



# MS & HS Emergency Procedure Form --- Royall School District 2024-2025

| First Name  | Middle Name | Last Name   | Date of Birth |
|---|-------------|---|---------------|
| <i>Is the student(s) living in any of the following situations?</i><br><input type="checkbox"/> In an emergency or transitional shelter: with friends or relatives due to loss of housing or economic hardship <ul style="list-style-type: none"> <li>• In a motel, hotel, campground, car, or public place</li> <li>• In need of assistance for locating adequate housing</li> </ul> |             | <i>Check all that apply</i><br><input type="checkbox"/> Is either parent or guardian on active duty in the military?<br><input type="checkbox"/> Is either parent or guardian a traditional member of the Guard or Reserve?<br><input type="checkbox"/> Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32 |               |
| Names of Siblings in School   |             | Grade   | Teacher       |
|   |             |   |               |
|   |             |   |               |
|   |             |   |               |
|   |             |   |               |
|   |             |   |               |
|   |             |   |               |

|                         |  |
|-------------------------|--|
| <b>CHILD LIVES WITH</b> |  |
|-------------------------|--|

|  |   |
|--|---|
| <b>Mother's Name</b>                     | Physical Address, City, State, Zip        |
| Cell Phone                               | Mailing Address – If Different from Above |
| Home Phone                               | Email                                     |
| Name of Workplace                        | Phone of Workplace                        |
| Stepfather's Name <i>(If Applicable)</i> | Stepfather's Phone                        |

|  |   |
|--|---|
| <b>Father's Name</b>                     | Physical Address, City, State, Zip        |
| Cell Phone                               | Mailing Address – If Different from Above |
| Home Phone                               | Email                                     |
| Name of Workplace                        | Phone of Workplace                        |
| Stepmother's Name <i>(If Applicable)</i> | Stepmother's Phone                        |

| Emergency Contact Name | Relationship | Phone Number |
|------------------------|--------------|--------------|
| 1.                     |              |              |
| 2.                     |              |              |

## Technology Acceptable Use Policy

### Student Agreement

I have read the Royall School District Student Computer and Internet Acceptable Use Policy. I fully understand my use privileges and responsibilities when using District-owned technology resources. I agree to comply with the District's Student Computer and Internet Acceptable Use Policy. I understand that any violation of this policy may result in my privileges being restricted or revoked. The District reserves the right to enforce other disciplinary action and/or possible legal action if necessary.

### Parent Agreement

As a parent/guardian of this student, I confirm that I have read the Royall School District Student Computer and Internet Acceptable Use Policy and have discussed it with my child. I hereby give permission for my child to use the District's technology resources, including Internet access at school. I have explained the policy to my child and feel that my child understands what is expected of him/her when using the District's technology resources

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

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

\_\_\_\_\_  
Date

### Pictures, Videos, and Publications

In order for the school to publicly share information about your child one of the child's parents/guardians, must give written consent. By signing below you are allowing the school to publish photographs, videos, or your child's first name with the media including parent bulletin, school board reports/presentations, newspapers, radio, and school website.

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

\_\_\_\_\_  
Date

### Transcripts

Students under the age of 18 that are requesting transcripts to be sent to outside businesses/colleges need parental approval. Please sign below if you allow the student to send out transcripts per your child's request.

Do we have permission to release your child's name, phone # & address to various organizations such as colleges, recruiters, etc? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent signature: \_\_\_\_\_

### Student Handbook and Co-curricular code (See Student Handbook and Co-curricular code on our school website)

#### Student Section

*I will adhere to the provisions of the Student Handbook and Co-Curricular Code of conduct. I understand it is my obligation to read all of the policies, guidelines, and expectations. If I do not understand any of the rules, I will ask for clarification. As a student, I understand that my participation in co-curricular activities is a privilege and, therefore, agree to be bound by the Royall Co-Curricular Code of Conduct. I understand this agreement is binding through my graduation from high school.*

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

#### Parent Section

*I understand the provisions of the Student Handbook and Co-Curricular Code of Conduct. I understand it is my obligation to read and assist my son/daughter in adherence to all policies, guidelines, and expectations. As a parent, I understand that my son/daughter's participation in co-curricular activities is a privilege and, therefore, agree to be bound by the Royall Co-Curricular Code of Conduct. I understand this agreement is binding through graduation from high school.*

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

## ONLY REQUIRED FOR ATHLETES

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION **ALTERNATE YEAR** ATHLETIC PERMIT CARD  
**THIS CARD MUST BE FILED EVERY YEAR BEFORE PARTICIPATION CAN BEGIN IN ANY ATHLETIC PROGRAM.**

1. Examination taken *after April 1* is good for the following **TWO SCHOOL YEARS**.
2. Examination taken *before April 1* is good for the remainder of that **SCHOOL YEAR** and the following **SCHOOL YEAR**.

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Last First Middle Initial  
Present Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Parents' Place of Employment \_\_\_\_\_  
Family Physician \_\_\_\_\_ Family Dentist \_\_\_\_\_  
Name of Private Insurance Carrier \_\_\_\_\_ Telephone \_\_\_\_\_  
Subscriber Member Name (Primary Insured) \_\_\_\_\_

1. I hereby give my permission for the above-named student to practice and compete and represent the school in WIAA approved sports.
  2. I also attest to the fact that the above-named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.
  3. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.
  4. It is recommended that information regarding your child's allergies and prescribed medication be made available.
- PARENT: If there is any question that this student may not be qualified for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing card.
- SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS ALTERNATE YEAR CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION

All students should have adequate Insurance Coverage. Your signature below signifies that you have adequate insurance or will assume the cost of any injuries incurred in participation. Student Assurance Services, Inc. makes available an insurance plan that is designed to partially cover the cost of medical treatment. You may contact the District Office at 462-2600 for more information.

I agree to/understand the above insurance information.

\_\_\_\_\_  
Date