

**Locust Grove Elementary Health/Custody Information**

**2010-2011**

**STUDENT** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**TEACHER** \_\_\_\_\_

**HEALTH CONCERNS:**

1. Does your child have any allergies that require medications to be

Left at school? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

2. Does your child have an inhaler \_\_\_\_\_ epi-pen \_\_\_\_\_ glucagon \_\_\_\_\_

Does your child's physician recommend that the inhaler or epi-pen be carried

on your child? \_\_\_\_\_ yes \_\_\_\_\_ no

You must provide the school with a physician's authorization if it must be

carried with the student.

**ALL MEDICATIONS, OVER THE COUNTER INCLUDED, MAY ONLY BE BROUGHT TO THE  
SCHOOL BY THE PARENT. PLEASE DO NOT SEND MEDICATION WITH THE STUDENT.**

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**CUSTODY:**

1. Are there circumstances about the custody of your child that we should know  
about? \_\_\_\_\_ yes \_\_\_\_\_ no

It is the parent's/guardian's responsibility to keep the school informed of changes  
in custody by providing the school office with the current and complete legal  
documents.

CONCERNS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_



**Oldham County Board of Education  
Department of Pupil Personnel – School Health Services  
Hearing and Vision Screening Program  
Parent/Guardian Consent Response Form  
GRADE K thru 5**

STUDENT'S NAME \_\_\_\_\_

Team/Grade \_\_\_\_\_ School \_\_\_\_\_

**\*Parent/Guardian: Please respond YES or NO and return form to school promptly.**

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**HEARING**

**School Hearing Screening Program**

**Eligible Students:** All students in grade 1, 3, and 5. Teacher referrals in grades K, 2 and 4.  
**Equipment Used:** Audiometer  
**Conducted by:** First screening completed by trained volunteers. Students who do not pass first screening will re-screened by the District Health Nurse.  
**Referral Notices:** District Health Nurse will notify parent/guardian if further evaluation is recommended.

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**Kentucky Eye Examination (KRS 156.160.8)** Proof of a vision examination by an optometrist or ophthalmologist completed on *Kentucky Eye Examination Form for School Entry*. This evidence shall be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5), or six (6) year old child is enrolled in public school, public preschool, or Head Start Program. The school will keep the original form.

**School Vision Screening Program**

**Eligible Students:** All students in grade 1, 3, and 5. Teacher referrals in grades K, 2 and 4.  
**Equipment Used:** Snellen "E" chart and Random Dot "E" test for K, 1, and 3rd grades. Titmus Vision screening machine for 5<sup>th</sup> grade.  
**Conducted by:** First screening completed by trained volunteers. Students who do not pass first screening will be re-screened by the District Health Nurse.  
**Referral Notices:** District Health Nurse will notify parent/guardian if further evaluation is recommended.

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**My student is allowed to participate in hearing screening.** YES \_\_\_\_\_ NO \_\_\_\_\_

**My student is allowed to participate in vision screening.** YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that community volunteers are used for student health screening and I consent to the disclosure of personally identifiable student information solely for the purpose of completing the above screenings for which I have granted permission. If I do not give consent to the disclosure of my student's personally identifiable information, I will notify "School Health Services" in writing and my student's screenings will be performed by an employee of the Oldham County Board of Education.

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

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION – 9064.01-F**

**OCSNET STUDENT ACCEPTABLE USE AGREEMENT FORM**

References: KRS 156.675

Relates to: Board Policy 9064; 9064.02-F; 9064.03-F

**OCSNET Student Acceptable Policy User Agreement Form**

Please complete this form to indicate that you agree with the terms and conditions outlined in the OCSNET Student Acceptable Use Policy (9064). Return this form to your child's school, where a copy will remain on file. The signatures of both the student and parent/guardian are required before access to any Oldham County computer is granted.

As a student of the Oldham County Schools and as a user of the district computer network, I have read or have had this policy explained to me by my guardian, and hereby agree to comply with the OCSNET Acceptable Use Policy.

Student Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

School \_\_\_\_\_ Date: \_\_\_\_\_

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

The Outlook Live e-mail solution is provided to your child by the district as part of the Live@edu service from Microsoft. By signing this form, you hereby accept and agree that your child's rights to use the Outlook Live e-mail service, and other Live@edu services as the Kentucky Department of Education may provide over time, are subject to the terms and conditions set forth in district policy/procedure as provided and that the data stored in such Live@edu services, including the Outlook Live e-mail service, are managed by the district pursuant to OCBE Policy 9064 and accompanying procedures. You also understand that the Windows Live ID provided to your child also can be used to access other electronic services that provide features such as online storage and instant messaging. Use of those Microsoft services is subject to Microsoft's standard consumer terms of use (the Windows Live Service Agreement), and data stored in those systems are managed pursuant to the Windows Live Service Agreement and the Microsoft Online Privacy Statement. Before your child can use those Microsoft services, he/she must accept the Windows Live Service Agreement and, in certain cases, obtain your consent.

**As parent/legal guardian of this student,**

- I grant permission for my child to access the Internet and email through OCSNET and accept responsibility for conveying to my child the standards outlined above for use of OCSNET.
- I do not grant permission for my child to access OCSNET, network, internet and email.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Equal Opportunity/Affirmative Action Employer Offering Equal Educational Opportunities 9/1/1998 SYS

Adopted: May 24, 1999  
Revised: May 20, 2002  
Revised: April 28, 2003  
Revised: June 26, 2006  
Revised: April 3, 2007  
Revised: June 19, 2009