A copy of the following is needed: Birth Certificate Immunization Record

	BEAR LAKE SCHOOLS	
EMERGENC	MEDICAL AUTHORIZATION PERMIT	

Grade Name Date of Birth Sex Telephone No. Number & Street City State Zip Code Mother's Name (Guardian) Father's Name (Guardian) Mother's Employment Telephone No. Father's Employment Telephone No. Family Physician Address Telephone No. Family Dentist Address Telephone No. Insurance Company I.D. No. Important Medical Information: Please list allergies, known drug reactions, current prescribed medication/treatments, and previous operations or hospital confine-Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnosis, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed above and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present. This authorization is valid for the current school year or until such time as I withdraw the authorization.

Parent/Guardian

Date

Authorized.

Student Name:					
	Last		First	Middle	
Township of stu	dent's residence: (() Bear Lake () Pleasantor	() Other	Citizenship:	
Grade:	Sex:	Primary e-mail add	ress:		
Ethnic Backgrou Is the student's i environment?	und: () Amer. India native tongue a la	an () Black () Asian () His nguage other than Engli	spanic () Native Hawaiiar sh: Is a la	or Other Pacific Islander () White, or () Two or More Ranguage other than English spoken in the student's hom	ces ie or
Is this student H Central American	ispanic/Latino? (on, or other Spanish	choose only one) No, not culture or origin, regardle	Hispanic/Latino Yes, Hess of race.)	ispanic/Latino (A person of Cuban, Mexican, Puerto Ric	an, South
Birthdate:/	<u>//</u>	Birthplace:	City/State/Cou		
Last School Atte	ended:		Address:		
With parent(s)/lWith parent(s)/lWith parent(s)/l	legal guardian & de legal guardian & de legal guardian in a legal guardian in a	oes not share a house, apa oes share a house, apartm shelter or transition home motel. car, or campsite Other (Such as foster pla	nent, or mobile home w/r	w/ relative or another family elative or another family	
Migrant (seasona	al student): () Yes	() No Has had	Chickenpox: () Yes () N	0	
Received Special	Services: () Yes	() No If yes, wh	at type of service?		
Parents Marital	Status: () Single ()	Married () Separated () I	Divorced () Widowed		
Custody of Child	l is with: () Mothe	r () Father () Mother/Fath	er () Guardian		
				e report cards: () Yes () No	
			AL/GUARDIAN INFO		
	Mother		Father		
Name(s):					
Address: P.O. Bo	x		P.O. Box		
Street:			1.0. 00.		
City:					
Telephone:					
In case parent/gu	ardian cannot be	contacted, please list by	priority who you want	the school to contact:	
	Name		Relationship	Telephone	
-					
		_			
In the event of an	emergency or ear	rly dismissal of school, n	ny child is to go:		
HOME:	OTHER		· · · · · · · · · · · · · · · · · · ·		
		Name		Address	
Please avoid calling	ng the school when at the time of dism	an early dismissal occurs	since most of the school	s phone lines will be tied up with the dismissal. You may,	of course
/rsm	at the time of dism	113341			<u> </u>
rev. 4/9/18				Signature of Parent/Guardian	



BEAR LAKE SCHOOLS 7748 Cody Street | Bear Lake, MI 49614 (231) 864.3133 | Fax (231) 864.3434

REQUEST FOR EDUCATIONAL RECORDS

FEDERAL STATUTE ENTITLED:

THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974

Section 99.34 state in summary that Schools may send a student's educational record to officials to other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record, if desired, and have an opportunity to challenge the content of the record.

Records should be sent in compliance with the Freedom of Information Act.

I have read the statement above	() Educational	wing rec	ords of my child:	6
Student Name			Birthdate	
Last Grade Attended	t		Date of Request	
L	AST SCHOOL ATTEND	ED:		
NAME:				
ADDRESS:				
	MAIL TO: Student Records Bear Lake Schools 7748 Cody Street Bear Lake, MI 49614	87	÷	e e
Signature of Parent/Guardian/Eligible S	tudent	Date		
Requested by:			16	

Developed in Cooperation With:		HEALTH	APPRAISAL		☐ School	
Department of Human Services,				☐ Children's Group		
Departments of Community Health, and Education;					☐ Child Care Center	
Minhian Annalista of Outs and Division of the Company of the Compa						ing Institution
Dear Parent or Guardian: The following Information is requested to Section 1.			nt one words to not be to		Other:	
completed by a doctor, nurse, and dentist. (BE SURE TO BRIN					al, and emotional r aining sections (11	1, IV, V) are to be
PERSONAL Child's Name						
Child's Name Last		First		Sex	Date of Birth	
Address					Today's Dat	9
Number & Street Parent's or Guardian's Name			City	Zip		
Last		First		Aiddle	Telephone (Home)	
Address					Telephone (Work)	
Number & Street SECTION I HEALTH HISTORY			City	Zip		
			SECTION IIIMN Statements such as "UP	TO DATE" or "COMPLETE"	will not be accepted.	Admission to school
Is your child having any of the problems listed below? 1. Allergies or reactions: (for example, food, medication, or other)	Yes	No	may be denied on the ba	sis of this information.	TE ADMINISTERED	
1. Paletyles of reactions, (for example, 1000, medication, or other)			VACCINE	Type Mo/Day/Yr.	Type	Mo/Day/Yr.
2. Hay fever, asthma, or wheezing			DTaP/DTP/Td (Specify Type)	1.		
3. Eczema or frequent skin rashes			(oposity typo)	2.		
4. Convulsions/Seizures					-	
5. Heart trouble				3.		
6. Diabetes				4.	9	
7. Frequent colds, sore throats, earaches (4 or more per year)			Haemophilus influenzae type b	5.	3	0.
8. Trouble with passing urine or bowel movements			(HIB)	2.		
9. Shortness of breath			POLIO IPV/OPV		4	
10. Speech problems			(Specify Type)	1.	4	
11. Menstrual problems				2.	5	
12. Dental problems: date of last examination:			Note: If Measles, Rubella	3. , or Mumps vaccines were g	iven before 12 month	s of age, the dosage
13. Other			must be repeated.			3,111
. Cold			MMR	1.	2.	
			Varicella (Chickenpox) Chickenpox	1.	2.	
			History of Disease	No No	Date	
Please explain any problem areas identified above:			Hepatitis B HBV	1.	3.	
				2.		
			Pneumococcal Conjugate (PCV)	1,	3.	
				2.	4.	
			Other Vaccines			
			Indicate physician			
			diagnosis or laboratory evidence of immunity as			
			applicable VACCINES WAIVED DUE	70		
			REACTIONS/CONTRAINE	DICATIONS/		
			RELIGIOUS OBJECTIONS			
loes your child take any medications regularly?	es 🔲 No		I certify that th	e immunization dales are tru	e to the best of my k	nowledge
Reason for Medication:						
Parent's Signature:						
			Validating Signature		Title	

^{*}According to Act 368, Public Acts of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious, and other objections provided that waiver forms are properly prepared, signed, and delivered to school administrators. Forms for these exemptions are available at your school or local health department.

AUTHORIZATION FOR PRESCRIBED MEDICATION OR TREATMENT

To the Parent:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO USE PRESCRIBED MEDICATIONS OR TO RECEIVE TREATMENT IN SCHOOL. ALL SPACES MUST BE COMPLETED.

Name of S	tudent		Address		
School			Grade		
A.	I am reques	ting permission for my	child named abov	ve to: (check all that apply)	ŀ
		Use or receive pro	escribed medicatio	n	
		Receive prescribe	d treatment		
				on(s) in my presence or that cordance with the Doctor's	t
B.	I or a respon	nsible adult will assum	e safe delivery of	the medication to school	
C.		the school immediate or the prescribed treate		nange in the use of the	
D.	harmless fro			ts officials, and its employe jury resulting directly or	es
E.	I will count school upon		the bottle and regi	ster the number with the	
Signature o	of Parent/Guardia	n		Date	
Home Tele	phone	A COLUMNIA		Work Telephone	

School of Choice Form

Date Application Received:____

Application Approved 🗆		Application Denied 🗆				
Signature	Date	Signature	Date			
□MISD School of Choice Applic Students residing in a school district was Intermediate School District (participa Bear Lake School District, Kaleva Norm Manistee Area Public, and Onekama Sc	vithin the Manistee ating Districts are nan District,	☐Section 105c Application Students residing in a school district outside of the Manistee Intermediate School District boundaries.				
DISTRICT OF CHOICE:		BUILDING:				
Are any siblings already attending?		If yes, Name(s)/School and G	rade:			
□ YES □ NO						
Is your student currently receiving Spe	ecial Education Service	s: 🗆 YES 🗆 NO				
District of Residence Information: (p	olease type or print)					
Student Name:	/	Birthdate:				
Address:		City/Zip:				
Phone:						
School District in which you live:		Current Grade):			
Reason for Parent(s)/Guardian(s)/Stud	dent to request a trans	fer to a School of Choice:				
Has this student ever been suspended o						
y signing below, I acknowledge and			Choice prograi			
arent(s)/Guardian(s) Signature:						
address:		City/Zip:	<u> </u>			
Iome Phone:		Work Phone:				
tudent Signature:		Date:				