

2017-18

MIDDLE SCHOOL/HIGH SCHOOL

Please circle: Parent Legal Guardian Foster Parent Therapeutic Foster Parent

Hilldale Public Schools – Student Information & Emergency Treatment Form

Student – Last Name	First Name	Middle Name	Grade
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Parent/Guardian	Place of Employment	Work Number – ext
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“Other” If Parents are Unavailable	Relation to Child	Home #	Work #
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“Other” If Parents are Unavailable	Relation to Child	Home #	Work #
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“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
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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

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:

☐ HPS Enrollment Center Attn: Jennifer Bayliss (918)686-6056 Fax (918) 686-2195
500 E. Smith Ferry Road Enrollment Coordinator jbayliss@hilldaleps.org
Muskogee, OK 74403

☐ Special Education Deborah Tennison (918) 686-6056 Fax (918) 686-2195
500 E. Smith Ferry Road Asst. Supt.
Muskogee, OK 74403

☐ Lower Elementary Patti Bilyard, Prin. (918) 683-9167 Fax (918) 683-9204
3101 Grandview Park Blvd. Attn: Teresa Riddle
Muskogee, OK 74403

☐ Upper Elementary Shannon Peters, Prin. (918) 683-1101 Fax (918) 683-0556
315 Peak Blvd. Attn: Erin Parker
Muskogee, OK 74403

☐ Hilldale Middle School Darren Riddle, Prin. (918) 683-0763 Fax (918) 683-0766
400 E. Smith Ferry Rd. Attn: Michelle Stevens
Muskogee, OK 74403

☐ Hilldale High School Josh Nixon, Prin. (918) 683-3253 Fax (918) 683-0622
300 E. Smith Ferry Rd. Attn: Angela McCoy
Muskogee, OK 74403

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.