



ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT for School Year: 2021-2022
Also, downloadable on the JCS District Website

To Parent or Guardian:

The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept strictly confidential.

PLEASE complete both pages of this form (Return to the School Nurse)

Form with fields for: Name of Student (Last, First, Middle), Birth Date, Sex, School, Address (Street), Home Telephone Number, Cell Telephone Number, Additional Phone Number, Grade, Teacher/Homeroom, Name of Parent/Guardian (Last, First, Middle), Work Phone Number, Transportation (Bus Rider, Car Rider, Special Needs Bus, After School).

Part I - Health Information

Place where your child receives regular health care:

Physician's Name: _____

Address: _____

Telephone: _____

- Community Health Center, Health Department, Hospital Clinic, No Regular Place, Private Doctor/HMO

Preferred Hospital: _____

Your child's Insurance Information:

- ALL KIDS, Medicaid, No Insurance, Other, Private Insurance

Place your child receives dental care: Dentist's Name: _____

Address: _____

Telephone: _____

- Community Health Center, Health Department, Hospital Clinic, No Regular Place, Private Dentist/HMO

Part II - Medical History Medical Equipment/Procedures Required at School

Form with checkboxes for: Catheter, Gastric Tube, Nebulizer Treatments, Oxygen Supplement, Tracheostomy, Vagal Nerve Stimulator (VNS), Ventilator, Wheelchair, Walker

Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure). Please see your school nurse.

Please Complete Form on Next Page (Signature Required)



**ALABAMA STATE DEPARTMENT OF EDUCATION
HEALTH ASSESSMENT for School Year: 2021-2022**



Name of Student: _____

Part III -

Medical History

<input type="checkbox"/> YES <input type="checkbox"/> NO	KNOWN HEALTH PROBLEMS If NO, go directly to the bottom of the page and provide parent/guardian signature If YES, and diagnosed by a physician, answer each question below.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD) Requires medication? <input type="checkbox"/> At school <input type="checkbox"/> At Home
<input type="checkbox"/> YES <input type="checkbox"/> NO	Allergies: <input type="checkbox"/> Hives/rash <input type="checkbox"/> Medications <input type="checkbox"/> Food _____ <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Epi-pen <input type="checkbox"/> Insects _____ <input type="checkbox"/> Other <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Medications _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Asthma <input type="checkbox"/> Uses an inhaler at school <input type="checkbox"/> Uses an inhaler at home
<input type="checkbox"/> YES <input type="checkbox"/> NO	Blood/Bleeding Problems: <input type="checkbox"/> Hemophilia <input type="checkbox"/> Von Willebrand's <input type="checkbox"/> Other <input type="checkbox"/> Requires medication <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Frequent Nose Bleeds: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cancer/Leukemia: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cerebral Palsy: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cystic Fibrosis: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Dental Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Diabetes <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Monitors Blood Sugars at school <input type="checkbox"/> Requires Insulin at school <input type="checkbox"/> Insulin pump <input type="checkbox"/> Glucagon order <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Managed with diet <input type="checkbox"/> Oral medication
<input type="checkbox"/> YES <input type="checkbox"/> NO	Emotional/Behavioral/Psychological: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Gastrointestinal/Stomach Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Genetic / Rare Disorders: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Headaches: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hearing Problems: <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Tubes <input type="checkbox"/> Hearing loss <input type="checkbox"/> Hearing aid <input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> YES <input type="checkbox"/> NO	Heart Conditions: <input type="checkbox"/> Activity restrictions: <input type="checkbox"/> Medications taken at home: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hypertension (High Blood Pressure): <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Juvenile Arthritis/Bone-Joint Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Kidney/Bladder/Urinary Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Scoliosis: <input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery <input type="checkbox"/> Family History
<input type="checkbox"/> YES <input type="checkbox"/> NO	Seizures/Convulsions: Type of seizure: _ _____ Medications: <input type="checkbox"/> Diastat <input type="checkbox"/> Klonopin <input type="checkbox"/> Versed <input type="checkbox"/> Medication taken at home <input type="checkbox"/> Other _____ <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Sickle Cell: <input type="checkbox"/> Anemia <input type="checkbox"/> Trait
<input type="checkbox"/> YES <input type="checkbox"/> NO	Shunt: <input type="checkbox"/> VP shunt <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Spina Bifida:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Special Diet: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Vision Problems: <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Other Medical Conditions: <i>Please include <u>any</u> medications taken at home only.</i>

Required Signatures

Parent(s) or Guardian Signature: _____	Date: _____
School Nurse Signature: _____	Date: _____

Please complete this form, remove from the handbook, and return to the school office.

Keep the handbook for future reference.

Health Form is available in Spanish at each school. Formulario de Salud está disponible en Español en cada escuela.

2021-2022
PARENT-STUDENT AGREEMENT
AND
PERMISSION FORM

- I have read the Jasper City Schools' Parent-Student Handbook, and I am fully aware of the policies and procedures set forth by the Jasper City Board of Education.

- I agree to follow all rules and policies as listed in the Jasper City Schools' *Parent-Student Handbook*.

- I have read and will adhere to the Acceptable Use Policy (AUP) on pages 33-38.

- I am aware of the video and picture taking guidelines found on page 38. I understand that Jasper City Schools does not condone anyone other than a parent or guardian to take pictures and/or videos of anyone other than their child.

Please complete the following:

- I hereby give my permission for the Jasper City School System to publish photographs and/or videos of my son/daughter and/or his/her work within the Jasper City Schools' domain and social media websites. Individual students may be identified by full name unless permission to do so is denied by the parent or guardian.

If you **do not** give permission for the Jasper City School System to publish photographs of your son/daughter and/or his/her work, you must notify the school principal in writing within fifteen days of the student's first day of attendance each school year.

-
- I hereby give my permission for my child to access the Internet with the supervision of his/her teacher as needed.

If you **do not** give permission for your child to access the Internet with the supervision of his/her teacher, you must notify the school principal in writing within fifteen days of the student's first day of attendance each school year.

-
- I hereby give my permission for my child to ride the bus for school or extracurricular activities.

If you **do not** give permission for your child to ride the bus for school or extracurricular activities, you must notify the school principal in writing within fifteen days of the student's first day of attendance each school year.

-
- I hereby give my permission for my child to participate in the Vision/Hearing Screening.

If you do not give permission for your child to participate in the Vision/Hearing Screening, you must notify the school principal in writing within fifteen days of the student's first day of attendance each school year.

STUDENT'S NAME: (please print) _____

SIGNATURE OF STUDENT: _____

SIGNATURE OF PARENT: _____

DATE: _____

SCHOOL: _____

Please complete this form, remove from the handbook, and return to the school office. Keep the handbook for future reference.

**JASPER CITY SCHOOLS
STUDENT/PARENT 2021-2022
ELECTRONIC DEVICE USE AGREEMENT**

Student Name: _____
Last Name First Name Grade/School

Parent Name: _____
Last Name First Name

Address: _____

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

Terms:

1. I agree to practice digital citizenship and responsible social networking.
2. I agree to comply at all times with the Jasper City Schools Acceptable Use Policy and Equipment Use Agreement incorporated herein by reference and made a part hereof for all purposes. Any failure to comply may terminate my rights of possession effective immediately and the school system may repossess the electronic device and accessories.
3. I agree that I will not deface the device or accessories in any way including the addition of decals, markings, etc.
4. I agree that I will not alter (i.e. "jailbreak") the electronic device, software configuration, or functionality installed by Jasper City Schools.
5. I will take good care of my electronic device.
6. I will never leave the electronic device unattended.
7. I will never loan my electronic device to other individuals.
8. I will know where my electronic device is at all times.
9. I will charge my electronic device battery at home prior to each school day.
10. I will keep food and beverages away from my electronic device since they may cause damage to the device.
11. I will not disassemble any part of my electronic device or attempt any repairs.
12. I will protect my electronic device by only carrying it while in the case provided.
13. I will use my electronic device in ways that are appropriate, educational, and meet the expectations of Jasper City Schools.
14. I will not deface the serial number on the back of my electronic device.
15. I understand that my electronic device is subject to inspection at any time without notice and remains the property of Jasper City Schools.
16. I will follow the policies outlined in the Parent-Student Handbook and Acceptable Use Policy while at school, as well as outside the school day.
17. I will file a police report in case of theft, vandalism, or fire.
18. I will be responsible for all damage or loss caused by neglect or abuse.
19. I will honor myself and others by communicating in a respectful manner in all electronic communication.
20. I agree to return the electronic device, case, and power cords to Jasper City Schools in good working condition.

SIGNATURES:

Student Parent/Guardian Date

Title: Legal title to the electronic device and all accessories is in the name of Jasper City Schools and shall at all times remain so. My right of possession and use is limited to and conditioned upon my full and complete compliance with this Agreement and the Acceptable Use Policy.

Cost of Lost/Repairs for Electronic Device and Accessories:

Furthermore, the student will be responsible for any damage to the electronic device and must return the electronic device and accessories to the school in satisfactory condition. The student will be charged for any needed repairs, not to exceed the replacement cost of the electronic device.

Electronic Device Replacement Charges:

- a) Lost or *stolen device: Replacement of device \$200.00
- b) Device screen repairs \$40.00
- c) Accessory replacements:
 - a. iPad cord, charger, or case \$20.00
 - b. Laptop cord or case \$30.00

*An electronic device that is considered stolen must have a police report on file.