

Date of Registration \_\_\_\_\_  
Student I.D. # \_\_\_\_\_  
Locker # \_\_\_\_\_  
Locker Combination \_\_\_\_\_

MASON CONSOLIDATED SCHOOLS  
STUDENT EMERGENCY FORM

VERIFIED \_\_\_\_\_  
IMMUNIZATIONS \_\_\_\_\_  
UIC # \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Last First Middle BUS #

Number Street/P. O. Box City Zip

HOME PHONE(\_\_\_\_\_) UNLISTED? \_\_\_\_\_ RESTRICTED? \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ BIRTH PLACE \_\_\_\_\_

TRANSFER FROM \_\_\_\_\_ ADDRESS \_\_\_\_\_ NEW FAMILY? (To District) \_\_\_\_\_

WE NEED A LANGUAGE DISTRIBUTION OF OUR STUDENTS FOR A STATE REPORT. PLEASE LIST LANGUAGE(S) SPOKEN AT HOME  
(NOT ENGLISH) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

GUARDIAN CODE: LIVING W/ BOTH PARENTS \_\_\_\_\_ LIVING W/MOTHER \_\_\_\_\_ LIVING W/FATHER \_\_\_\_\_ LIVING W/RELATIVES \_\_\_\_\_  
LIVING W/OTHERS \_\_\_\_\_ CUSTODY: SOLE (Legal proof is required) \_\_\_\_\_ JOINT CUSTODY \_\_\_\_\_

FAMILY I:

PRIMARY CONTACT--PARENT/GUARDIAN \_\_\_\_\_  
(Circle one) Last name First name MI Title Relationship

HOME ADDRESS \_\_\_\_\_ HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS (If different) \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SECONDARY CONTACT--PARENT/GUARDIAN \_\_\_\_\_  
(Circle one) Last name First name MI Title Relationship

HOME ADDRESS \_\_\_\_\_ HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS (If different) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

FAMILY II:

PRIMARY CONTACT--PARENT/GUARDIAN \_\_\_\_\_  
(Circle one) Last name First name MI Title Relationship

HOME ADDRESS \_\_\_\_\_ HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS (If different) \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SECONDARY CONTACT--PARENT/GUARDIAN \_\_\_\_\_  
(Circle one) Last name First name MI Title Relationship

HOME ADDRESS \_\_\_\_\_ HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS (If different) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**STUDENT'S EMERGENCY INFORMATION AND AUTHORIZATION FOR RELEASE**

(This will also be used for all co-curricular activities.)

Student's doctor \_\_\_\_\_ Doctor's phone (\_\_\_\_\_) \_\_\_\_\_

In case of an emergency, illness, accident, or early dismissal, or a need for transportation and parent cannot be contacted,  
please contact and/or release my child to the following (please list people who are available and have transportation):

(1<sup>ST</sup>) Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

(2<sup>ND</sup>) Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

(3<sup>RD</sup>) Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

My child has a particular health problem the school should know about:      Seizures [ ]      Asthma [ ]      AIDS [ ]  
 ADHD/ADD [ ]      Heart condition [ ]      Urinary problem [ ]      Bowel problem [ ]      Hepatitis B [ ]      Diabetes [ ]

Other: \_\_\_\_\_

Allergies to: food [ ] seasonal [ ] bee sting [ ] medications [ ]

List allergies: \_\_\_\_\_

List history of surgeries or other injuries--include year: \_\_\_\_\_

Medications: \_\_\_\_\_

**ALL CHILDREN IN THE FAMILY**

NAME	SCHOOL	GRADE

I understand that if there are any changes on this form, it is my responsibility to contact the school immediately. I further understand that if my child is involved in a situation or accident which, in the judgment of school personnel requires the attention of professional life support emergency personnel, which such assistance will be at my expense. Your signature below also authorizes release of medical information to school staff concerned with your child and emergency medical personnel.

**STUDENT HANDBOOK, USER AGREEMENT AND PARENT PERMISSION FORM**

**We agree to abide by the contents of this year’s Student Handbook, which is available on-line at <http://www.eriamason.k12.mi.us/> and also in hard copy, by request in the principal’s office. Additionally:**

As a user of Mason Consolidated School District’s Electronic Information Technologies, I hereby AGREE to comply with the stated guidelines – communicating over networks in a responsible fashion while honoring all relevant laws and restrictions.

As the parent or legal guardian of the student signing above, I GRANT permission for my child to access district computer services such as electronic mail and the internet. I UNDERSTAND that my student will be held accountable and subject to discipline for violations of District Policies/Guidelines pertaining to such service. I UNDERSTAND that some materials on networks may be objectionable, but I ACCEPT responsibility for guidance of use setting and conveying standards for my child to follow when selecting, sharing or exploring information and media.

\_\_\_\_\_  
 Name of Student

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Parent/Guardian signature

\_\_\_\_\_  
 Date

The Family Educational Rights and Privacy Act (FERPA) affords parents and legal guardians (parents) and students over 18-years of age (eligible students) certain rights with respect to the student’s education records as indicated in the Student Handbook, (see handbook section for entire FERP Act). **Upon receipt of a request for directory information, the Mason Consolidated Schools will disclose the following types of information without notification or consent from the student or parents unless a written objection to the release has been delivered to the student’s school within ten (10) days of the distribution of this notice:** (i) student’s name, (ii) major field of study, (iii) participation in officially recognized activities and sports, (iv) height and weight, if a member of an athletic team, (v) date of graduation, (vi) awards received, (vii) Armed Forces of the United States recruiters will be provided student addresses and phone numbers.

**NOTICE OF NONDISCRIMINATION**

The Mason Consolidated School District does not discriminate on the basis of race, color, national origin, gender, age, disability, height, weight or marital status in its programs, services and activities. The Superintendent of schools has been designated to handle inquiries regarding the nondiscrimination policies: Superintendent, 2400 Mason Eagles Drive, Erie, Michigan, 48133, or call (734) 848-9304.