

MONTGOMERY COUNTY SCHOOL HEALTH UNIT CONSENT FOR SERVICES 2020-21

Student Name: _____ **Grade:** _____ **School:** _____

Student's Health Care Provider: _____

The School Health Unit will provide care for all students P-12. This includes, but is not limited to, illness/injury assessment, medication administration, emergency first aid and/or monitoring/education for chronic disease such as asthma or diabetes. However, we cannot provide services to your child without this signed consent (except for emergency first aid). The parent/guardian may withdraw/rescind consent at any time in writing. The school also ensures health screenings including height, weight, vision & hearing are completed as required, and legal guardians are notified of any abnormal findings.

Please review this form carefully, and complete all information requested and return to your child's homeroom teacher or directly to the school nurse.

All medications sent from home must have proper parent/guardian consent, be in the original container with proper label and taken to the school nurse immediately upon arrival to school for proper storage and administration. Per protocol, non-prescription medications are not for more than three days *consecutively* without a physician's order. **All medications must be provided by the parent/guardian.**

The Montgomery County Board of Education Medication Policy and Procedures (09.2241) are readily available to read. To ensure student safety, school health services may share educationally relevant health information with school staff or medical professionals having direct involvement with my child, or may contact the healthcare provider for necessary health information or medication and treatment clarification.

The school nurse (RN) will delegate necessary daily or as needed medication (provided by the parent) for field trips when indicated by school health consent, IHP, parental note or emergency. And that during off campus events, school personnel will make the determination, in case of emergency, to contact 911/EMS for emergency treatment. With all accidents, the student's healthcare coverage is processed first, as the school's accident insurance is a secondary insurance policy.

I understand that a school nurse or trained staff member, in accordance with the Kentucky Department of Education and Montgomery County School Health Protocols, may provide comfort measures such as **saltine crackers, lemon lime caffeine free soda, peppermint disks or soft peppermint** as age appropriate after she/he has evaluated my child's complaint. The health unit also has first aid items, including but not limited to **eye wash/artificial tears, aloe vera gel & Vaseline.**

Do NOT give my child the listed comfort measures: _____

Known Allergies: _____

Known Medical Conditions & Current Medications @ home: _____

My child may require **over-the-counter medication provided by me**, as needed for symptoms of his/her health condition.

OTC Medication: _____ **Given For:** _____ **Dosage:** _____

OTC Medication: _____ **Given For:** _____ **Dosage:** _____

By signing this consent, I release Montgomery County Schools from any liability related to the administration of medications or treatment as long as reasonable and customary care is given. This consent is given voluntarily and with full knowledge of its significance.

Parent/Legal Guardian Signature*

Relationship to child

Date

Health and Emergency Information Form

Students Name: _____ Birth date: _____

Grade _____ School: _____

Legal Home Street Address _____

#1 Legal Guardian Name _____ Contact # (____) _____

#2 Legal Guardian Name _____ Contact # (____) _____

Please mark the following CURRENT HEALTH conditions diagnosed by a healthcare provider:

ADD/ADHD ANAPHYLAXIS (EPI PEN) ASTHMA CARDIAC/ HEART CONDITION DIABETES

METABOLIC DISORDER MIGRAINES SEIZURES OTHER-PLEASE SPECIFY: _____

List ALL Medication your child takes at school or at home _____

LIST ALL Known Allergies: _____

An individualized health plan (IHP) must be completed for all current health conditions. *A student may not carry a medication (insulin, asthma inhalers, Epi-pens etc) with them UNLESS written permission from their health care provider and parent is provided.

The School Health Unit will provide care for all students. This includes, but is not limited to, illness/injury assessments, medication administration, emergency first aid and/or monitoring/education for chronic disease such as asthma or diabetes and referrals for further medical assessment. The school nurse cannot provide services to your child without this signed consent (except for emergency first aid). The school nurse ensures health screenings are completed including height, weight, vision & hearing as required, and that I will be notified of any abnormal findings.

All medications sent from home must be in the original container, accompanied by proper parent/guardian consent and must be given to the nurse, the staff member designated to provide health services or the supervising teacher/sponsor/coach for proper storage. (Includes field trips) Prescription meds must have written authorization of prescribing healthcare provider and OTC medications must have written approval of parent/guardian. Montgomery County Board of Education Medication Policy and Procedures (09.2241) are readily available to read.

In order to ensure my child’s safety, school health services may share educationally relevant health information with others having direct involvement with my child. Medication may be delegated by the nurse for field trips when indicated by school health consent, IHP, parental note or emergency situation; based on health information on file in the health unit at the time of departure. By signing below, I give my child consent to participate in **EDUCATIONAL/SPORTS/CLUB** school-related student trip(s). I understand that I am responsible to provide all medications and treatment supplies related to my child’s health conditions indicated above. I authorize trained school personnel to assist my child with his/her medication as my child’s healthcare provider or I have directed if needed. **Teachers/Sponsors are responsible to provide specific information and have specific consent for each trip. Form 09.36 AP.211 is required for any overnight or out of state travel.** School personnel Will make the determination, in the event of accident or sudden illness while at school or on a school-sponsored trip, to have EMS transport my child to the nearest hospital and authorize treatment as deemed necessary for the health of said child.

EMERGENCY CONTACTS: Please name two (2) persons other than the legal guardian that may take responsibility for your child or make decisions for health care:

1) _____ Phone # _____

2) _____ Phone # _____

Child’s Healthcare Provider: _____ Child’s Insurance Provider: _____

Parent/Legal Guardian Signature

Date

Review/Revised:9/26/2017

MONTGOMERY COUNTY SCHOOLS 2020-2021

Dear Parent/Guardian:

Our school is participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. The CEP provision is available to schools with a high percentage of economically disadvantaged students. Under CEP all students receive a breakfast/lunch at no charge for the entire school year. However, to determine eligibility to receive additional benefits for your child(ren) you will need to complete a household and income form.

1. DO I NEED TO FILL OUT A FORM FOR EACH CHILD? No. *Use one Household and Income Form for all students in your household.* We cannot use a form that is incomplete, so be sure to fill out all required information. Return the completed form to your child(ren)'s school.
2. MY CHILD(REN) ALREADY RECEIVE MEALS AT NO CHARGE. WHY SHOULD I COMPLETE THIS FORM AS WELL? Many state and federal programs use socioeconomic status (that is, household and income information) to determine eligibility for their programs. In addition, the primary state funding calculation uses socioeconomic status. By completing this form your school is able to determine your child(ren)'s eligibility for additional programs. Regardless, your child(ren) will still receive meals at no charge.
3. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
4. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
5. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
6. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.

If you have other questions or need help, call 859-497-8578

Sincerely,

April Johnson, FRAM Coordinator

INSTRUCTIONS FOR APPLYING

Part 1: All Household Members (**a household member is any child or adult living with you**): **All applicants should complete this part.** List the name of each household member, the name of the school each child attends, and the child's grade. If the child is a foster child, check the box for foster child. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.

If your child is **homeless, a migrant or a runaway**, follow these instructions.

Part 2: Check the appropriate category and call **April Johnson, FRAM Coordinator. 859-497-8578.**

Part 3: Skip this part.

Part 4: Sign the form.

If you have **foster child(ren) only**, follow these instructions. You do **not** need to fill out a separate form for each foster child in your household. (If there are both foster children and non-foster children in your household, follow the instructions below for All Other Households).

If all children in the household are marked as foster children in Part 1:

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form.

ALL OTHER HOUSEHOLDS, including WIC households, households with non-foster children and households with both foster children and non-foster children, follow these instructions:

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from **this month or last month.**

- **Section 1—Name:** List all household members who have income.
- **Section 2—Gross Income and How Often It Was Received:** List the income for each household member. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.
 - **Earnings from work:** List the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should *only* be reported for self-owned business, farm, or rental income.
 - **Welfare, Child Support, Alimony:** List the amount each person receives, and check the box to tell us how often.
 - **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.** List the amount each person receives, and check the box to tell us how often they receive it.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received weekly, every other week, twice a month, or monthly. **Do not include income from KTAP, SNAP, WIC, federal education benefits and foster payments received by your family from the placing agency.**
 - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: An adult household member must sign the form. Please include your address and phone number in the event the FRAM Coordinator has a question about your information.

HOUSEHOLD AND INCOME FORM 2020-2021

Montgomery County School District is participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. Under CEP, **all** children in the school will receive a breakfast/lunch at no charge regardless of income or completion of this form. However, to determine your child(ren)'s eligibility for various additional state and federal program benefits, please complete, sign and return a **single application per household** to your child(ren)'s school.

PART 1. ALL HOUSEHOLD MEMBERS

Names of ALL people living in your household (First, Middle Initial, Last)	School the child attends, or indicate "NA" if household member is not in school	Grade Level	Check if a foster child (legal responsibility of the state welfare agency or court). If all children listed below are foster children, skip to Part 4 to sign this form.	
			<input type="checkbox"/>	

PART 2. HOMELESS, MIGRANT, RUNAWAY STATUS

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call **April Johnson, 859-497-8578**.

HOMELESS MIGRANT RUNAWAY

PART 3. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once. If you provided a case number in Part 2, you do **not** need to provide income information. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

DECLINE TO PROVIDE INCOME – Check this box if you don't wish to provide your income information; your SES status will automatically be "Paid".

1. NAME (List only household members with income, including any students in the home who have income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED														
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Public assistance, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits, All Other Income	Weekly	Every 2 Weeks	Twice Monthly	Monthly
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PART 4. SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)

I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits.

Sign here: _____ Print name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Cell Phone Number: _____

Non Discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, gender identity, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215) 656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

Privacy Notice

The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules. Regardless, all students enrolled in a Community Eligibility Provision school will receive meals at no charge.

HOUSEHOLD CHECKLIST

- Have you included all your children as household members?
- For each household member receiving income, is the frequency checkbox checked?
- Have you signed the form?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12

Total Income: _____ Per: Week Every 2 Weeks Twice A Month Month Year Household size: _____

Categorical Eligibility: _____ SES Code: Free _____ Reduced _____ Paid _____

FRAM Coordinator: _____ Date: _____