



2024-25
Back-to School
Forms
Grades K-6

Please complete all included forms by August 15th and submit one of two ways:

Submit via email to Office Administrator, Ashley Maschio at ashley.maschio@merryhillschool.com

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



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: _____

EMERGENCY CARD

Merryhill Preparatory School

STUDENT EMERGENCY/MEDICAL INFORMATION CARD

(This card needs to be completed every school year)



Merryhill
School
A Total Learning Experience

Student's Name: _____
(Last) (First) (Middle Initial)

Grade: _____ Age: _____ Birthdate: _____
(Month) (Day) (Year)

Home Address: _____ Apt. No.: _____

City: _____ Zip Code: _____ Home Phone: _____

Ethnicity: _____ Child Lives With (Mark all that apply): Mother Father Caregiver/Guardian

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Employer: _____ Employer: _____

Work Address: _____ Work Address: _____

Primary Phone: _____ Primary Phone: _____

Secondary Phone: _____ Secondary Phone: _____

Email: _____ Email: _____

EMERGENCY CONTACTS/PERSONS AUTHORIZED TO PICK-UP MY CHILD: 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 contact and release my child to the custody of one of the following:

1. _____
(Name) (Relationship) (Primary Phone) (Secondary Phone)

2. _____
(Name) (Relationship) (Primary Phone) (Secondary Phone)

My child has health insurance: Yes No If Yes, list:

Member #: _____ Health Care Provider Phone: _____

NO MEDICAL CONDITION OR My child receives regular care for the following medical condition(s):

Allergies/Allergic to: _____ Date of last reaction: _____ Requires Epinephrine

Does your child have any other major health issue(s)? Please list:

Is your child taking medication(s)? Please list medication(s) and times taken:

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 Completed/Updated)



Merryhill
School

ALLERGY CARD

Merryhill School

ALLERGY INFORMATION CARD

(This card needs to be completed every school year and MUST be submitted by the first day of school)

Student's Name:

_____ (Last) (First) (Middle Initial)

Grade: _____ Age: _____ Birthdate: _____ (Month) (Day) (Year)

Parent/Guardian Name: _____
Employer: _____
Home Phone: _____
Work Phone: _____
Mobile Phone: _____

Parent/Guardian Name: _____
Employer: _____
Home Phone: _____
Work Phone: _____
Mobile Phone: _____

ALLERGIES

Allergies/Allergic to: _____

ALLERGY PRECAUTIONS

The allergy can be prevented by: _____

Peanut Allergies: My child can be in a building with peanut products. The school does not have to be peanut free.

My child cannot be near any peanut products. The school must be peanut free.

ALLERGY REACTIONS

Reaction symptoms: _____

Date of last reaction: _____

Requires Epinephrine

ALLERGY REACTION RESPONSES

Please do the following if an allergic reactions occurs:

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 Completed)



Additional Requirements for Kindergarten

**Kindergarten State Required Paperwork: (Required prior to
child's first day)**

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

Form is below. 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 administrated. Updates must come from a doctor's office.

BIRTH CERTIFICATE

Please submit birth certificate.

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last First Middle BIRTH DATE—Month/Day/Year

ADDRESS—Number, Street City ZIP code SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DTP/DT/DTd (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickengpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

- Fill out if patient or guardian has signed the release of health information.
- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian Date

Name, address, and telephone number of health examiner

Signature of health examiner Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.