



2024-25 Back-to-School Forms

Grades K-8

Please complete all included forms by August 5th and submit one of two ways:

Submit via email to Back Office Manager, Lisa Goerlich at
lisa.goerlich@merryhillschool.com

OR

Print and drop off at front desk between 8-4PM Monday-Friday



FIELD TRIP PERMISSION

My child, _____, has permission to attend all field trips that occur during the 2024-25 school year, unless notification is given in writing by the parent/guardian. Please check line 1 or line 2 to indicate the action desired in the event of an accident or emergency.

1. ____ In the event of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make the arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation.

Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Physician Name: _____

Phone Number: _____

Insurance Carrier: _____ ID Number: _____

2. ____ I do not choose the above statement and desire the following action:

The undersigned hereby agrees to bear all costs as a result of the foregoing.

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Email Address: _____



STUDENT EMERGENCY/MEDICAL INFORMATION CARD

(Must be completed in entirety each school year and submitted prior to the first day of school)

STUDENT INFORMATION:

Student Name: _____

Grade: _____ Age: _____ Birthdate: _____

Street Address: _____ City: _____ Zip: _____

Primary Contact Phone: _____ Secondary Phone: _____

Ethnicity: _____ Resides with: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Employer: _____ Position: _____

Work Address: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Parent/Guardian Name: _____

Employer: _____ Position: _____

Work Address: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

EMERGENCY CONTACTS & PICK UP AUTHORIZATION:

In case child listed above needs to be picked up by someone other than myself, becomes ill, or is injured at school and I cannot be contacted, the school authorities have my permission to grant and release my child to the custody of one of the following:

Emergency Contact #1 Name: _____

Relationship: _____ Contact Number: _____

Emergency Contact #2 Name: _____

Relationship: _____ Contact Number: _____

Emergency Contact #3 Name: _____

Relationship: _____ Contact Number: _____

Emergency Contact #4 Name: _____

Relationship: _____ Contact Number: _____



MEDICAL INFORMATION:

Insurance Name & Member Number: _____

Health Care Provider Phone Number: _____

My child has:

____ No known medical conditions

____ Major medical issues*: _____

____ Medications taken regularly: _____

____ Allergies/Allergic* to: _____ Treatment: _____

*For severe allergic reactions or other more severe medical issues, an accommodation plan is required along with required forms outlining instructions for emergency situations (i.e.: administering an epi-pen injection). See below.

ALLERGY PRECAUTIONS (if applicable):

The allergy can be prevented by: _____

Peanut allergies: _____ My child has an airborne peanut allergy and cannot be near, touch, or ingest peanuts.

_____ My child can be in a facility with peanuts but cannot ingest them.

ALLERGIC REACTIONS (if applicable):

Reaction symptoms: _____

Date of last reaction: _____ Action taken: _____

____ Requires epinephrine

***ALLERGIC REACTION RESPONSES:**

If your child has a severe food allergy*, [click here](#) to access the required action plan form. This must be submitted with medication prior to the start of school. For students requiring an epi-pen: an epi-pen must be provided to the front office prior to the student being dropped off.

OTHER CONDITIONS - If your child has a medical condition* requiring specific administration of medication or emergency action plans, procedures must be in writing from the doctor and provided to the school prior to the first day of school.

*These circumstances require accommodations on the part of the school. Parents must request this in advance of the first day of school: an accommodation action plan will be created by the school and requires parent signature.

CONSENT:

I give my consent for the school to follow the procedures outlined above. If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for the school to take appropriate action for the safety and welfare of my child.

Parent/Guardian Signature (Required)

Date



MERRYHILL SCHOOL STUDENT PLEDGE FOR iPad® Use

- I will use my iPad® in responsible and ethical ways and follow all school policies and procedures.
- I will only use my iPad® in appropriate ways and will not communicate inappropriately, be discourteous or abusive to others, or engage in an activity that is harmful to other people.
- I understand that my iPad® can be inspected by school staff or my parent/guardian at anytime and that school staff may delete unauthorized Apps or programs.
- I understand that the iPad® is school property and usage is a privilege.
- I will purchase a cover, stylus, Apple charger, and ear buds for my iPad® and keep it covered at all times. I will purchase a Lifeproof, Otterbox Defender Series, or Giffin Survivor Series as recommended by the school.
- I will keep my iPad® in a safe and secure place at all times and will not leave it unattended.
- I will not let friends, siblings, or others use my iPad®.
- I will not eat or drink when using my iPad® and will keep these items away from the device. I will not use during lunch or recess unless permission has been granted.
- I will not disassemble any part or attempt any repairs and will immediately turn in my iPad® to the Media Center if it is not working properly.
- I will not remove or add anything to the outside of the device. I am allowed to decorate the outside cover that I purchase.
- I will make sure my iPad® is FULLY CHARGED and at school every day.
- I will not put a security code on the iPad.
- I will file a police report in case of theft, vandalism, or loss.
- I will not utilize unauthorized photos, video, and/or audio recordings of myself or any other person in an inappropriate manner.
- I will be responsible for all damage or loss caused by neglect or abuse. I will not handle any repairs or take the device to a shop for repairs. All repairs are done through the school. The school shall charge the following amounts for repairs- Cracked/damage to the screen-\$250, Lost/Stolen* iPad- \$450. Stolen iPads will require a police report.
- I agree to return the device in good working condition.

I agree to the stipulations set forth in the above documents including the iPad® Policy, Procedures, and Information; the Acceptable Use Policy; iPad® Protection Plan and the Student Pledge for iPad® Use. I agree to immediately return the iPad® in good working condition upon request or withdrawal from Merryhill School. I assume full responsibility of my assigned iPad®. I acknowledge that this handbook is to be used as a guide to both acceptable and prohibited behavior of this technology.

Student Printed Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



Merryhill Midtown iPad® Policies & Procedures Parent-Student Agreement

We have read, understand, and will comply with all policies and procedures within this document. We understand that **we are responsible for purchasing a case for the device and also responsible for the replacement cost of an intentionally damaged or lost iPad®.** I will be responsible for monitoring my child at all times while the iPad® is at home or in my presence.

As the parent, I agree to immediately return the iPad® and peripherals in good working condition upon withdrawal from Merryhill Midtown. I acknowledge that this handbook and policy is to be used as a guide and does not attempt to address every required or prohibited behavior by its users.

Parent/Guardian Printed Name:

Parent/Guardian Signature: _____

Date: _____

Student Printed Name:

Student Signature: _____

Student Grade _____

Date _____

To be completed by school staff:

Check out Date: _____

Device ID Number: _____

Check in Date: _____

Device Quality at Check in:

- 🍏 Excellent - no wear and tear, all systems working properly
- 🍏 Good - some normal wear and tear, all systems working properly
- 🍏 Fair - excessive wear and tear and/or some system malfunctions
- 🍏 Poor - device is broken such as a cracked screen or damaged systems, some fines may be assessed to the student
- 🍏 Lost - device not turned in, replacement fee assessed to the student

Received by: _____



ADDITIONAL REQUIREMENTS FOR K & 7th Grade Students

KINDERGARTEN STATE REQUIRED PAPERWORK: (Required prior to child's first day)

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY - [Click here](#) to access this required form. Complete the form, print, receive information from pediatrician, and submit to the front office.

SHOT RECORDS: Please submit updated shot records to the school office as administered. Updates must come from a doctor's office.

BIRTH CERTIFICATE: Please submit birth certificate.

SEVENTH GRADE REQUIRED PAPERWORK: (Required prior to child's first day)

Updated shot records must be submitted to the school prior to the start of the 7th grade school year. Seventh grade students submit proof of administration of the following: Tdap - dose of Tetanus, Diphtheria, Pertussis (usually given at ages 11 and up).

*Seventh grade students should have 1 Tdap dose and 2 MMR doses.