

CONFIDENTIAL SCHOOL HEALTH HISTORY AND CONSENT FORM

Student: _____ Race _____ Gender _____ Grade _____

1. Does your child have medical problems or receive any treatment for medical problems?
 _____ YES _____ NO If yes, Please explain below:

2. Does your child take any medicines everyday? _____ YES _____ NO
 If yes, what medication: _____

3. Has your child had surgery or been hospitalized? _____ Yes _____ NO
 If yes, please explain: _____

4. Has your child ever had any of the following medical problems? Check all that apply.

Asthma		ADD/ADHD		Cancer/Tumor	
Diabetes		Epilepsy(Seizures)		Frequent ear infections	
Frequent headaches		Hearing loss or wears hearing aids		Hemophilia (Bleeding problem)	
Meningitis		Neurological (Brain or Spinal)		Orthopedic (Bone or Joint)	
Shortness of Breath		Skin Problems		Tuberculosis	
Urinary (Kidney or Bladder)		Vision (Wears Glasses or Contacts)		Emotional/Behavioral Problems	

Explain (continue on back if necessary):

5. Is your child allergic to or unable to take any medication (prescription or over the counter)?
 Please list the name and type of reaction they have had. _____ Yes _____ No

Medicine(s): _____
 Type of reaction: _____

6. FOOD ALLERGY? _____ YES _____ NO LIST FOOD(S): _____
 Type of reaction: _____

7. Bee or Insect insects(s): _____ Yes _____ No Type of reaction? _____

8. What is your child's Doctor's name? _____ Phone# _____

9. What is your child's Dentist's name? _____ Phone # _____

10. What is your child's Payment source for medical care? _____ Medicaid _____ Health Insurance _____ None

PERMISSION FOR SERVICES

** I give my permission for my child to receive medication or medical treatment as deemed necessary by the school nurse or designated staff. Prescription medications may be given at the school with a Medication Permission form signed by Medical Doctor with instructions for administration, Parent's Signature giving permission to administer medication and properly labeled container from the pharmacist.

** In case of emergency and I cannot be reached, I would like my child transported to the nearest emergency room by Emergency Medical Services (EMS). I understand that I am responsible for all expenses associated with the emergency.

** I understand that information about my child will be shared on a "need to know" basis within the school. The school will also share information about my child with the Department of Health and Environmental Control (DHEC).

**I give my permission for my child's immunizations to be added to South Carolina Immunization Registry.

** If applicable, by signing this form, I understand that for any period when my child is eligible for Medicaid or its related programs (Partners for Healthy Children, First Choice, PEP, and other programs that may be developed), the District may bill the Medicaid program for those services and Medicaid will pay the services performed prior to the date of this consent. By signing this form, I also give the District permission to release to the Medicaid Program any information related to these services that may be necessary for the processing or auditing of Medicaid claims.

Parent/Guardian Signature: _____ Date: _____

St. George Middle School



600 Minus Street, St. George, SC 29477

Phone: (843) 563-3171

Benjamin Kennedy, Principal

April Sanders, Assistant Principal

“WALKING” FIELD TRIP FORM

When appropriate and approved by the principal, teachers may elect to take their classes on walking field trips within the school community at different times during the school year. The purpose for these trips may vary. Student may participate in incentive recreational activities or spend time completing experiments, labs and observations. The locations include the St. George Tennis Courts, the baseball/softball field or in the park across Minus Street.

In order to allow for flexibility for these valuable activities, this permission will extend for the entire 2020-2021 school year. The office will keep a list of which classes are on walking field trips at any given time. Teachers will supervise students when crossing the road and at all times at the location. Separate forms will be used for field trips when any form of transportation is involved.

Your signature gives your child permission to participate in walking field trips for the entire 2020-2012 school year.

Student Name (print) _____ Grade: _____

**I agree to allow my child to participate in walking field trips from
SGMS.**

Parent/guardian (print) _____

Parent Signature _____

Date: _____

Home phone # _____

Cell phone # _____

Where Some Wish For It, We Work For It!



Dorchester School District Four 2020-2021 Back-to-School Instructional Delivery Option

Updated: August 6, 2020

Please initial beside your choice of instruction (**Choose only one**)

_____ **Traditional (2 days Face-to Face & 2 days Hybrid) Option**

Students participating in the traditional learning model will receive face-to-face instruction in the classroom setting. They will attend school on a regular/modified schedule. If the school district is directed to close down completely, students will transition to either the Hybrid Learning Model or the Virtual Learning Model.

- **Students will be required to wear facemasks (except while eating meals)**
- **Students will attend school either:**
 - (A) **Monday and Tuesday** or
 - (B) **Wednesday and Thursday.**

*The other two days will be Hybrid. **STUDENTS WILL NOT ATTEND ALL FOUR DAYS FACE-to-FACE.***

- We have a limited amount of space, please select your preference below, and we will do our best to accommodate. **Your choice of days is not guaranteed.**

No Preference-_____ **A. Mon. and Tues.-**_____ **B. Wed. and Thurs.-**_____

- **Transportation** (Please write in specifics like "am only" or pm only")

Bus-_____ **Car-rider-**_____ **Both (explain)-**_____

Walk-_____ (Walking to the park is discouraged) _____

_____ **Hybrid Option (Full Online)**

Students will participate in live learning experiences with direct instruction from DD4 teachers. Students will access learning through live virtual meetings (Zoom) according to the fixed traditional schedule of their school in an on-line classroom setting Monday-Thursday. Students will be able to interact daily with their peers and their teachers. This option is teacher-directed and Internet connectivity is required.

_____ **Virtual Option (Full Online)**

Students who enroll in the DD4 virtual school will access learning through the DD4 Learning Management System and will follow the schedule based on their individual coursework. This learning option is self-paced and Internet connectivity is required.

St. George Middle School

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____