

**PRESCRIPTION MEDICATION AUTHORIZATION FORM**

(To be completed by the parent. Please send medication in a prescription labeled bottle).

_____ (Student's Name)	_____ (DOB)	_____ (Grade/Teacher)
_____ (Name of Medication)	_____ (Dose)	_____ (Time)
_____ (Diagnosis - Special Instructions)		

I authorize the employees of the Windsor C-1 School District to dispense this medicine to my child and to contact my physician below to discuss any questions or concerns about this medicine.

**NOTE:** Any medicine that is routinely given just before or during lunchtime WILL NOT be given on early dismissal days unless prior arrangements are made with the school nurse.

_____ Signature Parent/Guardian	_____ Date	(_____)_____ Home Phone	(_____)_____ Work Phone
_____ Physician's Name	_____ Phone		(_____)_____ Cell Phone

Rev. 05/10F

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_____ (Student's Name)	_____ (DOB)	_____ (Grade/Teacher)
_____ (Name of Medication)	_____ (Dose)	_____ (Time)
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I authorize the employees of the Windsor C-1 School District to dispense this medicine to my child and to contact my physician below to discuss any questions or concerns about this medicine.

**NOTE:** Any medicine that is routinely given just before or during lunchtime WILL NOT be given on early dismissal days unless prior arrangements are made with the school nurse.

_____ Signature Parent/Guardian	_____ Date	(_____)_____ Home Phone	(_____)_____ Work Phone
_____ Physician's Name	_____ Phone		(_____)_____ Cell Phone

Rev. 05/10F

**OVER-THE-COUNTER MEDICATION AUTHORIZATION FORM**

To be completed by the physician and the parent.

According to the Nurse Practice Act for the State of Missouri, nurses are not allowed to dispense medication unless prescribed by a physician. Please use this form when sending over-the-counter medication to school.

Student \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ GR/Teacher \_\_\_\_\_

**PHYSICIAN'S SECTION (To be completed by the physician).**

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Interval \_\_\_\_\_  
Diagnosis/Reason for Treatment \_\_\_\_\_  
Special Instructions/Restrictions \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Interval \_\_\_\_\_  
Diagnosis/Reason for Treatment \_\_\_\_\_  
Special Instructions/Restrictions \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Interval \_\_\_\_\_  
Diagnosis/Reason for Treatment \_\_\_\_\_  
Special Instructions/Restrictions \_\_\_\_\_

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

(\_\_\_\_) \_\_\_\_\_  
Office Phone

**PARENT SECTION (To be completed by the parent).**

I authorize the employees of the Windsor C-1 School District to dispense the above over-the-counter medicine(s) to my child, and to contact my physician to discuss any related questions or concerns.

NOTE: Any medicine that is routinely given just before or during lunch WILL NOT be given on early dismissal days unless prior arrangements are made with the school nurse.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work/Cell Phone

PHYSICAL EDUCATION CLASS INFORMATION

Dear Parents,

Your child has physical education each week. All students are required to participate in physical education. Students will not be excused from P.E. activities without a note from a doctor or home, stating the reason why.

If the student should need to miss two consecutive class periods, a doctor's note will be required for the student to be excused from P.E. Please obtain a note from a physician for any extended absences (fractured bones, surgery, etc.)

Students are expected to dress accordingly for P.E. (Tennis shoes and appropriate dress should be worn). If there is any medical problem that the P.E. teacher should be aware of, please call or send a note to your child's P.E. teacher.

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HANDBOOK REVIEW FORM

If you have any questions regarding policy and procedure, please contact the building principal for Windsor Intermediate at (636)464-4451.

I have read and reviewed this handbook with my child.

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Child's Name	Parent's Name/Date
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PHOTOGRAPH WAIVER FORM

During the school year, our students are involved in many special activities and programs. These activities are often photographed for the yearbook, newspaper, etc.

Please sign and return the following waiver.

\_\_\_\_\_ Yes, my child (child's name) \_\_\_\_\_ may be photographed while participating in school activities.

\_\_\_\_\_ No, I don't want my child photographed while participating in school activities.

\_\_\_\_\_  
Parent's Signature

**TECHNOLOGY USAGE**  
***(Parent/Guardian Technology Agreement)***

I have read the Windsor C-1 School District Technology Usage policy and procedure. I understand that violation of these provisions may result in disciplinary action taken against my child/ward or any other child within my care including, but not limited to, suspension or revocation of access to district technology and suspension or expulsion from school of any child/ward or any other child within my care.

I understand that my child's use of the district's technology resources is not private and that the school district may monitor my child's electronic communications and all other use of district technology resources. I consent to district interception of or access to all electronic communications of my child/ward or any other child within my care using district technology resources as well as downloaded material and all data stored on the district's technology resources (including deleted files) pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I agree to be responsible for any unauthorized costs arising from use of the district's technology resources by my child/ward or any other child within my care. I agree to be responsible for any damages caused by misuse of district technology by my child/ward or any other child within my care.

**Check only one option:**

- I give permission*** for my child/ward or any other child within my care to utilize the school district's technology resources.
- I give partial permission*** for my child/ward or any other child within my care to utilize the school district's technology resources. I do not wish for my child/ward or any other child within my care to utilize:
- \_\_\_\_\_
- \_\_\_\_\_
- I do not give permission*** for my child/ward or any other child within my care to utilize the district's technology resources.

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

Signature of Parent/Guardian

Date

***I understand this form will be effective for the duration of my child's/ward's attendance in the district unless revoked or changed by the district or me.***

***HS***     ***MS***     ***IC***     ***WE***     ***Freer***

***Parents should contact the respective main office of their student(s) to revoke permission.***

# WINDSOR INTERMEDIATE CENTER

Dear Parents,

Windsor Intermediate Center has a Parent Web-Access on the district's main web page in the upper right hand corner. Click on "Parent Link Login-". Enter your e-mail address and your password (which you will receive from the Windsor technology department). This will allow you to go on-line and view your child's:

- Attendance
- Attendance History
- Grades
- Grade book Assignments
- Lunch Account

In order for you to take advantage of this program, we must have your home e-mail address. If you are interested, please submit your e-mail address as soon as possible.

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My e-mail address is:  
(please print)

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Student name \_\_\_\_\_

Parent name \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

GRADE LEVEL \_\_\_\_\_

- High School       Middle School       Intermediate Center
- Windsor Elementary       Freer Elementary

**Release of Directory Information**

**Reference: District Policy & Procedure: Student Records-JO, JO-AP)**

“Directory Information” is information contained in an education record of a student that generally would not be considered harmful or an invasion of privacy, if disclosed. The Windsor C-1 school district designates the following items as directory information:

- **Students in kindergarten through eighth grade** -- Student's name; parent's name; date and place of birth; grade level; bus assignment; enrollment status (e.g., full-time or part-time); participation in school-based activities and sports; weight and height of members of athletic teams; dates of attendance; honors and awards received; artwork or coursework displayed by the district; most recent previous school attended; and photographs, videotapes, digital images and recorded sound unless such photographs, videotapes, digital images and recorded sound would be considered harmful or an invasion of privacy.
- **High school and vocational school students** -- Student's name; parent's name; address; telephone number; date and place of birth; grade level; bus assignment; enrollment status (e.g., full-time or part-time); participation in school-based activities and sports; weight and height of members of athletic teams; dates of attendance; degrees, honors and awards received; artwork or coursework displayed by the district; most recent previous school attended; and photographs, videotapes, digital images and recorded sound unless such photographs, videotapes, digital images and recorded sound would be considered harmful or an invasion of privacy.

\_\_\_\_\_ I AGREE to the release of my student's Directory Information, including e-mail addresses, when requested.

\_\_\_\_\_ I DO NOT to agree to the release of my student's Directory Information, including e-mail addresses, when requested.

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

\_\_\_\_\_  
Date

10/2006

WINDSOR INTERMEDIATE CENTER  
"DAILY" AFTER SCHOOL TRANSPORTATION

Student's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Please check one of the following choices:

\_\_\_\_\_ My child will ride the bus to his/her home address.

Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Bus #: \_\_\_\_\_

\_\_\_\_\_ My child will ride the school bus to his/her babysitter or daycare, etc.  
Please list name, address, bus number and telephone number of babysitter or daycare.

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Bus #: \_\_\_\_\_

\_\_\_\_\_ My child will be a parent pick up every day (3:00 p.m.)

\_\_\_\_\_ My child will be going to Windsor Latchkey (636-464-4406) after school.

\_\_\_\_\_ Other \_\_\_\_\_

If the child's after school schedule will change from day-to-day, send a note to the teacher with the child's schedule as soon as possible.

Occasionally, you may need your child to be picked up or ride a different bus. It is your responsibility to call the school at 636-464-4451 before 2:00p.m. if there is a change for that day. Without a note or a phone call, your child will need to follow his/her regular routine.

If you need to make permanent changes in your child's after school arrangements, please send the new information in writing to school with your child.

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

\_\_\_\_\_  
Date