

**Parent Orientation  
Part II**

All medical forms, releases and permission slips which must be filled out or signed at the start of the school year are contained in this second part of the Orientation Letter. The following check list may help you to keep track of them and to be sure that you have taken care of all of them. Please bring these forms with you, as well as the requested change of clothing, when you bring your child in at the appointed time during Orientation Week.

**Check list of forms and releases:**

- |  |  |
|--|--|
| <input type="checkbox"/> Registration Form                           | <input type="checkbox"/> Allergies and Medication (filled out by parents)                              |
| <input type="checkbox"/> School Records                              | <input type="checkbox"/> Medication After School Hours Form  |
| <input type="checkbox"/> Emergency Information                       | <input type="checkbox"/> Pesticide Notification  |
| <input type="checkbox"/> Activity Permission                         | <input type="checkbox"/> Acknowledgment of School Policies   |
| <input type="checkbox"/> Field Trip Permission                       | <ul style="list-style-type: none"><li>• CIPA</li><li>• HIPAA</li><li>• FERPA</li></ul>                 |
| <input type="checkbox"/> Sunscreen/Insect Spray Permission           |  |
| <input type="checkbox"/> Funding for Education & Treatment (Release) | <input type="checkbox"/> Annual Health Examination and History (Second page - filled out by physician) |
| <input type="checkbox"/> Photograph Permission                       | <input type="checkbox"/> Over the Counter Medication Permission Form (filled out by physician)         |
| <input type="checkbox"/> Medicaid Insurance Information Sheet        | <input type="checkbox"/> Immunization Record (filled out by physician)                                 |
| <input type="checkbox"/> Electronic Device Agreement                 | <input type="checkbox"/> Annual Dental Examination (filled out by Dentist)                             |
| <input type="checkbox"/> Emergency Medical Treatment (Release)       |  |

**Check list of clothing required for all children:**

- Pair of sneakers
- Change of outer clothing
- Pair of socks
- Suit of underwear
- Sweater or sweatshirt

Please note that the forms pertaining to physical examinations and other health matters are contained in the section of this Manual pertaining to those topics.