

MORGANTON DAY SCHOOL
305 WEST CONCORD STREET
MORGANTON, NC 28655
ph: 437-6782

EMERGENCY TREATMENT FORM for 2018-2019
(One form per student, please print legibly)

Student's name: _____ Sex: _____ Age: _____ Date of birth: _____

Home address: _____

Father's name: _____ Home phone: _____ Cell phone: _____

Place of Employment: _____ Work phone: _____

Mother's name: _____ Home phone: _____ Cell phone: _____

Place of Employment: _____ Work phone: _____

If parents are separated or divorced, who has legal custody? _____

Please list two people who will assume temporary care of your child if you cannot be reached:

Name: _____ (Relationship) _____ Phone: _____ Cell Phone: _____

Name: _____ (Relationship) _____ Phone: _____ Cell Phone: _____

It is very important for the safety of your child that we know if he/she is taking any MEDICATIONS, has any ALLERGIES, or has any other HEALTH CONDITIONS. Please check and describe any conditions that apply to your child. (Use additional paper as necessary):

Medications: (List name of medication and dosage) _____

Allergies: (Please check those that apply and the specific nature of the allergic reaction)

_____ Animals _____ Food _____ Plants _____ Medication or Drugs
_____ Insect Stings _____ Other

Illness/Injuries: (Please check those that apply and the specific nature and dates of the illness or injury)

_____ Chronic or Recurring Illness _____
_____ Seizures _____
_____ Asthma _____
_____ Diabetes _____
_____ Broken Bones _____
_____ Heart Defect/Disease _____
_____ Other _____

SEE BACK OF PAGE

Student's Name: _____

Other Health Conditions: (Please check all that apply)

_____ Motion Sickness
_____ Fainting
_____ Other _____

_____ Glasses/Contacts
_____ Nosebleeds

_____ Hearing Impairment
_____ Special Diet

Please explain any items checked above. _____

Explain any restrictions for activities (e.g. what cannot be done, what adaptations or limitations are necessary)

Please check the medications listed below you will permit the school to give to your child.
(If not checked that specific medication will not be given.)

_____ Tylenol (Acetaminophen)

_____ Motrin (Ibuprofen)

_____ Antibiotic Ointment

_____ Cough Drop

A form listing the medication, reason, dosage, and time will be sent home that day whenever the school dispenses Tylenol or Motrin to a student.

Insurance and Doctor Information:

Insurance company: _____ Policy No. _____

Doctor: (1st choice): _____ Phone: _____

Doctor: (2nd choice): _____ Phone: _____

I understand that medical or accident insurance coverage is required while my child is enrolled at Morganton Day School. I verify that all information on this form is true and correct to the best of my knowledge. In the event of a medical emergency while my child is attending Morganton Day School, and parents/legal guardians cannot be contacted, the administration has the authority to take whatever action is necessary to assure prompt medical attention. Morganton Day School will not be held financially responsible for emergency transportation and/or treatment of my child.

Signature of Parent/Guardian: _____ Date: _____

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CHILD PICK-UP AUTHORIZATION

2018-2019

The individuals listed below have permission and authority to pick up my

child/children _____

at the conclusion of the regular school day and/or from the After School Program.

Signature of Parent or Legal Guardian: _____

Date: _____

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PERMISSION FORM FOR SCHOOL ACTIVITIES

2018-2019

My child, _____ has permission to participate in all school activities, including field trips and sports. I release the school, teachers, and parent volunteers from all liability and/or injury to my child. This includes the school campus, travel for field trips and outings, or other locations where school activities are conducted. Such release is limited to liability for which there is no insurance coverage for the acts or omissions of the school, teachers, or parent volunteers.

Parent's Signature: _____

Date: _____

**MORGANTON DAY SCHOOL
AND
INTERNATIONAL BACCALAUREATE ORGANIZATION
MEDIA AND IB RELEASE FORM**

Name of child: _____

Section 1: Student Media Release-Morganton Day School (for ALL STUDENTS...JK-8)

During the school year, Morganton Day School takes photographs, slides, and video footage of classroom and school activities for use in promoting the school and submits articles to newspapers and magazines.

- I give permission for Morganton Day School to use photographs, slides, and/or video footage of my child in its promotional materials, social media and articles. I note that **the identify of my child may be revealed**.
- I do not give permission for Morganton Day School to use images of my child as described above.

The International Baccalaureate Organization (IBO) is committed to improving and promoting its educational programmes and the teaching and learning that take place in its authorized schools. It conducts teacher-training workshops and publishes promotional materials such as the magazine *IB World*. It also publishes training materials, both in printed form and on CD-Rom, for schools and for sale, and on its password-protected web site for teachers. These training materials are greatly improved if samples of student work are shown. The IBO would greatly appreciate your permission for possible future use of samples of your child's work or of images of him/her engaged in class work or school activities, should the school select them for submission.

Please check one box in each section below to give Morganton Day School the necessary authority. Then sign and date the form. It will be retained by the school and kept with your child's school record.

Section 2: Child's school work-IBO (for grades JK-4 only)

- On behalf of my child, I **grant** the IBO a **non-exclusive worldwide license** to use any of my child's work the school chooses to submit, in whatever medium (including written work, audio, and visual materials). I note that this means that the IBO may reproduce and publish the materials in any medium for training, promotional, or other purposes in relation to the IBO's activities or those related activities of which it approves. I note also that these materials may be modified, translated, or otherwise changed to meet the IBO's purposes **and will be anonymized to protect my child's identity**.
- On behalf of my child, I **do not give permission** to the school to submit his/her work, in whatever medium, to the IBO for the purposes described above.

Section 3: Child's visual image-IBO

- On behalf of my child, I **give permission** to the IBO to reproduce photographic and video images of my child in whatever medium, as described above. I understand that these pictures will have been taken in the course of approved school activities and in circumstances under the control of the school. I **note that the identity of my child will not be revealed**.
- On behalf of my child, I **refuse permission** to the IBO to reproduce photographic and video images of my child in whatever medium and, therefore, ask the school not to include my child in any activity that will be photographed or videoed for submission to the IBO.

Parent's signature: _____ Date: _____

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MILK & JUICE ORDER FORM (Optional)

2018-2019

JK-8th

Milk or juice is available at lunch for students. The cost is \$95.00 per year per child for either milk or juice. If you are interested in purchasing milk or juice for your child for the year, please list your child's/children's name(s) and indicate whether you are purchasing juice or milk and return the completed form to the school office.

Child's Name _____

Milk _____ Juice _____

Child's Name _____

Milk _____ Juice _____

Parent's Signature: _____

Date: _____

Total Amount Enclosed: _____

(Please submit payment with this form)

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DIRECTORY INFORMATION FORM for 2018-2019

Please fill in all the following information for the MDS School Directory and school records. This information will be published in the school directory which may be accessed by MDS families for school purposes only. If you do not want certain items of information in the directory, please note that at the bottom of the form.

Student's name: _____ Grade: _____

Home address: _____

Father's name: _____ Home phone: _____ Cell phone: _____

Address (if different from home address) _____

Work phone: _____ Email Address: _____

Mother's name: _____ Home phone: _____ Cell phone: _____

Address (if different from home address) _____

Work phone: _____ Email Address: _____

(For internal use only)

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VEHICLE AND DRIVER REPORT FORM

2018-2019

Make, Model, and Year of Vehicle: _____

NC Driver's License #: _____ Expiration Date: _____

Date of NC Vehicle Inspection Expiration: _____

Insurance Policy Effective Dates: _____

Please attach copy of your Proof of Insurance. (coverage sheet)

Remember: The *minimum* insurance coverage required for private passenger automobiles used for school-related transportation is:

- Bodily Injury Insurance (BI) \$100,000/\$300,000
- Property Damage Insurance (PD) \$100,000
- Personal Injury Protection (PIP) \$100,000

I am a licensed driver in the state of North Carolina and I accept responsibility for the occupants of the vehicle listed above while I am driving. All occupants will be required to wear seat belts at all times in the vehicle. I have provided proof of liability coverage at the minimum limits listed above and I certify that the vehicle listed above is in good repair and roadworthy.

Parent/Driver Printed Name: _____

Parent/Driver Signature: _____

Date: _____



Back to School Book Club

2018-19

Parents may choose to enroll their child(ren) in the Back to School Book Club for \$20.00 per child. A book will be purchased by the school and presented in your child's honor during the first trimester awards assembly and then placed in the school library for all to enjoy. Each book will contain a book plate indicating the student's name and class. Books will be chosen according to age range, interest, and classroom studies.

Each child will receive a certificate to take home indicating the name of the book that has been added to the library in their honor.

The Back to School Book Club is a great way to enhance our library with books to support the curriculum.

_____ Yes, please enroll the following in the **Back to School Book Club @ 20.00 each.**

_____	_____
Name	Grade
_____	_____
Name	Grade
_____	_____
Name	Grade

Total Amount Enclosed: _____

(Please submit payment with this form)



MORGANTON
DAY SCHOOL

We Love Grandparents

Your grandparents are special to Morganton Day School! They are a part of Morganton Day School's family, too. Please send us the most up-to-date information on your Grandparents.

STUDENT NAME: _____

Grandparents Listing:

Name(s): _____

Address: City: _____

State: Zip: Country: _____

Home phone: _____

Email Address: _____

Grandparents Listing:

Name(s): _____

Address: City: _____

State: Zip: Country: _____

Home phone: _____

Email Address: _____

Thank You!