

**Student/Student's Name:** \_\_\_\_\_

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## **STUDENT HANDBOOK**

I acknowledge that I have been made aware of the Student Handbook for USD 225 Fowler Schools located at [www.usd225.org](http://www.usd225.org) and will abide by all rules and regulations set forth by USD 225.

## **FAMILY EDUCATION RIGHTS AND PRIVACY ACT**

I hereby state that I have received a copy of the Family Education Rights & Privacy Act for USD 225

## **INTERNET CONTRACT FORM**

Students in grades K-12 will go on the internet for educational purposes only. I hereby state that I have been informed that the USD 225 Acceptable Computer Use Policy is on the school website ([www.usd225.org](http://www.usd225.org)) and by signing below, I will allow my students to enter the internet under teacher supervision.

## **USD 225 FOOD PROGRAM**

I hereby state that I have received a copy of the Food Program Guidelines for USD 225 and will abide by the rules set by USD 225.

## **PERMISSION FOR NON-PRESCRIPTION MEDICATION**

By signing below, I give the office permission to give my student non-prescription medication, as needed. (Acetaminophen, Antacids, Cough Drops).

## **USD 225 NO INSURANCE**

By signing below, I acknowledge that I am responsible for any type of health or accident for my child/children during the **2023-2024** school year. I acknowledge I am aware that the USD 225 does not provide any type of health or accident insurance for injuries incurred by your child/children at school.

## **EMERGENCY CONSENT**

In case of an accident, illness or emergency, it is necessary for the school to know your preference for care of your student. If a parent or guardian cannot be contacted, we, the undersigned parents of the student(s) identified above hereby authorize official of the above USD #225 to contact directly the physicians of our selection, and we hereby certify that we are the parents of the said minor child(ren) and do authorize the physician names on the emergency form to render such treatment as said physician, may deem reasonably necessary, in an emergency, for the health of said student, without further authorization than here expressed. In the event neither of the physicians named on the emergency contact form can be contacted, or either of us is unavailable to give our express consent at such time their reference to any other physician, we hereby authorize the officials of the School District to contact any licensed physician, And we hereby authorize said physician to render such treatment as he may deem reasonably necessary, in what he may consider to be an emergency, for the health of our aforesaid minor student at parents expense.

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

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

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

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