_\_\_\_\_

# Waynesville Middle School

Name: \_\_\_\_\_  
 Homeroom: \_\_\_\_\_  
 Parent: \_\_\_\_\_  
 Work #: \_\_\_\_\_  
 Home #: \_\_\_\_\_

## TEAM # ~ 9 Weeks Discipline Grid

#	Date	Code	Comments	Consequence	Phone/ Conference	Teacher
1				Warning		
2				Lunch Detention		
3				Parent contact and/or conference  *A parent contact must be made before an office referral is issued	Contact's Name  Date & Time of Contact	
4				Office Referral & lunch detention		

### Grid Infraction Codes:

1. Disrupting Class
2. Leaving class without permission.
3. Profanity
4. Refusal to obey a reasonable request.
5. Horseplay
6. Vandalism to school's or another's property.
7. Throwing food/making a mess in the cafeteria.
8. Possession of toys or electronics (will be confiscated and held for parent)
9. Cheating (will also receive 0 on assignment)
10. Disruptive on field trip

### Immediate Office Referrals:

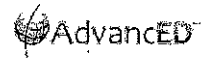
1. Disrespect
2. Racial/Sexual Harassment
3. Bullying
4. Fighting
5. Stealing
6. Illegal Substances
7. Weapons
8. Actions resulting in injury
9. Any other major infraction against team or school rules.

### Counselor Referrals:

1. Incompletion of Homework
2. Social Issues
3. Student Conflict



**Haywood County Schools**  
1230 North Main Street  
Waynesville, NC 28786  
828 456 2400



## **Important Information!!!!**

### ***Online Free and Reduced Applications for Haywood County Schools***

Apply on-line for your children to receive free or reduced price school meals. Your application will be sent from a secure web site directly to Haywood County Schools, so you don't need to worry about filling out a paper form that could be lost or misplaced.

[www.LunchApplication.com](http://www.LunchApplication.com) has been designed to make it easy for you to know exactly what information you need to provide and to guide you through the process. Once your application has been received the district office will determine your eligibility and send you a letter with the results.

[www.LunchApplication.com](http://www.LunchApplication.com) is an easy, secure and convenient way to apply for free or reduced meals.

To apply, simply go to [www.LunchApplication.com](http://www.LunchApplication.com) and Click Apply Now.

**\* If you don't have access to the internet please ask the school office or call 627-1150 for a paper copy of this year's Free and Reduced Meal Application.**

**\*\* If you have already received a letter telling you that your child was preapproved for meal benefits you do not need to reapply. Please make sure all of the school-aged children living in your household are listed on the approval letter. If not please contact Sheila McClure @ 627-1150 or [smcclure@haywood.k12.nc.us](mailto:smcclure@haywood.k12.nc.us).**



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#### **Board of Education**

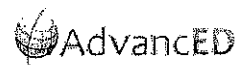
Charles H. Francis, Chairman; Jim Harley Francis, Vice-Chair;  
Larry Henson, Steven Kirkpatrick, Bobby Rogers, Jimmy Rogers,  
Ann Barrett, Ronnie Clark, David Burnette



# Waynesville Middle School

## Home of the Mountaineers

495 Brown Avenue  
Waynesville, North Carolina 28786  
(828) 456-2403  
Fax: (828) 452-7905



Parents/Guardians,

The following lists of documents are available on [www.haywood.k12.nc.us](http://www.haywood.k12.nc.us), our Haywood County School Website. If you would like a copy, you may request one at the front office.

- Annual Public Notices Snapshot
- Cumulative Record & School Information Sheet
- Summary of Board Policies
- Policy 4300 series Student Conduct and Discipline

**BI-LO.**

hometown  
**Educational**  
rewards

## Support Our Students at

### Waynesville Middle School

Enroll your 12-digit BI-LO BONUSCARD® and help our school earn FREE educational equipment every time you shop.

Go to [www.bi-lo.com](http://www.bi-lo.com)

— or —

complete the form below

Our 5 digit school code is:

**54074**



If you wish, you can complete the form below, and have your student return it to his/her homeroom teacher.

BI-LO BONUSCARD®#

Name/Email\*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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You must re-enroll your Bonuscard at the beginning of each school year to link rewards to WMS.

1. The first step is to identify the problem or goal. This involves understanding the current situation and what needs to be achieved.



## Haywood County Schools

1230 North Main Street

Waynesville, NC 28786

828 456 2400



Dear Parents,

Haywood County Schools uses many web based tools and applications to enrich your child's learning experiences both within and outside the classroom. In accordance with Federal Guidelines outlined in the Children's Online Privacy Protection Act (COPPA), our goal is to protect the privacy of our students and provide you with essential information to make an informed decision regarding your child's access to online resources.

Our district uses several web-based applications and services that are operated outside of Haywood County Schools, including Google Apps for Education, Edmodo, PowerSchool, etc. Additional tools have been approved for classroom use across our district. A complete list, organized by grade levels, can be found at:

- Elementary Resources - <http://tinyhcs.us/coppaelementary>
- Middle School Resources - <http://tinyhcs.us/coppamiddle>
- High School Resources - <http://tinyhcs.us/coppahigh>

In order to use these tools effectively, students are often asked to present limited personal information, such as name and email address, in order to use the site. COPPA states that these sites must notify parents regarding how they will use and disclose of this information and also requires that they obtain parental consent before collecting any personal information from children under the age of 13. For more information on COPPA, please visit: <https://www.ftc.gov/tips-advice/business-center/guidance/complying-coppa-frequently-asked-questions>.

Federal law allows schools to consent to the collection of personal information, on behalf of parents, eliminating the need for website operators to gain individual parental consent for each student. Your signature below provides consent for our schools to provide personal information such as first and last name, email address, username, etc. to web operators of the resources linked above, along with services our schools may add during the coming year. If you are unable to access these resource lists online, please contact your child's school for a paper copy.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (printed) \_\_\_\_\_

## HOME (PRIMARY) LANGUAGE SURVEY

To the **ADMINISTRATOR**: this survey is to be administered once to every student enrolled in your local unit. If the answer to any one of the questions asked is a language other than English, the student will need to be reported on the Home Language Survey Summary and will need to be assessed further for appropriate placement and English language assistance. It is recommended that a copy of the Home Language Survey be placed with the student's permanent record. Home (Primary) Language Surveys are available in some other languages from the local ESL office. If a student and teacher cannot complete this form, additional assistance may be needed from a translator.

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

GRADE \_\_\_\_\_ GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SCHOOL \_\_\_\_\_

HOMEROOM TEACHER \_\_\_\_\_

1. What is the first language this student learned to speak? \_\_\_\_\_
2. What language does this student speak most often? \_\_\_\_\_
3. What language is most often spoken in this student's home? \_\_\_\_\_
4. Does this student speak any language other than English? Do **not** include languages learned only at school.  
\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please list the language(s) \_\_\_\_\_  
\_\_\_\_\_

5. How many years of schooling has this student had in the United States? \_\_\_\_\_

6. Was the child born outside of the United States? \_\_\_\_\_ If yes, where? \_\_\_\_\_

*If a language other than English is indicated on this form, the student may be assessed with NC's mandated English Proficiency Test.*

**If a language other than English is indicated on any answer, please forward a copy of this form as soon as possible to the ESL Department at Central Office.**



**Waynesville Middle School**  
**Attendance Information for Students and Parents**

One known factor in student success is regular attendance and participation in school. While this seems simple, many students struggle with being at school daily, arriving on time daily, and staying in school a full day. Here are some key points regarding attendance at WMS that you should know.

1. NC has a Compulsory Attendance Law which means that all students must attend school until they turn 16 years of age.
2. Students cannot miss more than **15 days** in a school year. Missing more than 15 days will result in student having to make up the time after school and/or on Saturdays. Missing more than 15 days could also result in retention.
3. All absences should be accompanied by a note from the parent or physician. Any absence without a note will be considered unexcused.
4. Absences that are lawful (excused) are related to illness or injury, quarantine, death in the immediate family, medical or dental appointments, religious observances (requires prior notice and approval), court or administrative proceedings, educational trips with family (requires prior principal approval), and deployment activities. Absences for any other reason are considered unlawful (unexcused).
5. Ten or more **unexcused** absences can result in court action-either against the parent or the student.
6. Five tardies or early check outs will result in an absence.
7. A student must be in school until 11:30 to be counted present for the day.
8. If your child has a chronic medical condition that impacts school attendance, you must speak with the school nurse or school social worker to develop a plan for that child at the beginning of the school year or upon transfer to WMS.
9. Students missing time from school are expected to make up all missed work. It is the **responsibility of the student** to request the missed work from all teachers.
10. Attendance guidelines for dances, athletics, incentives, etc. can be found in the school agenda.

A full explanation of all attendance policy can be found in the student handbook and on the Haywood County School website ([haywood.k12.nc.us](http://haywood.k12.nc.us)).

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**Please detach and return to your homeroom teacher.**

I have read and I understand the attendance requirements for Waynesville Middle School.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

# Waynesville Middle School

## Student Transportation Information

### 20\_\_\_\_-20\_\_\_\_

Full Name: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### How do you travel to and from school?

	MONDAY CHOOSE ONE			TUESDAY CHOOSE ONE			WEDNESDAY CHOOSE ONE			THURSDAY CHOOSE ONE			FRIDAY CHOOSE ONE		
TO SCHOOL	WALK	CAR	BUS#	WALK	CAR	BUS#	WALK	CAR	BUS#	WALK	CAR	BUS#	WALK	CAR	BUS#
FROM SCHOOL	WALK	CAR	BUS#	WALK	CAR	BUS#	WALK	CAR	BUS#	WALK	CAR	BUS#	WALK	CAR	BUS#

Please list your arrangements for early dismissal and/or snow days:

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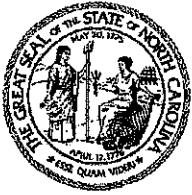


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- If you plan to go home any other way than is listed on this sheet, you must have a written note from your parent/guardian.
- For the safety of our students, we cannot make transportation changes over the phone.
- If you plan to ride a bus that you do not normally ride, that note must be approved by the office.
- Any and all transportation changes must be in writing from the parent/guardian.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



# PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Mark Johnson, Superintendent of Public Instruction

WWW.NCPUBLICSCHOOLS.ORG



## Occupational Survey

Student Name : \_\_\_\_\_  
Last Name First Name

School: \_\_\_\_\_ Grade: \_\_\_\_\_

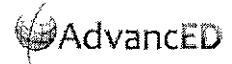
The Migrant Education Program, through the North Carolina Department of Public Instruction, provides support and instructional services to children and families who have moved in the past three years and who have done agriculture or fishing work. We appreciate your help in determining if your children or relatives qualify to receive services in this program. Please answer the following questions and return the survey to the school.

<p>1. Have you or someone in your family worked in any of the following areas below in the last three years?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (Select all that apply and continue to question number 2)</p>			
<p>2. Have you or your family moved to another school district or to another city or county in the last three years?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
 Work in the harvest of fruits and vegetables, tobacco, sweet potatoes, nuts, cotton, or in agricultural farms, ranches, fields, and vineyards <input type="checkbox"/>	 Working in a fruit or vegetable cannery or in a fruit or vegetable packing plant <input type="checkbox"/>	 Working in a dairy <input type="checkbox"/>	 Working in a fishery or on a shrimp or catfish farm <input type="checkbox"/>
 Working in a slaughter house (chicken, cow, or pig) <input type="checkbox"/>	 Working on a poultry or hog farm <input type="checkbox"/>	 Working in a plant nursery or orchard; growing or harvesting trees <input type="checkbox"/>	 Other similar work in agriculture, please explain: _____ _____ _____
<p>3. How long ago did you arrive to this county? Month _____ Year _____</p> <p>4. Parent(s)' Name(s) _____</p> <p>5. What is your current address?</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>6. Phone Number(s): _____</p>			

### FEDERAL PROGRAM MONITORING & SUPPORT DIVISION

6351 Mail Service Center, Raleigh, North Carolina 27699-6351 | (919) 807-3957 | Fax (919) 807-3968

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



## Haywood County Schools Student Videotape/Photograph Release Form

As the parent/legal guardian of \_\_\_\_\_, I hereby give Haywood County Schools the right to obtain, use, and/or reproduce photographs, digitized images, videos, voice, or physical likeness of my child in any legal manner to be used for educational and informational purposes.

I understand that Haywood County Schools has the right to edit any video, audio, and images as necessary and that ownership of these materials becomes the property of Haywood County Schools. I waive any and all present or future compensation rights to the use of the above stated material(s).

Please select and check the appropriate box:

- ☐ I acknowledge that I have read this document and agree to its terms.
- ☐ I acknowledge that I have read this document and do not agree to its terms.

Student Name \_\_\_\_\_

School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Haywood County Schools  
Support Services Form**

The information below is required by the federal McKinney –Vento Homeless Act of 2001 (Subtitle B of title VII) and will be used to determine students' needs. The information on this document will be **CONFIDENTIAL**.

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Does the child have a relative serving in the military (active, National Guard, Reserves)? \_\_\_\_\_  
If so what is the relationship? \_\_\_\_\_

**The answers to this residency information help determine the services the student may be eligible to receive:**

1. Is your current address a temporary living arrangement? \_\_ Yes or \_\_ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?  
\_\_ Yes or \_\_ No
3. Is this student in a temporary foster care placement or awaiting foster care? \_\_ Yes or  
\_\_ No
4. As a student, are you living with someone other than your parent or legal guardian?  
\_\_ Yes or \_\_ No

**If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.**

Resides with: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have legal guardianship/custody? \_\_\_\_\_ Yes or \_\_\_\_\_ No

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Other school aged children living in the home: \_\_\_\_\_

Are there any birth to 4 years old living in the home? \_\_\_\_\_

(Birthdate: \_\_\_\_\_)

Where is the student presently living?

\_\_\_\_\_ In a motel/hotel

\_\_\_\_\_ In a shelter

\_\_\_\_\_ With more than one family in a house or apartment

\_\_\_\_\_ Moving from place to place

\_\_\_\_\_ "Awaiting Foster Care"

\_\_\_\_\_ In a location not designed for sleeping accommodations such as car, park, campground

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR SCHOOL USE ONLY: PLEASE GIVE THIS FORM TO THE SSW.**



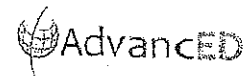


Trevor Putnam  
Principal

# Waynesville Middle School

## Home of the Mountaineers

495 Brown Avenue  
Waynesville, North Carolina 28786  
(828) 456-2403  
Fax: (828) 452-7905



Dear Parent/Guardian,

This letter is to clarify the medication policy. There are many children that need medication during the school day and there are policies that must be followed. Foremost, Haywood County School Policy SA-12 states:

"The Board discourages the practice of students taking prescription and non-prescription medication during the school day. However, if oral, topical, inhaled, or injected medication must be taken during the school hours, school system policy must be followed."

In other words, please administer medications before coming to school whenever possible. We are aware that some students have been prescribed a medicine that should be taken during school hours, if that is the case, the following steps should be taken for prescribed and over-the-counter medications:

- All medications must come in the original container.
- The medications must be accompanied by permission slips-available at school.
- The prescribing doctor must sign medication forms.
- If liquid medication is being given, a measuring device must be sent. Household tablespoons will **NOT** be accepted. Medication dispensing devices are available at most drug stores.
- All medications (prescription and over-the-counter) must be brought to the school by the parent.

These policies are for your child's safety. We want to do all we can to provide a safe and healthy learning environment for them. Please sign this form and return to the school stating that you have read and understand the above policies. If you have any questions or concerns regarding these guidelines, please call and we will do what we can to assist you.

Sincerely,

Trevor Putnam,  
Principal

Please sign stating that you have read the above policy and return to the school.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

# Annual Student Health History Update/ \_\_\_\_\_ SCHOOL (2018-19)

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
Address: \_\_\_\_\_ Student's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Bus Rider: # \_\_\_\_\_ Car Rider: \_\_\_\_\_ Driver: \_\_\_\_\_ After-School Program: \_\_\_\_\_ Latchkey: \_\_\_\_\_

**\*\*Parent must supply school with any medicines the child needs. PARENT MUST BRING MEDICINE TO SCHOOL IN ITS ORIGINAL CONTAINER.** Written permission and doctor's order for giving medications must be on file at the school. Forms are available in the school office. *Your signature confirms the information below is accurate and can be used by the school system and the school nurse to update your child's health record. It also gives the school nurse or designated staff permission to perform MINIMAL screening (temperature, etc) and first aid (using ice, bandages, etc. as needed) on your child in the event of illness or injury at school. Emergency Action Plans will only be written for students who have all appropriate forms, documentation, and medications at school.*

\_\_\_\_\_  
Parent and/or Guardian Signature

\_\_\_\_\_  
Date

- ☐ My Child does not have any medical conditions at this time (DO NOT MARK ANY OTHER BOX)
- ☐ My Child has the following conditions checked (✓) below

## LIFE THREATENING ALLERGIES THAT REQUIRE EMERGENCY MEDICATION AT SCHOOL

BEES: \_\_\_\_\_  
FOOD: \_\_\_\_\_  
MEDICATION: \_\_\_\_\_  
OTHER: \_\_\_\_\_

Medication for LIFE THREATENING ALLERGIES  
Epinephrine Auto-Injector: \_\_\_\_\_ Type: \_\_\_\_\_  
Benadryl: \_\_\_\_\_

## ASTHMA THAT REQUIRES INHALER AT SCHOOL TYPE OF INHALER: \_\_\_\_\_

### DIABETES

Does your child use an Insulin Pump?

Is your child on any other medication for DIABETES?

TYPE 1: \_\_\_\_\_

(Please attach list of medications/ diabetic orders from Physician)

TYPE 2: \_\_\_\_\_

### EPILEPSY/SEIZURES NOT RELATED TO FEVER

Is your child on medication for SEIZURES?

At home? \_\_\_\_\_ At school? \_\_\_\_\_

### HEART DISEASE

What condition does your child have?

### PHYSICAL DISABILITY

Please describe any physical disabilities & limitations

### OTHER HEALTH PROBLEMS including history of Medically diagnosed Concussion

Attach any medical documentation to this sheet. *Medical documentation must be updated every year.*

### LIST OF MEDICATIONS taken at home that may affect student at school: Use back of sheet if needed

School Nurse Use Only: \_\_\_\_\_

Communication: \_\_\_\_\_

EAP written/Distributed to staff: \_\_\_\_\_