

Date _____

Hilldale Public Schools – Student Pick-up list & Emergency Treatment Form

| | | | |
|------------------------------------|-------------------|--------|--------|
| “Other” If Parents are Unavailable | Relation to Child | Home # | Work # |
|------------------------------------|-------------------|--------|--------|

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|------------------------------------|-------------------|--------|--------|

Specific Health Conditions (asthma, diabetes, heart, seizures, allergies etc.)

First Aid/Food Allergies (Calamine, Bactine, Neosporin, adhesive, latex, peanuts, shellfish etc.)

| | | |
|-----------------------------|---------|--------------|
| Student’s Regular Physician | Address | Phone Number |
|-----------------------------|---------|--------------|

Patient and Insurance Information: D.O.B. _____

Medical History or Problems _____

Current Medication(s) _____

Medical Insurance Name _____ Policy Number _____

Employer _____ Group Number _____

In case of serious illness or injury and all persons listed above cannot be located, Hilldale School is authorized to seek emergency medical or dental treatment and for transportation (ambulances or other emergency vehicles) for the above-named child. In case of non-emergency situation when such treatment/diagnosis is advised by a licensed physician or dentist in the best interest of the student. I understand that under state law the Board of Education, the school district or employees of the district shall not be held liable for the medical expenses or injuries incurred, or to the student or parents. I authorize and consent to all emergency medical treatment for my child.

X _____
Signature of Parents Date



Hilldale Public Schools

313 E. Peak Blvd
Muskogee, OK 74403

ph. 918-683-0273
fax 918-683-8725

Chad Kirkhart, Asst. Supt.
ckirkhart@hilldaleps.org

Parental Authorization to Administer Medical Attention

I am the parent with legal custody or the legal guardian of _____ who attends Hilldale Public School. If this student requires medical attention as a result of sports participation, I hereby give medical personnel my consent and authorization to treat my child.

I understand that under state law, the Board of Education, the school district, and/or employees of the district shall not be liable to the student or student's parents or guardians for civil damages for any personal injuries to the student.

Dated this _____ day of, _____ 20_____

Parent with Legal Custody or Guardian

Home Address

Proof of Insurance

In order for a student to participate in athletics, students must purchase accident insurance or sign this form indicating that you have adequate insurance.

☐

Yes, we have adequate insurance and do not wish to purchase accident insurance.

Student's Name

Parent's Name

Date

Parent/Guardian Signature

School Permission Form

My child _____ is hereby given permission to:

| | School Event | Yes | No |
|---|---|-----|----|
| 1 | Receive individual/group visual, hearing, speech, language, and/or scoliosis screening by a designee of Hilldale Public Schools. | | |
| 2 | Be evaluated for appropriate instructional programs. | | |
| 3 | Have pictures taken or use video for classroom display. | | |
| 4 | Have pictures taken or be interviewed to appear in News Releases, Internet, and other publications sponsored by the school. | | |
| 5 | Have picture taken for the School Yearbook. | | |
| 6 | Ride the bus to the Event Center for special assemblies and theatrical productions. | | |
| 7 | Walk on nature hikes around the school vicinity and walk to the fire station by the school. | | |
| 8 | Attend Field Trips. The school will send a notice in advance of any field trip. | | |
| 9 | Use of the rock climbing wall in the P.E. gym. I understand that this activity involves some risk of injury and I will stress the importance of following the class safety rules when we discuss this activity at home. | | |

X

Parents' or Guardians' Signatures

Date

Initial Enrollment Prior Participation Form
Student Information

Student Legal Name: _____
First Name Last Name

Student Date of Birth: _____
Month Day Year

Student Gender - Please circle one: Male Female

Did the student participate in any of the following programs? Please indicate by checking YES or NO for each statement.

| | Programs | Yes | No |
|---|--|-----|----|
| 1 | Childcare program that is licensed pursuant to the tiered licensing system established by the Department of Human Services (a DHS licensed childcare program). THIS IS NOT LATCHKEY. | | |
| 2 | The SOONER START program operated by the State Department of Education. | | |
| 3 | The Oklahoma Parent as Teacher (OPAT) program operated by the State Department of Education. | | |
| 4 | The Children First program operated by the State Department of Health. | | |
| 5 | Any child abuse prevention program operated by the State Department of Health. | | |
| 6 | Any federally funded Head Start program. | | |

Hilldale Public Schools

Authority to Transfer Education Records

PREVIOUS SCHOOL: _____

School District/Agency

PHONE/FAX #

City

State

ZIP

In accordance with the Family Education Rights and Privacy Act (FERPA, 34 CFR 99.31) transfer of education records is requested for:

Name of Child

Birthdate

Current Grade

Is this student currently suspended or expelled?

___Yes

___No

Request for education records includes, but is not limited to: health, grades, cumulative, any reading/math assessments and special education records.

The student intends to enroll or is enrolled in our school district. Therefore, please send records to:

| | | | |
|---|--|----------------|--------------------|
| <input type="checkbox"/> HPS Enrollment 313 E Peak Blvd. Muskogee, OK 74403 | Jennifer Bane Enrollment Coordinator jbane@hilldaleps.org | (918)686-6056 | Fax (918) 686-2195 |
| <input type="checkbox"/> Special Education 313 E Peak Blvd. Muskogee, OK 74403 | Deborah Tennison Asst. Superintendent dtennison@hilldaleps.org | (918) 686-6056 | Fax (918) 686-2195 |
| <input type="checkbox"/> Lower Elementary 3101 Grandview Park Blvd. Muskogee, OK 74403 | Christina Hamm, Asst. Prin. Attn: Teresa Riddle triddle@hilldaleps.org | (918) 683-9167 | Fax (918) 683-9204 |
| <input type="checkbox"/> Upper Elementary 315 Peak Blvd. Muskogee, OK 74403 | Donna Lorenz, Asst. Prin. Attn: Erin Parker eparker@hilldaleps.org | (918) 683-1101 | Fax (918) 683-0556 |
| <input type="checkbox"/> Hilldale Middle School 400 E. Smith Ferry Rd. Muskogee, OK 74403 | Darren Riddle, Prin. Attn: Michelle Stephens mstephens@hilldaleps.org | (918) 683-0763 | Fax (918) 683-0766 |
| <input type="checkbox"/> Hilldale High School 300 E. Smith Ferry Rd. Muskogee, OK 74403 | Josh Nixon, Prin. Attn: Angela McCoy amccoy@hilldaleps.org | (918) 683-3253 | Fax (918) 683-0622 |

Education records are maintained and released in accordance with the Family Education Rights & Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with 34 CFR 99.31.