



Mecklenburg County Public Schools
175 Mayfield Drive, P.O. Box 190
Boydton, VA 23917

FOR PARENTS

NEW STUDENT REGISTRATION CHECKLIST

File # _____

Date: _____

Student's Full Name (as on Birth Certificate): _____
(Last) (First) (Middle)

Date of Birth: _____ Place of Birth: City/County _____ State _____

School: _____ Student ID #: _____ Grade: _____ School Year: _____

Mother's Name: _____ Father's Name: _____

Welcome to the Mecklenburg County School District!

Listed below are required documents needed to register your child. All required documents must be provided before the student can be registered. If you are having difficulty obtaining the required documents, please contact school personnel for assistance.

Please be aware that Virginia state law makes it a crime to provide false or inaccurate information to enroll a student in school.

Pursuant to VA Code 22.1-3, it is the Policy of Mecklenburg County Public Schools that individuals attempting to enroll a student must be listed on the student's birth certificate as the natural parent or must provide court documentation proving legal custody or a copy of the petition for custody. Once the individual petitioning for custody receives their court date, they must provide this information to the school. Immediately following the court date, the petitioner must inform the school of the court's decision.

- ☐ BIRTH CERTIFICATE # _____
- ☐ PARENT/GUARDIAN ID (Driver's License or Photo ID)
- ☐ IMMUNIZATION AND HEALTH RECORD (With a Doctor/Nurse Signature) This is needed before the first day of school.
- ☐ MOST RECENT REPORT CARD OR YEAR-ENDING REPORT CARD (if school is in session at the time of registration)
- ☐ OFFICIAL HIGH SCHOOL TRANSCRIPTS (Grades 9-12 and any High School Courses taken while in Middle School)
- ☐ LEGAL CUSTODY/GUARDIANSHIP DOCUMENTS (if applicable) PLEASE NOTE: TEMPORARY GUARDIANSHIP AND FULL GUARDIANSHIP **MUST** BE APPROVED BY THE COURT SYSTEM AND SIGNED BY A JUDGE.
- ☐ RESIDENCY REQUIREMENTS (Choose the Appropriate Box Below)

RESIDENCY REQUIREMENTS:	RESIDENCY REQUIREMENTS:	RESIDENCY REQUIREMENTS:
<p>I AM THE HOMEOWNER</p> <p>(NOTE: THIS MUST BE YOUR PRIMARY RESIDENCE)</p> <p>MUST BRING IN THE FOLLOWING:</p> <p>_____ MORTGAGE STATEMENT, DEED, SALES AGREEMENT OR TAX BILL FOR THE RESIDENCE</p> <p>AND ONE</p> <p>OF THE FOLLOWING:</p> <p>_____ ONE CURRENT UTILITY BILL (ELECTRIC, WATER, GAS, OR CABLE/SATELLITE ONLY) ISSUED WITHIN THE LAST 3 MONTHS</p> <p>_____ VOTER REGISTRATION</p> <p>_____ AUTO REGISTRATION</p> <p>_____ PAYROLL STUB (WITHIN THE LAST 3 MONTHS)</p> <p>_____ W2 FORM</p> <p>_____ 2 MONTHS OF BANK STATEMENTS</p>	<p>I RENT</p> <p>MUST BRING IN THE FOLLOWING:</p> <p>_____ CURRENT SIGNED AND BONAFIDE LEASE, RESIDENCE MANAGER LETTER (MUST INCLUDE CONTACT INFORMATION) IN THE SITUATION OF RENTING WITHOUT A LEASE, USE THE VERIFICATION OF RESIDENCY FORM-SHARED HOUSING</p> <p>AND ONE</p> <p>OF THE FOLLOWING:</p> <p>_____ ONE CURRENT UTILITY BILL (ELECTRIC, WATER, GAS, OR CABLE/SATELLITE ONLY) ISSUED WITHIN THE LAST 3 MONTHS</p> <p>_____ VOTER REGISTRATION</p> <p>_____ AUTO REGISTRATION</p> <p>_____ PAYROLL STUB (WITHIN THE LAST 3 MONTHS)</p> <p>_____ W2 FORM</p> <p>_____ 2 MONTHS OF BANK STATEMENTS</p>	<p>I LIVE WITH ANOTHER MECKLENBURG COUNTY RESIDENT</p> <p>MUST BRING IN THE FOLLOWING:</p> <p>_____ *VERIFICATION OF RESIDENCY FORM - SHARED HOUSING</p> <p>_____ PROOF OF THE HOMEOWNERS RESIDENCY (PLEASE REFER TO "I AM THE HOMEOWNER")</p> <p>AND</p> <p>PARENT/GUARDIAN MUST BRING ONE OF THE FOLLOWING:</p> <p>_____ VOTER REGISTRATION</p> <p>_____ AUTO REGISTRATION</p> <p>_____ PAYROLL STUB (WITHIN THE LAST 3 MONTHS)</p> <p>_____ W2 FORM</p> <p>_____ 2 MONTHS OF BANK STATEMENTS</p>



NEW KINDERGARTEN STUDENT REGISTRATION FORM

STUDENT INFORMATION:

Student's Full Legal Name _____

(As shown on Birth Cert.)

(Last)

(First)

(Middle)

Grade: _____ ☐ Male ☐ Female Birthdate: _____ Student Age: _____

Student's 911 Address _____ (City) _____ (State) _____ (Zip)

Student's Mailing Address _____ (City) _____ (State) _____ (Zip)

Student Ethnicity Hispanic/Latino: ☐ No ☐ Yes

(Persons of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture or origin, regardless of race)

Student Race (Check all that apply)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or other Pacific Islander ☐ White

Name of last school attended: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Has the student previously attended School in Mecklenburg County? ☐ No ☐ Yes

MCPS School: _____ When? _____

Has student ever been retained? ☐ No ☐ Yes Grade: _____

Identified for gifted and talented program? ☐ No ☐ Yes Program: _____

Does the student have an active 504 plan? ☐ No ☐ Yes (If yes, please provide copy of 504)

Does the student have an active IEP? ☐ No ☐ Yes (If yes, please provide IEP)

Is the student an immigrant, refugee, migrant, neglected, delinquent, or in foster Care? ☐ No ☐ Yes

If yes, please make sure to complete page 3.

Parent/Guardian Military Connection (Check One)

☐ Not government nor military connected

☐ Gov't Connection-not active duty military (i.e. Contractor)

☐ Active Duty; Student is a dependent of a member of the Active Duty Forces

☐ Reserve; Student is a dependent of a member of the National Guard or Reserve Forces

Military Information (Active Duty Personnel Only)

Rate/Ranking _____

TECHNOLOGY INFORMATION

Internet Access for Remote Learning (Please Circle One)	1. Internet access at home allows for live streaming, classroom instruction, real-time interaction with teachers and classmates. 2. Internet access at home is available but too slow for live streaming or real-time interaction. 5. No Internet connection available at home for unknown reasons. 7. No internet connection at home due to cost of service. 8. No internet connection at home due to service availability.
Device Access for Remote Learning (Please Circle One)	1. School Provided (Desktop, Laptop, Chromebook, Tablet). 2. Personal (Desktop, Laptop, Chromebook, Tablet). 3. Shared with family members (Desktop, Laptop, Chromebook, Tablet). 4. Smartphone Only 5. Any public device (library, community center, etc.). 6. No device access.

HOUSEHOLD INFORMATION**All Parent(s)/Legal Guardian(s) (If Guardianship/Custody: Please provide legal documentation)**

Parent/Guardian Name _____ (Relation) _____
(as shown on Birth Cert) (Last) (First) (MI)

Parent Address: _____ City _____ State _____ Zip _____

Primary Phone: _____ Cell Phone: _____ Email: _____

Custody ☐ Yes ☐ No Educ. Rights ☐ Yes ☐ No Contact Allowed ☐ Yes ☐ No

Place of Employment: _____ Phone: _____

Parent/Guardian Name _____ (Relation) _____
(as shown on Birth Cert) (Last) (First) (MI)

Parent Address: _____ City _____ State _____ Zip _____

Primary Phone: _____ Cell Phone: _____ Email: _____

Custody ☐ Yes ☐ No Educ. Rights ☐ Yes ☐ No Contact Allowed ☐ Yes ☐ No

Place of Employment: _____ Phone: _____

Student Lives With: _____ (Relation) _____

School Messenger Number: _____

GUARDIAN/STEPPARENT/OTHER ADULT LIVING WITH STUDENT (please use additional paper if more than two):

Name _____ (Relation) _____
(Last) (First) (MI)

Name _____ (Relation) _____
(Last) (First) (MI)

Does minor student have a court restriction regarding parent/guardian contact? ☐ No ☐ Yes

(If yes, Please provide copy of court documents)

Students will be released to parent/guardian during school hours unless a court order specifically prohibits contact or release with parent/guardian.

Parent/guardian is responsible for providing current copies of all court orders.

Names of other children living in household:

Name	Gender	Relation	Birth Date	School

What is the primary language used in the home, regardless of the language spoken by the student?

What is the language most often spoken by the student?

What is the language that the student first acquired?

What language should school information be sent home in?

Note: The following information is required by state and federal law.

Is the student an **immigrant**? ☐ No ☐ Yes

Immigrant – Individuals who are aged 3 through 21; were not born in any State of the United States of America; and have not been attending one or more schools in any one or more States for more than three(3) full academic years.

Date entered the US: _____ **Date Enrolled in US School:** _____

Is the student a **refugee**? ☐ No ☐ Yes Country Represented: _____

Refugee – An individual who is outside his/her country and is unable or unwilling to return to the country because of a well-founded fear that he/she will be persecuted because of race, religion, nationality, political opinion, or membership in a particular social group. This definition excludes persons displaced by natural disasters or persons who, although displaced, have not crossed an international border. Also excluded are persons commonly known as “economic migrants,” whose primary reason for flight has been a desire for personal betterment rather than persecution per se. Specifically, the U.S. Citizenship and Immigration Services has issued a refugee an I-94 card that is stamped “Refugee” and which contains an alien number.

Dated Entered the US: _____ **Date Enrolled in US School:** _____

Is the student a **migrant**? ☐ No ☐ Yes

Migrant – A ‘migratory child’ means a child who is or whose parent or spouse is, a migratory agricultural worker, including a migratory dairy worker, or a migratory fisher, and who, in the preceding 36 months, in order to obtain, or accompany such parent or spouse, in order to obtain, temporary or seasonal employment in agricultural or fishing work – (A) has moved from one school district to another; (B) in a State that is comprised of a single school district, has moved from one administrative area to another within such district; or (C) resides in a school district of more than 15,000 square miles, and migrates a distance of 20 miles or more to a temporary residence to engage in a fishing activity.

Date Entered the US: _____ **Date Enrolled in US School:** _____

Is the child **neglected**?* ☐ No ☐ Yes

Is the child **delinquent**?* ☐ No ☐ Yes

***Neglected or delinquent children** – A child placed by an agency or court in a local institution for neglected or delinquent children and youth or attending a community day program for such children.

Is the child in **foster care**?

Does the student reside in a foster home? ☐ No ☐ Yes

Name of placing agency (IE, DSS, UMFS): _____

(FOR SCHOOL - If yes and agency listed – please provide documents and send to Mary Hodges)

ALL THE INFORMATION LISTED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Signature

Date

Information Concerning Discipline or Criminal/Delinquent Acts

Virginia Code § 22.1-3.2, as amended, requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, independent student, legal guardian or other person having control or charge of a school aged child to provide, upon registration, a sworn statement or affirmation concerning the below listed information. Any person making a materially false statement or affirmation shall be guilty of a Class 3 Misdemeanor upon conviction. The registration document shall be maintained as part of the student's scholastic record.

PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW:

1. **Has the student been expelled from school attendance at a private school or in a public school division of the Commonwealth or in another state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person?**
☐ No ☐ Yes

2. **Has the student been found guilty of or adjudicated delinquent for any offense listed below, or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories?**
 - ☐ A firearm or related offense pursuant to Virginia Code § 18.2-279 through 18.2-309, as amended;
 - ☐ Homicide, pursuant to Virginia Code §18.2-30 et seq., as amended;
 - ☐ Felonious assault and bodily wounding, pursuant to Virginia Code §18.2-51 et seq., as amended;
 - ☐ Criminal sexual assault, pursuant to Virginia Code §18.2-61 et seq., as amended;
 - ☐ Manufacture, sale, gift, distribution or possession of Schedule I or II controlled substances, pursuant to Virginia Code §18.2-247 et seq., as amended;
 - ☐ Manufacture, sale gift, distribution, or possession of marijuana pursuant to Virginia Code §18.2-247 et seq., as amended;
 - ☐ Arson and related crimes, pursuant to Virginia Code §18.2-77 et seq., as amended;
 - ☐ Burglary and related offenses, pursuant to Virginia Code §18.2-89 through 18.2-93, as amended;
 - ☐ Robbery pursuant to Virginia Code §18.2-58, as amended;
 - ☐ Prohibited street gang participation, activity or recruitment pursuant to Virginia Code §18.2-46.2 & 18.2-46.3, as amended;
 - ☐ An act of violence by a mob pursuant to Virginia Code §18.2-42.1, as amended.

I hereby swear or affirm that the above information concerning student _____ is true and accurate.

Signature of Parent, Independent Student, Legal Guardian or Person Having Charge of Student

Date

- I understand it is a Class 4 misdemeanor charge for knowingly making a false statement concerning the residency of a person in a particular school division or school attendance zone for the purposes of avoiding tuition charges or enrollment in a school outside the attendance zone or division in which the student resides. Violation of this law is punishable up to a \$250 fine.
- I give my permission for my minor child or myself to attend all school-authorized field trips and after-school programs if offered. I understand that all normal precautions will be taken for safety and students/parents will be advised in advance of all field trips and after-school programs. I may withdraw permission for my child or myself to attend a specific field trip or after-school program by providing written notice to the school.
- I assume liability for all damages or loss of school property caused by myself or the minor student being registered.
- I agree to explain all student absences and tardiness in writing upon student re-entry into school.
- I understand information that is classified as “directory information” may be disclosed under the guidelines noted in School Board Policy JO – Student Records and in accordance with the state and federal law and that I may prevent disclosure of such information by providing written notice to the school.
- If the school is unable to contact parent/guardian/emergency contact, I give permission for the school to contact my child or my physician for clarification of any medical needs.
- I give school authorities permission, in an emergency, to secure necessary aid and transportation for the preservation of my or my child’s health, at my expense.
- **I will notify the school of any address, phone number, and/or any household changes to the information on this form within 30 days.**

SIGNATURE OF PARENT, INDEPENDENT STUDENT, LEGAL GUARDIAN OR PERSON HAVING CHARGE OF STUDENT DATE

Thank you for providing your school with this important information.

Dr. Scott C. Worner, Division Superintendent
 Mecklenburg County Public Schools
 175 Mayfield Drive, P.O. Box 190, Boynton, VA 23917

www.mcpsweb.org



EMERGENCY CONTACT / AUTHORIZED STUDENT PICK-UP

AUTHORIZED STUDENT PICK-UP/SIGN-OUT/EMERGENCY CONTACT

List up to 4 people who are authorized to pick up, sign out, and assume temporary care of your child, if necessary or in case of an emergency. Please list in order of preferred contact. ***State valid photo ID required for pick-up.***

Student's Name: _____ Student's ID #: _____
(For School Use)

Name 1: _____ Relation to child: _____

Phone 1: _____ Phone 2: _____

Name 2: _____ Relation to child: _____

Phone 1: _____ Phone 2: _____

Name 3: _____ Relation to child: _____

Phone 1: _____ Phone 2: _____

Name 4: _____ Relation to child: _____

Phone 1: _____ Phone 2: _____

Parent/Guardian Signature

Date

TRANSPORTATION INFORMATION

Student Name: _____ Grade: _____ Student ID #: _____

School: _____ Homeroom Teacher (if applicable): _____

Regular School Day Transportation• Morning:

_____ My Child will be a Car Rider

_____ My Child is a Student Driver (High School Only)

_____ My Child will ride bus number _____

_____ From our home address _____

_____ From an alternate address _____

• Afternoon:

_____ My Child will be a Car Rider

_____ My Child is a Student Driver (High School Only)

_____ My Child will ride bus number _____

_____ To our home address _____

_____ To an alternate address _____

List any allergies or medical conditions (bus riders only): _____

Elementary Bus Students Only (Please Check One)_____ I **DO NOT GIVE** permission for my child to get off the bus at his/her designated stop without adult supervision. **Only the names on the Emergency Contact/Authorized Student Pick-Up List may take responsibility for my child.**_____ I **GIVE** permission for my elementary school student to get dropped off at his/her designated Stop without adult supervision. **FOR 4th & 5th GRADE STUDENTS ONLY.****Emergency Release Transportation**

In the event of an emergency or unexpected dismissal, I would like my child to do the following:

_____ Car Rider My child may be picked up by the people listed on my Emergency Contact/
Authorized Student Pick-Up List.

_____ Bus Rider on Bus _____ To the following address:

(Must be an established stop on the bus the student currently rides)**BUS PASSES WILL NOT BE WRITTEN FOR YOUR CHILD TO RIDE ANOTHER BUS.**_____
Parent/Guardian Signature_____
Date



MECKLENBURG COUNTY PUBLIC SCHOOLS
175 Mayfield Drive, P.O. Box 190
Boydton, VA 23917

*Only one form
required per
household.*

PARENT PORTAL FORM

PLEASE PRINT CLEARLY WHEN COMPLETING THIS FORM

Student(s) Attending MCPS:

<i>STUDENT ID</i>	<i>STUDENT NAME</i>	<i>DATE OF BIRTH</i>	<i>CURRENT SCHOOL</i>

NAME OF LEGAL PARENT/GUARDIAN WHO IS REQUESTING PARENT PORTAL ACCESS:

<i>NAME of PARENT/GUARDIAN</i>	<i>LEGAL RELATIONSHIP TO STUDENT</i>	<i>PERSONAL EMAIL FOR USER NAME</i>

Signature of Legal Parent/Guardian Authorizing Access

Date

Phone # for Contact Information

ONCE YOUR ACCOUNT HAS BEEN SET UP YOU WILL RECEIVE INSTRUCTIONS ON

HOW TO ACTIVATE YOUR ACCOUNT VIA THE EMAIL ADDRESS YOU PROVIDED FOR YOUR USER NAME.

Please be aware once you have an account it remains active until you student graduates or withdraws from our school. It also provides you access to all your children who are currently enrolled.

Mecklenburg County Public Schools
Student Housing Questionnaire

Please use one form per family. Return to school with registration information. If you require additional copies, please contact your school office.

Please list the names of all Mecklenburg County children residing in your home and the school they attend.

Be sure to also include those who are not attending school and their age. (ADDITIONAL SPACE IS ON THE BACK IF NEEDED)

☐ I do not wish to provide any information regarding my family's living situation. I understand that this decision will prevent the school system from determining if my student qualifies for additional benefits under the McKinney-Vento Act 42 U.S.C. 11432. No further information is needed if this box is marked.

STUDENT NAME	AGE	GRADE	SCHOOL STUDENT ATTENDS	NAME OF PARENTS/GUARDIANS (PLEASE PRINT)

NAME OF PERSON COMPLETING FORM: _____

ADDRESS: _____ PHONE: _____

Please mark below the type of housing that applies to you and your family.

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11432.

Is this student's home address a temporary living arrangement, other than rental? Yes ☐ No ☐ If yes, please describe below:

☐ in a motel (if so, please list name of motel) _____

☐ in a shelter (if so, please list name of shelter) _____

☐ doubled up with more than one family in the home (if so, please explain) _____

☐ moving from place to place with friends/family due to lack of housing _____

☐ in a location not designed for sleeping accommodations (e.g. car, park, campsite) _____

☐ None of the above. Please describe your housing situation. _____

If you answered NO to all of the above questions, no further information is needed. Please return the form to school.

If you answered YES to any of the above questions, please complete the back of this form, and return the form to school.

SCHOOL STAFF: Please return completed forms to Mary Hodges, Homeless Coordinator, at Central Office

(PLEASE TURN OVER)

Student Housing Questionnaire (page 2)

The answers to the following questions will help in determining if your student is eligible for services under the McKinney-Vento Act 42 U.S.C. 11432. Information shared is used by the school only.

Please mark the correct box that explains why you are living in temporary housing.

☐ Fire (if so, when did this occur? Where were you living when it happened?) _____

☐ Loss of Housing (please explain) _____

☐ Economic Hardship (please explain) _____

Is the student residing with someone other than his/her parent or legal guardian? ☐ YES ☐ NO If yes, please explain _____

NAME OF "GENERAL AREA" OF CURRENT RESIDENCE: _____

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)

Signature of parent/legal guardian: _____ DATE: _____
(Or unaccompanied youth)

ADDITIONAL SPACE TO LIST NAMES OF CHILDREN RESIDING IN THE FAMILY HOME

STUDENT NAME	AGE	GRADE	SCHOOL STUDENT ATTENDS	NAME OF PARENTS/GUARDIANS (PLEASE PRINT)

OFFICE USE ONLY FOR THIS SECTION

☐ Approved per McKinney-Vento ☐ Referred to Food Service ☐ Special Transportation ☐ Title I Purchases ☐ Recorded in SIS

SCHOOL STAFF: Please return completed forms to Mary Hodges, Homeless Coordinator, at Central Office

Student's Name: _____ School: _____ Current Grade: _____ H.R. Teacher _____
 Student's Date of Birth: ____/____/____ Age: ____ Sex: ____ Bus # _____ or Transported by Private Vehicle Yes ____ No ____
 Student's Address: _____ City: _____ State: _____ Zip: _____
 Name of Parent or Legal Guardian 1: _____ Phone: ____-____-____ Work or Cell: ____-____-____
 Name of Parent or Legal Guardian 2: _____ Phone: ____-____-____ Work or Cell: ____-____-____
 Emergency Contact: _____ Phone: ____-____-____ Work or Cell: ____-____-____
 May we contact you by email? Yes ____ No ____ Parent E- Mail (s) _____
 Student's Primary Doctor _____ Phone# ____-____-____ Student's Dentist _____ Phone# ____-____-____

HEALTH ISSUES	YES	COMMENT	HEALTH ISSUES	YES	COMMENT
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions (history of)		
Asthma or breathing problems			Hearing problems or deafness		
Attention Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problems			Seizures		
Bleeding problems			Sickle Cell Disease (not trait)		
Bowel problems			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic Fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, glasses, contact lenses, etc.): _____

Does your child see a specialist? If yes, please list condition, doctor's name, and phone number: _____

List all prescription, over-the-counter (include vitamins and nutritional supplements), and herbal medications your child takes regularly: Note: All prescribed medications given in school must be provided by the parent and properly labeled with current date, student's name, frequency, route, dose, and prescriber information. _____

Is student allergic to any medications? Yes ☐ No ☐ If yes, please list: _____

Please Keep Your Child at Home if he/she has: An oral temperature greater than 99.90 F; is vomiting, has diarrhea, has a rash with a **fever; appears to be ill---Call the school if your child is sick**

Medical Emergencies:

- **Standard Emergency Medical Plan:** In case of a medical emergency, the school nurse will provide first aid and/or CPR, call 911, and notify parent. Nurses may administer epipen, albuterol, naloxone, instant glucose, and diphenhydramine for specific medical emergencies.
- If your child has a specific medical condition (such as asthma, seizures, severe allergic reaction, diabetes, etc) and requires specialized medical care during an emergency or for management of a condition, please ask your school nurse for a care plan to be signed by you and your child's physician. Care plans must be updated every year.

Over the Counter (OTC) Medications:

- Unless contraindicated, one age appropriate dose of the following OTC medications will be provided by the school nurse on a non-routine basis (You may draw a line through any medication you do not wish your child to receive):

Acetaminophen (Tylenol) – for fever or pain
Cough drop/syrup – for cough or sore throat
Ibuprofen (Advil) – for fever, pain, or swelling
Antibiotic Ointment – for minor cuts

Anti-itch cream – for minor itch
Lip ointment – for chapped/dry lips
Antacid (Tums) – for stomach upset
Artificial Tears -eye irritation

Prescription Medications

- If your child requires prescription medication during school hours, a medication consent must be signed by you and the physician that specifies name of medication, dose, and time the medication should be taken.
- **Elementary/Middle School:** Prescription medications should be dropped off and/or picked up by an adult.
- Students diagnosed with diabetes may self-carry diabetic supplies and self-check glucose levels with parental consent and written approval from their doctor
- Students diagnosed with asthma or anaphylaxis may possess and self-administer inhaled asthma medications or auto-injectable epinephrine with parental consent and written approval /care plan from their doctor annually

By signing below, I give permission for my child's health care provider and MCPS Nurse or trained individual to discuss my child's health concerns and/or exchange medical information pertaining to the student identified above. Information on this card may be shared with staff taking care of my child at school, school events, and on school provided transportation. Anyone listed on my child's school emergency card or on this card may discuss my child's health needs with school staff, may authorize treatment and/or pick up my child from school. In the event of an emergency situation, I authorize the school to obtain emergency medical treatment for my child by contacting the local rescue squad. I understand physician documentation is required for all medical conditions including allergies as well as the giving of prescriptive or over-the-counter medication (beyond label recommendations) at school or school sponsored events. I have been advised of the school's medication administration guidelines, and I understand that medication may be administered by non-medical personnel. This authorization will be in place for one school year, until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record. I shall not hold Mecklenburg County School Board personnel liable in any way for harm or injury that may be experienced by my child as a result of these services.

Parent/Guardian Signature _____ Date: _____