ENROLLMENT INFORMATION

High School Enrollment dates:
Seniors - Tuesday 8/6 9-11am & 1-3pm
Juniors - Tuesday 8/6 9-11am & 1-3pm
Sophomores - Wednesday 8/7 9-11am & 1-3pm
Freshmen - Wednesday 8/7 9-11am & 1-3pm

- Please enter at the Main HS Office Entrance. Main lobby doors will remain locked from the outside as usual during the school day. You will turn in your packet or receive one, fill out the information, turn it back in and then receive your schedule. The last three papers in this packet must be turned in before you will receive your schedule.
- Medication/Asthma paperwork is to be filled out and returned, only if you will be keeping medicine at the school or have asthma. (Please label your inhaler with your name)
- Mrs. Roth will also have necessary paperwork to fill out, so please stop by her table.
- A Student Contact Information Update sheet will be given at enrollment to make sure what we have is current. If there are any changes in address, phone number or contacts, you can do that on the day of enrollment.
- Senior Pictures will be taken in room 137 (spanish classroom) on 8/6. You should have received info from OSP on scheduled times. This will be the picture that is used in the senior panel.
- Students who are in Athletics-Original Physicals are to be kept in the HS Office. If you have already received yours for the current year, please bring it to the office and we will get a COPY to your Coach.

After you receive your schedule you can:
- Pay on your Lunch Account
- Pay Class Fees, please look at the class fees list so you can bring payment at enrollment. Fees are due by August 23rd.
- Order Yearbook-Standard Yearbook $35 for a limited time, get yours ordered soon!
  Or purchase the Signature Package $53.99 (yearbook, 1 line of personalization, color autograph section and 5 multicolor markers) Prices will go up throughout the year.
- Purchase Parking Permit-$10-you will need your tag #, year, make and model of your vehicle before receiving permit.
- Reserve Parking Space (Fundraiser)-$40-Reserve & Paint your Parking Space
- Lock Rental-$5-(locks are mandatory and will be provided by the school)
- Pick Up Locker Combination

Don’t forget back to school night is Tuesday, August 13th from 5:30-7:30.

If you have any questions, please do not hesitate to call the HS Office at 580-336-4415.
PHS REMIND APP

To sign up for updates:
Text your class code to the number 81010
Sign up for the “Parents & Students” Group and then your individual class

This group is for ALL students and parents
PHS Parents & Students - Code: @PHSMAROONS

Individual Classes are below for information that is specific to your class
   Seniors Class of 2020 - Code: @PERRYHS20
   Juniors Class of 2021 - Code: @PERRYHS21
   Sophomores Class of 2022 - Code: @PERRYHS22
   Freshmen Class of 2023 - Code: @PERRYHS23

The HS Office has a google site with updated school information
https://sites.google.com/perry.k12.ok.us/perryhighschool/home
Here you will find daily school announcements, calendars, breakfast and lunch menus, sports schedules, etc. Be sure to check the site for upcoming events and things going on at PHS!
<table>
<thead>
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<tbody>
<tr>
<td>Su M Tu W Th F S</td>
<td>3 - Staff Prof'l Day</td>
<td>14 - 6 wk grades recorded/saved</td>
<td>6 - End of 3rd quarter</td>
<td>10 - Staff Prof'l Day - NO SCHOOL</td>
<td>13 &amp; 14 - Semester Tests</td>
<td>18 &amp; 20 - Semester Tests</td>
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<tr>
<td></td>
<td>6 - 2nd Semester begins</td>
<td>20 - P/T Conf 2:30-7:30</td>
<td>** Early release at 1:30 pm</td>
<td>** Early release at 1:30 pm</td>
<td>14 - 2nd Semester ends</td>
<td>** Early release at 1:30 pm</td>
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<td></td>
<td>19 - Martin Luther Day - NO SCHOOL</td>
<td>21 - P/T Conferences 8:30-12:30 - NO SCHOOL</td>
<td>28 - Staff Prof'l Day - NO SCHOOL</td>
<td>15 - Teacher Workday</td>
<td>16 - Graduation</td>
<td>25 - Memorial Day</td>
</tr>
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<td>20 - Parent / Teacher Conference</td>
<td>20 - Parent / Teacher Observance / No School</td>
<td>13 &amp; 14 - Staff Prof'l Day - NO SCHOOL</td>
<td>15 - Teacher Workday</td>
<td>16 - Graduation</td>
<td>25 - Memorial Day</td>
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<td>19 &amp; 20 - Semester Tests</td>
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<td>25 - Memorial Day</td>
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<td></td>
<td>** Early release at 1:30 pm</td>
<td>Dec 23 - Jan 3 - Winter Break - No School</td>
<td>18 &amp; 20 - Semester Tests</td>
<td>** Early release at 1:30 pm</td>
<td>14 - 2nd Semester ends</td>
<td>** Early release at 1:30 pm</td>
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<td>1st Semester</td>
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<td>Perry Public Schools</td>
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<td>Perry Public Schools</td>
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<td>20 - 1st Semester ends</td>
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<tr>
<td>July 2019</td>
<td>Su M Tu W Th F S</td>
<td>1 - 3 - Independence Day</td>
<td>6 - 2nd Semester begins</td>
<td>10 - Staff Prof'l Day - NO SCHOOL</td>
<td>13 &amp; 14 - Staff Prof'l Day - NO SCHOOL</td>
<td>16 - 1st Quarter</td>
</tr>
<tr>
<td></td>
<td>12 - Teacher Workday</td>
<td>12 - Back to School Night 5:30-7:30</td>
<td>26 - 6 wk grades recorded/saved</td>
<td>29 - Staff Prof'l Day - NO SCHOOL</td>
<td>30 - Staff Prof'l Day - NO SCHOOL</td>
<td>31 - Staff Prof'l Day - NO SCHOOL</td>
</tr>
<tr>
<td>August 2019</td>
<td>Su M Tu W Th F S</td>
<td>1 - 3 - Independence Day</td>
<td>6 - 2nd Semester begins</td>
<td>10 - Staff Prof'l Day - NO SCHOOL</td>
<td>13 &amp; 14 - Staff Prof'l Day - NO SCHOOL</td>
<td>16 - 1st Quarter</td>
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<td>October 2019</td>
<td>Su M Tu W Th F S</td>
<td>1 - 3 - Independence Day</td>
<td>6 - 2nd Semester begins</td>
<td>10 - Staff Prof'l Day - NO SCHOOL</td>
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<td>31 - Staff Prof'l Day - NO SCHOOL</td>
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<tr>
<td>November 2019</td>
<td>Su M Tu W Th F S</td>
<td>1 - 3 - Independence Day</td>
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<td>31 - Staff Prof'l Day - NO School</td>
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</tbody>
</table>

** Notes: **
- NS: No School
- TWD: Teacher Work Day
- PTC: Parent/Teacher Conference
## Bell Schedule

### High School

First Bell 8:10

<table>
<thead>
<tr>
<th>Time Block</th>
<th>Class Begins</th>
<th>Class Ends</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Hour</td>
<td>8:15</td>
<td>9:05</td>
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<tr>
<td>2nd Hour</td>
<td>9:10</td>
<td>10:05</td>
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<tr>
<td>3rd Hour</td>
<td>10:10</td>
<td>11:00</td>
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<tr>
<td>Lunch</td>
<td>11:05</td>
<td>11:40</td>
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<tr>
<td>4th Hour</td>
<td>11:45</td>
<td>12:35</td>
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<tr>
<td>5th Hour</td>
<td>12:40</td>
<td>1:30</td>
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<tr>
<td>6th Hour</td>
<td>1:35</td>
<td>2:25</td>
</tr>
<tr>
<td>7th Hour</td>
<td>2:30</td>
<td>3:20</td>
</tr>
</tbody>
</table>

*Announcements will be given during 2nd hour

*There will be no assembly schedule
FEES

LOCK RENTAL - $5
PARKING PERMIT - $10
ADVANCED BIOLOGY - $10
ADVANCED BIOLOGY 2 - $5
AP ART - $25
AP CHEMISTRY - $15
AP ENVIRONMENTAL SCIENCE - $15
ART 1 & 2 - $25
CHEMISTRY - $5
EARTH & SPACE SCIENCE - $5
FORENSICS - $10
F.F.A. - $15
GENERAL BIOLOGY - $5
PHYSICAL SCIENCE - $5
SCULPTURE - $50
WOODWORKING - $25
ATHLETIC PASSES

FAMILY-$200
INDIVIDUAL-$100
INDIVIDUAL SPORT-$75
SR. CITIZEN-$35
COLLEGE WITH/ID-$35
PERRY STUDENT K-12-$35
**What is meningitis?**
Meningitis is an infection of the tissue lining and fluid that surround the spinal cord and the brain. Meningitis is usually caused by a virus or a bacterium. Meningitis caused by a virus is usually less severe and goes away without any special treatment, while meningitis caused by bacteria can be severe and may cause:
- Brain damage,
- Hearing loss,
- Amputation of arms or legs,
- Learning disabilities, or
- Death.

**What types of bacteria cause meningitis?**
There are several types of bacteria that may cause meningitis, including:
- *Neisseria meningitidis*
- *Streptococcus pneumoniae,*
- *Group B streptococcal disease,* and
- *Haemophilus influenzae* type B (Hib).

This information sheet will focus on the disease caused by *Neisseria meningitidis* (Nay-sear-e-a men-in-git-it-dis), which is rare but especially risky for people of certain ages. Disease caused by *Neisseria meningitidis* is usually referred to as “meningococcal disease” (men-IN-jo-kul disease). Many persons are exposed to *Neisseria meningitidis* and carry the bacteria in their nose and throat for weeks or months and spread the bacteria to others, but do not become sick themselves. If the meningococcal bacteria invade the body, they may cause a rapidly spreading infection of the blood, lung infection, or meningitis. More information about the other kinds of bacteria that cause meningitis can be found at the web sites listed in the box at the end of this information sheet.

**Who is at risk from meningococcal disease?**
Babies less than a year old have the highest risk for meningococcal disease, but no vaccine is available for babies. The risk of meningococcal disease increases for teenagers and young adults 15 through age 21 years of age, because of behaviors that spread the disease. On average, two or three people in this age group get meningococcal disease every year in Oklahoma. More than half of these could be prevented by vaccine.

College students, military personnel, and other people living in close quarters or dormitory-style housing have a greater chance of contracting the disease than other persons their age. Other persons at increased risk include smokers or persons frequently exposed to second-hand smoke, those with immune system problems, those without a spleen, or international travelers going to countries where the disease is more common.

**How is the disease spread?**
The disease is spread by respiratory droplets produced by a person harboring the bacteria and expelled a short distance by laughing, singing, coughing, or sneezing. The bacteria may also be spread by direct contact with the respiratory fluids of someone who is infected. That includes kissing, or sharing a water bottle, food item, cigarettes, lipstick, lip balm, mouth guard or anything an infected person touches with his or her nose or mouth.

**Why is meningococcal disease dangerous?**
Meningococcal disease is relatively uncommon with about 2,500 people affected every year in the United States. However, the infection can spread very quickly and 300 of those people die in spite of treatment with antibiotics. Of those who live, about 400 a year lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

For this reason, it is best to prevent the disease from occurring. Signs and symptoms of meningococcal disease may be confused with other infectious diseases. If your child has symptoms of meningococcal disease, contact your healthcare provider immediately.

<table>
<thead>
<tr>
<th>Signs and Symptoms of Meningitis</th>
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<tbody>
<tr>
<td>Headache</td>
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<tr>
<td>Fever</td>
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<tr>
<td>Chills</td>
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<tr>
<td>Stiff neck</td>
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<tr>
<td>Extreme tiredness</td>
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<tr>
<td>Vomiting</td>
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<tr>
<td>Sensitivity to light</td>
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<tr>
<td>Rash of purplish black-red dots</td>
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<tr>
<td>splotches</td>
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<tr>
<td>Confusion</td>
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<tr>
<td>Seizures</td>
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**How can meningococcal disease be prevented?**
Vaccines can prevent approximately two-thirds of the meningococcal disease cases. There are two types of meningococcal vaccine available in the United States (MCV4 and MPSV4) that protect against four of the five most common disease-causing strains of the meningococcal bacteria.
MCV4 stands for meningococcal conjugate vaccine and MPSV4 stands for meningococcal polysaccharide vaccine. Two doses of MCV4 are recommended for:
- All adolescents 11-18 years of age, and
- Other people at high risk 2 through 55 years of age.

MCV4 should be given to all adolescents at age 11 or 12 years, unless they have received it before. A booster dose is due at age 16 years. For adolescents who receive the first dose at age 13 through 15 years, a one-time booster dose should be given at age 16 through 18 years.

Children 2 years of age and older and adults who are at high risk for meningococcal disease should receive 2 doses spaced 2 months apart. People at high risk include individuals who:
- Do not have a spleen,
- Have terminal complement deficiencies,
- HIV infection, or
- Will be traveling to countries with high rates of meningococcal disease.

Teens and young adults age 16 through 21 years who receive(d) their first dose of MCV at 16 years of age or older do not need a booster dose.

MPSV4 protects against the same types of meningococcal bacteria as MCV4 and is indicated for use in adults over 55 years of age who are at risk for meningococcal disease.

Teenagers and young adults can also reduce their risk by taking good care of themselves, by eating a balanced diet, getting enough sleep and exercise, as well as avoiding cigarettes and alcohol.

**Is this vaccine required to attend school in Oklahoma?**

Meningococcal vaccine is required for students who are enrolling for the first time in colleges and post-high school educational programs and who will live in dormitories or on-campus student housing. This vaccine is not required for children in elementary or high school in Oklahoma, even though it is recommended for all adolescents 11 years and older.

**Is the meningococcal vaccine safe?**

Yes, both types of vaccine are safe; however, there are small risks associated with any vaccine. About half of the people who receive a meningococcal vaccine will have pain and redness where the shot was given, but because the vaccine is not made from the whole bacteria, it cannot cause bloodstream infections or meningitis. A small percentage of people who get the vaccine develop a fever. Vaccines, like all medicines, carry a risk of an allergic reaction, but this risk is very small.

A few cases of Guillain-Barré Syndrome (GBS), a serious nervous system disorder, have been reported among people who received MCV4. However, GBS is such a rare disease that it is not possible right now to tell if the vaccine is a part of the cause or simply due to chance alone because a number of cases of GBS will occur every year even without the use of MCV4 vaccine.

**Does the meningococcal vaccine work?**

Yes. A single dose of MCV4 meningococcal vaccine protects about 90 percent of the people who are immunized against meningococcal disease caused by types A, C, Y, and W-135. These types cause almost two-thirds of all meningococcal disease among teenagers in the United States. It does not prevent type B, which causes about one third of the cases in teenagers.

**Does the meningococcal vaccine prevent all cases of meningitis?**

No, it cannot provide protection against other causes of bacterial meningitis or type B meningococcal disease. Scientists have not been able to make a vaccine that will protect against type B.

**Where can I get the vaccine for my son or daughter?**

If your child has health insurance, you can obtain the meningococcal vaccine from your regular healthcare provider. All county health departments in Oklahoma have the vaccine available at no charge for children 11 through 18 years of age who:
- Have no health insurance,
- Are Medicaid eligible,
- Are Native American, or
- Have health insurance that does not pay for vaccines or does not pay for meningococcal vaccine;

and for children 2 through 18 years of age who are at high risk from meningococcal disease.

**Where can I find more information?**

For more information, contact your healthcare provider or local county health department or visit these web sites:

- National Meningitis Association at [www.nmaus.org](http://www.nmaus.org)

This information sheet was prepared with information obtained from the Oklahoma State Department of Health, the Centers for Disease Control and Prevention, and the Children's Hospital of Philadelphia. (Revised 3-11)
PERRY PUBLIC SCHOOLS
MEDICATION AUTHORIZATION FORM
SCHOOL YEAR _____ - _____

Student Name:__________________________ School:______________  Grade:_____  Date of Birth:____/____/______

OVER THE COUNTER MEDICATION  TO BE COMPLETED BY PARENT/GUARDIAN
Fill out and return with a **NEW Unopened Container** of age and dose appropriate medication.

Medication:_________________________________________________________ Dosage:____________________________

Purpose:____________________________________________ Time(s) to be administered:________________________

Special Instructions:________________________________________________________________________________

PRESCRIPTION MEDICATION  TO BE COMPLETED BY THE PHYSICIAN
Perry Public Schools discourages the administration of medication to students in school if possible. This form will
only be valid for the current school year. A **new form is required yearly.**

Please use a separate form for each medication.

Medication:__________________________________________ Diagnosis:____________________________

Dosage:__________________________________________ Time(s) to be given at school:__________________________

Effective Dates:____/____/______ to ____/____/______ Possible Side Effects:____________________________________________________________________

If medication is PRN (as needed), please specify:__________________________________________________________________________________________

Can Medication be Repeated?  □ Yes  □ No  How many times?____

Frequency of Administration ____________________________________________

__________________________________________________________  ____________________________  ____/____/______
Physician’s Name (Please Print)  Physician or Representative Signature  Physician’s Phone  Date

**SELF CARE/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL**
Provisions under 70 O.S. 1984, Section 1-1163, allow students to self-administer prescribed asthmatic, diabetic, or allergic medication.
Approval to self-administer medications must be authorized by the prescribing physician. The parent/guardian of the student is to provide
the school an emergency supply of the student’s medication.

I have instructed ______________________________ in the proper use of his/her medication and it is my
professional opinion that this student is capable of self-administration of the medication and should be allowed
to carry and use that medication by himself/herself.

__________________________________________________________  ____/____/______
Physician’s Signature  Date

TO BE COMPLETED BY THE PARENT/GUARDIAN
I have read the procedure for medication administration and I hereby request and authorize Perry Public Schools
personnel to administer this medication as directed. I agree to release, indemnify and hold harmless Perry Public Schools
and any other officers, staff members, or agents from lawsuit, claim, demand or action against them for administering
medication to this student. **I understand that permission is granted for exchange of verbal or written communication
between the school staff and the prescribing physician/dentist regarding this medication.**

__________________________________________________________  ____/____/______
Signature of Legal Parent/Guardian  Date  Contact Phone
Administering Medication to Students

1. Medication will be given only as authorized according to state law and district policy, regulations, guidelines and procedures.
2. Medication will be given by a designated employee.
3. Students are NOT authorized to administer medication to other students.
4. Personal medication of employees will not be given to students.
5. An injected medication requires a medical monitoring plan, a physician’s written authorization and a parent/guardian’s written permission.
6. Medication is only authorized to be administered when the Medication Authorization form is completed and signed. A new medication authorization form must be filled out for each medication at the beginning of the school year, when there is a medication change, and when there is a dosage change.
7. Physician changes or instructions may be faxed to the school site.
8. Any unauthorized medication found at school will be confiscated. The parent/guardian will be notified and the incident and any action taken will be recorded and signed.
9. New/renewed prescriptions must be sent in the new/renewed prescription container.
10. Medication sent or brought to school in improper containers, improperly labeled, or not labeled, will NOT be given, even if the parent/guardian gives verbal or written authorization. The parent/guardian will be contacted and informed of PPS policy and procedures either verbally or in writing. The improperly packaged/labeled medication will be held until the end of the day and a parent/guardian will be required to come to the school to claim the medication. The process will be recorded and signed.
11. Medication may only be given to students who state they forgot to take their medication before coming to school if the parent/guardian is contacted and verbal authorization is given. This process must be recorded and signed. Medication will not be given if the parent/guardian verbal authorization is unavailable.
12. Under no circumstance will one student’s medication be given to another student.
13. All medication must be brought to the school by the parent/guardian. Students are NOT to bring medication to school.
14. Directions for administering medication must include specific times.
15. Inhalers may be kept with a student at all times and self-administered as the student deems necessary with written authorization by the parent/guardian AND physician. When an asthmatic has an inhaler, medication or a nebulizer at school, the parent/guardian will be required to fill out the medication authorization form.
16. Students under the age of 18 cannot terminate medications.
17. Expiration dates of medication will be tracked.
18. Medication from a foreign country will not be given.
19. Herbal/Homeopathic medications and health care products will follow the same guidelines as those in place for prescription and non-prescription medication.
20. Parent/Guardian requesting that a student be allowed to self-administer, self-carry other medication will be required to sign and have on file the Medication Authorization Form. The only other medication that a student can self-carry and self-administer besides asthma medication, is medication used to treat anaphylaxis and medication used to treat diabetes, as students physician deems necessary and with appropriate written authorization.
21. Medication taken on field trips must be in the original container along with a copy of the signed Medication Authorization form. The designated teacher will be required to “check-out” the
medication, keep the medication with him/her at all times, and record the Medication Authorization form after administering. All medication taken on field trips will be carried in a locked container.

22. MEDICATION AUTHORIZATION FORM: All medication must be recorded and signed by a designated employee on the back of the Medication Authorization form anytime medication is administered. The employee’s full name must be used the first time medication is administered, but initials may be used on all other entries of that same form. When a parent/guardian brings the medication and form to school, the dosage, time(s) medication is to be taken, expiration date, date received, and amount received must all be recorded on the Medication Authorization form by the designated employee. The designated employee must also sign and record the date medication is returned to the parent/guardian.

23. 911 will be called as needed for potential reactions to medication.

24. If a student refuses to take medication, the event will be recorded and the parent/guardian will be notified.

25. Parents will be required to pick up medication at the end of the school year. When medication is left at school, the parent/guardian will be notified that the medication needs to be picked up by a designated date.

26. For any medication that is left at school after the designated date/end of school year, the medication will be retrieved by a Perry Police Officer and delivered to the medication drop-off location at Perry Police Dept.

27. To promote safety and consistency, one employee will be designated to administer medication. Other employees will be assigned the responsibility of administering medication in the event the designated employee is unavailable.

28. All medication issues are considered confidential.
General Information
Full Name of Student ___________________ DOB ____/____/______ School _______ Grade ______
Emergency Contact ___________________________ Phone (____)-____-_______
Emergency Contact ___________________________ Phone (____)-____-_______
Physician Treating Student for Asthma ___________________________ Phone (____)-____-_______

Daily Asthma Management Plan
Triggers (Check each that apply)
☐ Colds
☐ Exercise
☐ Animals
☐ Smoke
☐ Dust
☐ Food
☐ Weather
☐ Air Pollution
☐ Strong Odor
☐ Other _____________________________

Exercise
1. Pre-Medication (how much and when)
________________________________________________________________________
________________________________________________________________________

2. Exercise modifications
________________________________________________________________________
________________________________________________________________________

Control of School Environment
(List any environment control measures, pre-medications, and/or dietary restrictions that the student needs
to prevent an asthma episode.) _____________________________________________
________________________________________________________________________

Daily Medication Plan (at home and at school)

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>When to Use</th>
<th>Specify if medication is taken at home or school</th>
</tr>
</thead>
<tbody>
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</table>

How does student get to/from school: Bus____ Walk____ Car____
Comments/Special Instructions _____________________________________________
________________________________________________________________________

Parent Signature ___________________________ Date ____/____/_______

*Physician must fill out and sign medication authorization form if medication will be taken at school.
Medical Permission Form

TO WHOM IT MAY CONCERN:

I/WE authorize an ADULT REPRESENTATIVE of PERRY PUBLIC SCHOOLS (hereafter referred as PPS), permission of first aid care to __________________________. I/We understand that should any accident, injury, or illness occur, medical and/or hospital care will be obtained. I/We realize the representative(s) of the school will make a reasonable effort to notify me/us in case of an accident, injury or illness; however should they be unable to contact me/us, they have my permission to pursue a course of medical action which is in the best interest of the child.

In case of medical emergency, in the event I/We cannot be reached, I/We hereby give permission to the physician or health care provider selected by the PPS REPRESENTATIVE to hospitalize, secure proper treatment for, and order whatever injection, anesthesia, or surgery said physician or health care provider deems necessary for the child. A doctor, clinic, hospital, or health care provider may proceed with any medical or surgical treatment that such PPS REPRESENTATIVE may authorize.

I further understand that I will be responsible for all medical, surgical, and transportation costs which may be incurred.

This form will be kept in the students file and will be valid as long as he/she is enrolled in the PERRY PUBLIC SCHOOL DISTRICT.

INSURANCE INFORMATION

Insurance Company: _______________________________________________________________________________________
Policy Number: ____________________________________ Policy Holder: ___________________________________________
Date of Birth: ________________ Occupation: ____________________________ Employer: ____________________________
Employer’s Address: __________________________________________ Employer’s Phone #: ___________________________

______________________  ________________________  ________________________  ________________________
(Parent/Legal Guardian Name)                 (Signature of Parent/Legal Guardian) (Signature of Parent/Legal Guardian)

______________________  ________________________
(Signature of Parent/Legal Guardian) (Signature of Parent/Legal Guardian)

Home/Cell Phone # (circle one) ________________  Home/Cell Phone # (circle one) ________________
Other Phone # (work/home/cell) _____________________  Other Phone # (work/home/cell) _____________________

IF UNABLE TO CONTACT EITHER PARENT/GUARDIAN ABOVE, I GRANT PERMISSION TO CONTACT:

Name: ____________________________ Relationship: ____________________________ Phone #: ____________________________

Family Physician ____________________________  Physician Phone #: ____________________________

IT IS YOUR RESPONSIBILITY TO KEEP SCHOOL UPDATED WITH ANY CHANGES TO INFORMATION
Media Release Form

Perry Public Schools are proud of the achievements of our faculty and students and often publicizes the many successful programs and activities.

Perry Public Schools may develop, participate in, or be the subject of media based presentations and events which highlight various educational activities that take place during the course of the school year.

These may include, but are not limited to

- Photographs of individual students identified by names
- Group photographs identified by names
- Videotape of students and activities
- Videotape productions transmitted via PIN Network

Before publishing any pictures or video, we are asking for the permission of our student’s parent/guardian. Please check the box below with your preference.

☐ I hereby GIVE permission to publish my child’s photograph in any media authorized by the Perry Public Schools, as well as to include my child in any videotaped events/activities that may be presented over local access cable (PIN Network). Understanding that my child may be identified by name.

☐ I hereby DENY permission to publish my child’s photograph in any media authorized by the Perry Public Schools, as well as to include my child in any videotaped events/activities that may be presented over local access cable (PIN Network). Understanding that my child may be identified by name.

Internet Use

☐ I hereby GIVE permission for my child to have supervised access to internet while on PERRY PUBLIC SCHOOLS campus. I give my permission for my child to use the school computer and access the internet.

☐ I hereby DENY permission for my child to have supervised access to internet while on PERRY PUBLIC SCHOOLS campus. I give my permission for my child to use the school computer and access the internet.

Transportation Release Form

☐ I hereby GIVE permission for my child to ride a PERRY PUBLIC SCHOOL bus to local field trips. I understand that I may receive an additional field trip form for other out of town trips.

☐ I hereby DENY permission for my child to ride a PERRY PUBLIC SCHOOL bus to local field trips. I understand that I may receive an additional field trip form for other out of town trips.

Print name of student: ___________________________ Grade: ________

Parent/Guardian Signature: ___________________________ Date: __________
STUDENT EXTRACURRICULAR ACTIVITIES CONTRACT

Statement of Purpose and Intent

Participation in school-sponsored extracurricular activities at the Perry school district is a privilege and not a right. Such privilege is governed by the district policy on Student Possession or Use of Alcohol and Illegal Drugs and Participation in Extracurricular Activities (policy FNCFD). Alcohol and illegal drug use of any kind is incompatible with participation in extracurricular activities on behalf of the Perry Public Schools. Students who participate in these activities are respected by the student body and are expected to hold themselves as good examples of conduct, sportsmanship, and training. Accordingly, student participants in extracurricular activities carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of alcohol or illegal drugs.

Participation in Extracurricular Activities

For the safety, health, and well-being of the students of the Perry Public Schools district, the district has adopted the attached policy on Student Possession or Use of Alcohol and Illegal Drugs and Participation in Extracurricular Activities (policy FNCFD) and this Student Extracurricular Activities Contract, which shall be read, signed, and dated by the student participant, parent or custodial guardian, and coach/sponsor before such participant shall be eligible to practice or participate in any extracurricular activity. No student shall be allowed to practice or participate in any extracurricular activity unless the student has returned the properly signed Student Extracurricular Activities Contract.

Student’s Last Name ______________________________ First Name ____________________________ Middle Initial ______

I understand, after having read the policy on Student Possession or Use of Alcohol and Illegal Drugs and Participation in Extracurricular Activities and this Student Extracurricular Activity Contract, that, out of care for my safety and health, the Perry school district enforces the rules applying to the consumption or possession of alcohol and/or illegal drugs. As a member of a Perry Public Schools organization, I realize that the personal decisions that I make daily in regard to the consumption or possession of alcohol and/or illegal drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of alcohol and/or illegal drugs any time during the school year, I understand, upon determination of that violation, I will be subject to the restriction of my participation as outlined in the policy.

Signature of Student ______________________________ Date ______________

We have read and understand the policy on Student Possession or Use of Alcohol and Illegal Drugs and Participation in Extracurricular Activities and this Student Extracurricular Activities Contract. We desire that the student named above participate in the extracurricular activity programs of the Perry Public Schools and we hereby agree to abide by all provisions of the policy.

Signature of Parent or Custodial Guardian __________________________ Date ______________