

## Required Forms for the 2023-24 School Year

(Permission, Health, and Emergency Contact Forms)

Please find the required forms for **all** enrolled students below these instructions:

1. Parental Permissions & School Rules *(also requires Student Signature)*
2. Parental Consent for Emergency Medical Treatment
3. Health Information and Medical History Form
4. Emergency Contact Information

Required for **new** students only:

5. [Immunization Certificate](#) *(click link to download)*
6. Up-to-date COVID-19 vaccination and booster (Please email a photo of the vaccination card to [pixie@nora-school.org](mailto:pixie@nora-school.org))

Required for those with medication, severe allergies, or other medical needs:

7. [Medication Authorization Form](#) *(click link to download)*
8. [Action Plans for Allergies, Asthma, Diabetes or other Medical Conditions](#) *(click link to download)*

**Please Note:** Additional forms are given for overnight trips; please be ready to complete them and have your student's physician signature if needed for any medications to be given on those trips.



# 1. Parental Permissions & School Rules

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Parent/Guardian Completing form (please print)

## General Permission - Field Trips

*I hereby give permission for my child to attend authorized field trips. I understand that travel will be by foot, school bus or van, city bus, Metro or, in rare cases, car.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parental Permission to Leave Campus During Lunch

*I understand that the school is not responsible for the safety of my child during unsupervised absence from campus. I have discussed this with my child.*

Please check and sign:  YES, I authorize my child to leave campus during lunch.

NO, my child knows they are not to leave campus during lunch.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## School Rules (Parent & Student Signatures needed)

*I have read the Family, Student, and Community Handbook with my child, and I have discussed the rules of the school with them.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I have read the Family, Student, and Community Handbook, and I understand and agree to abide by the rules of the school.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 2. Parental Consent for Emergency Medical Treatment

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Date of Birth

### Emergency Medical Treatment Authorization

*I hereby give my permission for emergency medical treatment to be administered to my child in my absence.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Updated Health Information

*I have provided fully updated health information (on the following sheets), necessary for the effective treatment of my child.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COVID and General Health Addendum

The Nora School will follow guidance from the Centers for Disease Control and the State of Maryland in formulating and revising our policies. Teachers and students will be expected to receive the Covid-19 vaccine, in addition to other required vaccines, unless documentation is received regarding medical or religious exemption. Parents, students, and teachers will be flexible in the face of changing circumstances, particularly should the school have to go back to 100% distance learning.

*I agree to assess my child's health on a regular basis to ensure community health standards, and agree to have my child wear and use appropriate health guards as required by the school. I agree to the broad outlines of the policies as stated above, and understand that the school may update and change requirements based on changing circumstances during the year.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### 3. Health Information & Medical History

Student Name (please print)

Date of Birth

#### Insurance & Physician Information

Insurance Carrier

( )  
Insurance Emergency Phone Number

Physician Name

Counselor/Therapist Name

Policy Number

Policy Holder

( )  
Phone #

( )  
Phone #

#### Medical History *(Please provide additional information as necessary on the reverse, or on a separate sheet.)*

1. Existing medical considerations:

\_\_\_\_\_  
\_\_\_\_\_

2. Does Student have any allergies to Medications?

YES  NO

*If yes, please specify:*

\_\_\_\_\_

3. Does Student have any other allergies?

YES  NO

*If yes, please specify:*

\_\_\_\_\_

4. Does Student use an Inhaler\*?  YES  NO

5. Does Student use an Epipen\*?  YES  NO

6. Please list all Medications\* your child takes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does your child require medication during the school day?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*NOTE FOR "SELF CARRY": Parents/Guardians must submit the Maryland Medications Authorization form, signed & dated by the physician, authorizing "self carry" for an inhaler or epipen. Student must be of an appropriate age to do so.

\*OVER-THE-COUNTER MEDICINES: Students are not to have ANY over-the-counter or prescription medicines available to them without a medication authorization form signed annually by the physician.



## 4. Emergency Contact Information

Student Name (please print)

Date of Birth

Please include information for any and all people who should be contacted in case of emergency. (Attach an additional sheet if necessary.)

### Parent/Guardian Information

**Primary Contact**

Name (please print)

Relationship to Student

Email Address

(\_\_\_\_) \_\_\_\_\_  
Mobile Phone #

#### Work (or other Daytime) Location:

City

State

(\_\_\_\_) \_\_\_\_\_  
Work (or other Daytime) Phone #

### Parent/Guardian (or Authorized Contact)

**Primary Contact**

Name (please print)

Relationship to Student

Email Address

(\_\_\_\_) \_\_\_\_\_  
Mobile Phone #

#### Work (or other Daytime) Location:

City

State

(\_\_\_\_) \_\_\_\_\_  
Work (or other Daytime) Phone #

### Additional Authorized Contact

**Primary Contact**

Name (please print)

Relationship to Student

Email Address

(\_\_\_\_) \_\_\_\_\_  
Mobile Phone #

#### Work (or other Daytime) Location:

City

State

(\_\_\_\_) \_\_\_\_\_  
Work (or other Daytime) Phone #