

UBLY COMMUNITY SCHOOL
Parent's Emergency Medical Care Request

Please print clearly in ink.

Last Name	First Name	Middle	Date of Birth	Gender	Grade	Student ID #
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*** PLEASE UPDATE THE OFFICES ON ANY CHANGES THROUGHOUT THE YEAR ***

First Parent / Guardian: _____ **Relationship** _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

Home () _____ Work () _____ Ext. _____ Cell () _____ E-mail _____

Second Parent / Guardian: _____ **Relationship** _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

Home () _____ Work () _____ Ext. _____ Cell() _____ E-mail _____

If illness or injury requires that my son/daughter be dismissed from school when parent/guardian cannot be contacted, he or she may be released ONLY by the following listed persons:

First Contact Name _____ **Relationship** _____

Home () _____ Work() _____ Ext. _____ Cell() _____

Second Contact Name _____ **Relationship** _____

Home() _____ Work() _____ Ext. _____ Cell() _____

Third Contact Name _____ **Relationship** _____

Home() _____ Work() _____ Ext. _____ Cell() _____

Fourth Contact Name _____ **Relationship** _____

Home() _____ Work() _____ Ext. _____ Cell() _____

Physician Name	Telephone	Hospital Affiliation	Medical Insurance Carrier
_____	_____	_____	_____

Does your son/daughter have any current health problems about which the school should be informed?

Yes _____ No _____ If yes, please explain: _____

Does he/she take daily medication at home? Yes _____ No _____ If yes, name of medication and medical reason: _____

Will medication need to be administered at school? **Yes _____ No _____ If yes, name of medication and medical reason: _____

*** In order for medication to be given at school, please request Medication Consent form from our Elementary office to be completed by parent and doctor.*

In case of an emergency my son/daughter may be taken to an emergency facility by ambulance if necessary. I understand the District assumes no responsibility for expenses incurred.

Parent/Guardian Signature _____ **Date** _____

UBLY HIGH SCHOOL COUNSELING CENTER INFORMED CONSENT

Students of Ubyly High School have access to the Counseling Center where services are provided for career, educational, and personal guidance. Please feel free to take advantage of this service to explore career options and academic status, and most importantly, during any time of need.

Counseling Process

As a student, you enter the counseling session seeking career, academic, and/or personal direction. Through discussion and the sharing of information, a sense of positive growth and a resolution of issues may occur. You, the student, are largely responsible for attaining your goals through your attitude and ambition.

Confidentiality

Client information will be kept confidential except in:

- Cases in which clients pose a clear and imminent danger to themselves or others;
- Cases in which clients give written consent that their records be released;
- Cases in which a court orders a counselor to release information to a specific court or judge;
- Cases in which the client was/is a victim or perpetrator of child abuse or neglect.

If you have questions about what you have read here, please discuss your concerns with your counselor. If you understand what you have read, please sign below.

STUDENT SIGNATURE

DATE