

WINONA-MONTGOMERY CONSOLIDATED SCHOOL DISTRICT

Dr. Teresa Jackson, Superintendent

218 Fairground Street
Winona, MS 38967
662.283.3731

www.winonamontgomerycsd.com

DATE \_\_\_/\_\_\_/\_\_\_

GRADE \_\_\_\_\_

STUDENT'S NAME

LAST

FIRST

MIDDLE

RACE \_\_\_\_\_

GENDER \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

NAME OF PARENT(S) OR LEGAL GUARDIAN \_\_\_\_\_

WHO DOES STUDENT LIVE WITH: \_\_\_ MOTHER \_\_\_ FATHER \_\_\_ BOTH PARENTS
\_\_\_ LEGAL GUARDIAN \_\_\_ FOSTER PARENT

MOTHER ( ) \_\_\_\_\_, ( ) \_\_\_\_\_, ( ) \_\_\_\_\_
HOME CELL WORK

MILITARY: YES NO BRANCH \_\_\_\_\_ ACTIVE: YES NO

FATHER ( ) \_\_\_\_\_, ( ) \_\_\_\_\_, ( ) \_\_\_\_\_
HOME CELL WORK

MILITARY: YES NO BRANCH \_\_\_\_\_ ACTIVE: YES NO

GUARDIAN ( ) \_\_\_\_\_, ( ) \_\_\_\_\_, ( ) \_\_\_\_\_
HOME CELL WORK

MILITARY: YES NO BRANCH \_\_\_\_\_ ACTIVE: YES NO

\*DO YOU LIVE WITHIN ONE MILE FROM THE SCHOOL? \_\_\_ YES \_\_\_ NO \_\_\_ MAYBE

\* HOW WILL YOUR CHILD GET TO SCHOOL? \_\_\_ BUS \_\_\_ CAR \_\_\_ WALKER

\* HOW WILL YOUR CHILD GET HOME FROM SCHOOL? \_\_\_ BUS \_\_\_ CAR \_\_\_ WALKER

LIST NAMES OF ANY OTHER CHILDREN LIVING WITH YOU THAT WILL BE ATTENDING THIS SCHOOL:

LIST ANY ALLERGIES STUDENT HAS AND/OR MEDICATION(S) STUDENT IS CURRENTLY TAKING:

EMERGENCY CONTACTS / PERMISSION TO PICK UP FROM SCHOOL

NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

NUMBER ( ) \_\_\_\_\_, ( ) \_\_\_\_\_, ( ) \_\_\_\_\_
HOME CELL WORK

NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

NUMBER ( ) \_\_\_\_\_, ( ) \_\_\_\_\_, ( ) \_\_\_\_\_
HOME CELL WORK

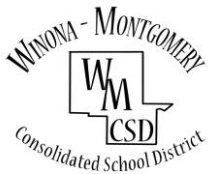
NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

NUMBER ( ) \_\_\_\_\_, ( ) \_\_\_\_\_, ( ) \_\_\_\_\_
HOME CELL WORK

PARENT / LEGAL GUARDIAN'S SIGNATURE

DATE \_\_\_\_\_





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Migrant/Immigrant Student Identification Survey

Please complete this survey. Your child could be eligible to receive additional academic help.

Student's Name: School: WES WSS Grade:

Parent Name: Address:

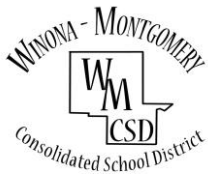
Phone: Street City Zip

A migrant child is a child who is or whose parent, spouse, or guardian is a migratory agricultural worker or migratory fisher, and who in the preceding 36 months has moved from one school district to another to obtain or accompany such parent, spouse, or guardian to obtain temporary or seasonal employment in agricultural or fishing work as a principle means of livelihood. An immigrant student is a child ages 3-21 who was not born in any state or U.S. territory and has not been attending school in any one or more states for more than three full academic years.

- 1. Have you been attending school in the U.S. during the past 3 years? (If "NO," stop here and see the counselor at the school where you are registering. If "YES," please continue.)
2. Have you or your family moved in the last 3 years? If "YES," when? month/day/year

If you answered "NO" to question 2, please stop here. If you answered "YES", please continue completing this survey.

- 3. In what town, county, state, or country did you and your family live before moving here?
4. What type of work did you and/or your spouse do before moving here?
5. Are you, your child, or your spouse working in any of the following activities for an employer? (Please check all that apply.)
Preparing the land, planting or harvesting of vegetation such as plants, shrubs, vegetables, fruits, trees, etc.
Cutting or baling hay, harvesting trees or vegetation for different uses, such as plants, shrubs, or Christmas trees
Trimming trees, planting seeds or seedlings, or working in seeding or greenhouses
Harvesting of any agricultural products
Working in dairy processing (milk, cheese), fish, poultry, or meat processing
Working in any other type of seasonal agricultural activity, including cattle
6. How many children or young adults (under age 21) live with you?



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Home Language Survey\*

The Office of Civil Rights (OCR) requires that LEA's identify Limited English Proficient (LEP) (ELL) ESL students in order to provide appropriate language instructional programs for them. Mississippi has selected the Home Language Survey (HLS) as the method for the identification. The HLS must be administered to all students at initial enrollment into the district.

Date School: Grade:

Student's Name: Parent/Guardian:

1. What is /was the first language your child learned to speak?

2. Does the student speak a language(s) other than English? (Do not include languages taught at school.)
YES NO

If YES, specify the language(s):

3. What language does your child speak most often at home?

4. What language(s) are spoken in your home?

(This includes all family members living in the home.)
(If one or more of the questions 1-4 indicate a language other than English as the primary language, the student must be administered the LAS Links Second Edition Placement Test.)

5. Was your child born in the United States? YES NO

6. When did your child first enter school in the U.S.? In what state?

7. Is the student attending the school as a foreign exchange student? YES NO

8. Has the student ever been in a bilingual educational or English as a Second Language ESL program in a school in the U.S.? YES NO

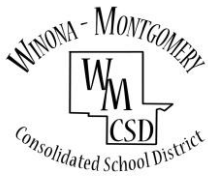
9. Did the student exit the program? YES NO EXIT DATE:

Parent/Guardian signature:

Person Completing this Form (if other than parent/guardian):

For additional information, please contact Peggy Jackson, WMCS D Federal Programs Director, 662-283-9867 or Dr. William Finley, WMCS D ELL Coordinator 662-283-1027.

The LEA has the responsibility under federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the LEA has the right to ask for the information it needs to identify English Language Learners (ELLs). ELLs, the LEA may conduct screenings or ask for related information about students currently enrolled in the school as well as from students who enroll in the LEA future.



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Student Enrollment Questionnaire

McKinney-Vento Education for Homeless Children and Youth Assistance Act Survey

By completing this questionnaire, you will help the district comply with the Stewart B. McKinney-Vento Act. Title IX, Part A of the Every Student Succeeds Act. Your truthful and accurate answers will help the district identify services that the student(s) may be eligible to receive.

Section I: Student Information

School: \_\_\_\_\_ Winona Elementary School \_\_\_\_\_ Winona Secondary School

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

CURRENT GRADE: \_\_\_\_\_ GENDER: \_\_\_\_\_ RACE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN(S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

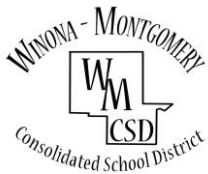
TELEPHONE NUMBERS:

HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

Section II: Eligibility Criteria: At least one (1) must be marked.

- \_\_\_\_\_ Child does not reside with parent or legal guardian.
\_\_\_\_\_ Family resides in substandard housing (lacks adequate roof, floor, windows, utilities, etc.)
\_\_\_\_\_ Parents or guardians are migrant workers.
\_\_\_\_\_ Child/family resides in a temporary shelter or hotel due to economic hardships.
\_\_\_\_\_ Child/family resides with relatives or friends temporarily due to economic hardship from loss of job or home (affidavit or fire report may be required).
\_\_\_\_\_ Child/family resides in substandard domiciles or on the streets (tents, vehicles, etc.)
\_\_\_\_\_ None of these apply.

If you have specific questions about McKinney Vento eligibility or services, please contact the school and ask for the Homeless Liaison Contact. You may also contact Dr. William Finley (662-283-1027), and Peggy Jackson or Dr. Angela Bridges at 662-283-1000 in Support Services.



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**CORPORAL PUNISHMENT**

School: WINONA ELEMENTARY SCHOOL

PLEASE INDICATE YOUR WISHES REGARDING CORPORAL PUNISHMENT (PADDLING) OF YOUR CHILD WHO IS A STUDENT IN THE WINONA MONTGOMERY CONSOLIDATED SCHOOL DISTRICT.

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

\_\_\_\_\_  
GRADE

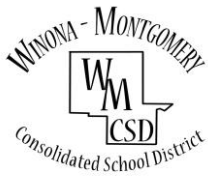
\_\_\_\_\_  
**YES, I GIVE PERMISSION FOR MY CHILD TO RECEIVE CORPORAL PUNISHMENT (PADDLING) FROM THE SCHOOL PRINCIPAL OR HIS/HER DESIGNEE FOR VIOLATION OF THE SCHOOL RULES. I UNDERSTAND THAT THE SCHOOL OFFICIALS WILL NOT CONTACT PARENTS/GUARDIANS EVERY TIME CORPORAL PUNISHMENT IS ADMINISTERED**

\_\_\_\_\_  
**NO, I DO NOT GIVE PERMISSION FOR MY CHILD TO RECEIVE CORPORAL PUNISHMENT (PADDLING). I UNDERSTAND THAT BY WITHHOLDING MY CONSENT FOR CORPORAL PUNISHMENT MY CHILD WILL BE SUSPENDED FROM THE SCHOOL FOR THREE (3) SCHOOL DAYS.**

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

**THIS SIGNED FORM EXPIRES AT THE END OF THE CURRENT SCHOOL YEAR.**



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## PARENT / TEACHER COMPACT

School: WINONA ELEMENTARY SCHOOL

Effective schools are a result of families and school personnel working together to ensure that children are successful in school. A compact is an agreement that firmly unites families and school personnel. You are invited to be involved in a partnership with the Winona-Montgomery Consolidated School District through this compact. Parents and teachers are asked to sign in the appropriate place and return this page to the homeroom teacher.

### As a member of the Winona-Montgomery Consolidated School staff, I will

- ❖ show respect for each child and his/her family
- ❖ come to class prepared to teach
- ❖ provide an environment conducive to learning
- ❖ help each child grow to his/her fullest potential
- ❖ provide meaningful and appropriate homework activities
- ❖ enforce school and classroom rules fairly and consistently
- ❖ seek ways to involve parents in the school program
- ❖ demonstrate professional behavior and positive attitude
- ❖ have high expectations for myself, students and other staff

### As a parent, I will

- ❖ see that my child attends school regularly and on time
- ❖ insist that all homework assignments are completed
- ❖ attend parent/teacher conferences as scheduled
- ❖ talk with my child about his/her progress report/ report card each grading period
- ❖ encourage my child to read at home and to monitor his/her TV viewing
- ❖ show respect and support for my child, the teachers, and the school
- ❖ help my child learn to resolve conflicts in positive ways
- ❖ read and go over the student handbook with my child/children

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District Representative Signature

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Parent/Guardian Signature

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Teacher Signature

WINONA ELEMENTARY SCHOOL  
ENROLLMENT  
2019-2020 SCHOOL YEAR

FOR OFFICE USE ONLY

Bus Number:  
\_\_\_\_\_

BUS PERMISSION

**\*\*ALL STUDENTS MUST HAVE A BUS PERMISSION FORM ON FILE, IN CASE BUS TRAVEL IS REQUIRED, FOR CAMPUS ACTIVITY. (Spring Fling and field trips) \*\***

Charlie Parkerson  
Director of Transportation  
Phone: 662-283-1018 Fax: 662-283-2550



GRADE \_\_\_\_\_

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

I WANT MY CHILD PICKED UP AT (ADDRESS) \_\_\_\_\_

I WANT MY CHILD DELIVERED TO (ADDRESS) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

- During the school year, all children that ride school buses in the Winona-Montgomery Consolidated School District will be picked up and dropped off only at the address listed on the bus permission form.
- If a one day change needs to be made for any mode of transportation, a parent/guardian must email, fax, or send a written letter to the Elementary School Office before 1:00 on the day of the change.
  - Fax number- 662-283-1066
  - Email- westrans@winonaschools.net
- If a permanent change is to be made, a parent/guardian must come to the Elementary School and fill out a new transportation form and provide two proofs of residency.

\_\_\_\_\_  
Date

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

BELOW ARE THE 3 MODES OF TRANSPORTATION IN THE WINONA MONTGOMERY CONSOLIDATED SCHOOL DISTRICT. CIRCLE THE DAILY MODE OF TRANSPORTATION AND COMPLETE THE INFORMATION UNDER IT. THIS IS HOW YOUR CHILD WILL BE SENT HOME EVERYDAY. **CHOOSE ONLY ONE AS THE PRIMARY MODE OF TRANSPORTATION.**

\*BUS RIDER \_\_\_\_\_ MORNING ADDRESS \_\_\_\_\_

\_\_\_\_\_ AFTERNOON ADDRESS \_\_\_\_\_

\*CAR RIDER \_\_\_\_\_ DROP OFF  
\_\_\_\_\_ PICK -UP \* Primary person to pick-up \_\_\_\_\_ \*Phone Number \_\_\_\_\_

\* WALKER \_\_\_\_\_ MORNING  
\_\_\_\_\_ AFTERNOON

\*ADDRESS STUDENT WILL BE WALKING TO \_\_\_\_\_

\*Phone Number \_\_\_\_\_



**WINONA ELEMENTARY SCHOOL  
ENROLLMENT  
2019-2020 SCHOOL YEAR**

**LIBRARY**

**Permission to Check Out Library Books**

Parents, please sign for permission for your child to check out books from the WES Library.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

**Library Policy:**

1. Books returned late will be charged 5 cents per school day (excluding weekends & holidays).
2. If books are returned damaged (torn pages, writing in them, water damage, etc...) there will be a fine.
3. If library books are lost or destroyed, students must pay the replacement cost of the book.
4. Students with an overdue book or a library fine may NOT check out another book until the book is returned and/or the fine is paid.

Parents, please read sign this note check the correct line for your child.

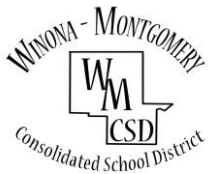
\_\_\_\_\_ My child has my permission to check out library books at WES.

\_\_\_\_\_ My child CAN NOT check out library books.

I understand that I am signing that my child and I will be responsible for the books he/she checks out from the WES library.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



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### Acceptable Use Policy

#### Administrative Procedures for Dealing with Student access of Information

It is the policy of Winona Montgomery Consolidated School District to:

- A. Prevent user access over its computer network to, or transmission of, inappropriate material via Internet, electronic mail, or other forms of direct electronic communications
- B. Prevent unauthorized access and other unlawful online activity
- C. Prevent unauthorized online disclosure, use, or dissemination of personal identification information of minors; and
- D. Comply with the Children's Internet Protection Act [Pub. L. No. 106-554 and 47 USC 245(h)].

Consequently, the Winona Montgomery Consolidated School District adopted an Internet Safety Policy. This policy outlines the district's role in the education of minors concerning appropriate online behavior, including interaction with other individuals on social networking sites and in chat rooms as well as awareness of and response to Cyber Bullying.

In order to match electronic resources, as closely as possible to the approved district curriculum, district personnel will review and evaluate resources in order to offer materials that comply with the Winona Montgomery Consolidated School Board Guidelines for Technology Governing the selection of instructional materials. In this manner, staff will provide developmentally appropriate guidance to students as they make use of telecommunications and electronic information resources to conduct research and complete other studies related to the district curriculum. All students will be informed by the staff of their rights and responsibilities as users of the district network prior to gaining access to that network, either as an individual user or as a member of a class or group.

Access to district information resources will be designed in ways, as much as possible, to point students to those, which have been reviewed and evaluated prior to use. While students may be able to move beyond those resources to others, which the staff has not evaluated, they shall be provided with guidelines and lists of resources particularly suited to the learning objectives.

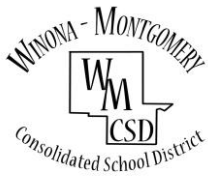
#### Internet Rules

Students are responsible for appropriate behavior on school computer networks just as they are in a classroom or a school hallway. Communications on the network are often public in nature. General school rules for behavior and communications apply.

The network is provided for students to conduct research and communicate with others. Independent access to network services is provided to students who agree to act in a considerate and responsible manner. Parental permission is required for access. Access is a privilege, not a right. Access entails responsibility. Individual users of the district computer networks are responsible for their behavior and communications over those networks. It is presumed that users will comply with district standards and will honor the agreements they have signed.

Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and insure that users are using the system responsibly. Users should not expect that files stored on district servers will be always be private.

During school, teachers of younger students will guide them toward appropriate materials; Families bear responsibility, outside the school, for such guidance, as they must also exercise with information sources such as television, telephones, movies, radio and other potentially offensive media



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### **The following practices are not permitted:**

- Entering areas which have been specifically forbidden
- Sending, receiving or displaying offensive messages or pictures
- Using obscene language
- Harassing, insulting or attacking others
- Damaging computers, computer systems, or computer networks
- Violating copyright laws
- Using others' passwords
- Trespassing in others' folders, work or files
- Listening to music over the internet not deemed educational
- Playing games on the internet not deemed educational
- Employing the network for commercial purposes
- Downloading/Installing any computer software
- Attempting to bypass internet filtering software.

### **Sanctions**

Violations may result in loss of access

Additional disciplinary action may be determined at the building level in line with existing practice regarding inappropriate language of behavior.

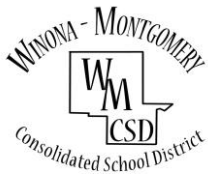
When applicable, law enforcement agencies may be involved.

For the use of computers and the computer networks of the WMCS D, I understand and agree to the following:

**That the use of the computer and the computer networks of the WMCS D is a privilege which may be revoked by the administration of the WMCS D at any time for abusive conduct.** Such abusive conduct would include, but not limited to the following:

- The placing of unlawful information, data files or programs on the computer
- The use of obscene, abusive, or otherwise objectionable language or graphics
- Unauthorized use of property belonging to others, including programs, usernames, passwords, and/or data files not owned by the user
- Theft and/or destruction of computer hardware, and peripherals (printer, mouse devices, monitors, modems, etc.)
- Theft and/or destruction of computer software, data files, and property owned by the WMCS D, and others
- Unauthorized attempts to violate the security of the network systems of the WMCS D listening to music or playing games over the internet that are not deemed educational
- Unauthorized installation of computer software on the computers and the computer network systems of the WMCS D, including but not limited to: games, virus programs, and applications software
- Unauthorized use of computers, computer networks, and computer peripherals to commit a forgery, or to create a forged instrument.

That the use of the computers and the computer networks, computer software, data files and property of the WMCS D is for the private use of the students, faculty, and staff. Any commercial or other unauthorized use of those materials, in any form, is expressly forbidden.



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GRADE \_\_\_\_\_

## Student Internet Agreement Form

STUDENT NAME \_\_\_\_\_

The School Board expects students to agree to such usage through a written agreement as follows:

For the use of computers and the computer networks of the WMCS D, I understand and agree to the following:

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- The use of obscene, abusive, or otherwise objectionable language or graphics
- Unauthorized use of property belonging to others, including programs, usernames, passwords, and/or data files not owned by the user
- Theft and/or destruction of computer hardware, and peripherals (printer, mouse devices, monitors, modems, etc.)
- Theft and/or destruction of computer software, data files, and property owned by the WMCS D, and others
- Unauthorized attempts to violate the security of the network systems of the WMCS D listening to music or playing games over the internet that are not deemed educational
- Unauthorized installation of computer software on the computers and the computer network systems of the WMCS D, including but not limited to: games, virus programs, and applications software
- Unauthorized use of computers, computer networks, and computer peripherals to commit a forgery, or to create a forged instrument.

That the use of the computers and the computer networks, computer software, data files and property of the WMCS D is for the private use of the students, faculty, and staff. Any commercial or other unauthorized use of those materials, in any form, is expressly forbidden.

That violation of the above rules and regulations may result in the revocation of the privilege to use the computers and computer networks of the WMCS D. Other disciplinary action, as described in the WMCS D Discipline Plan, may be taken.

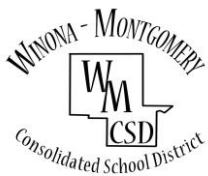
To abide by such rules and regulations for the system usage as may be determined for time to time by the administrators of the Winona Montgomery Consolidated School District. Failure to sign this agreement does not relieve the student from complying with the agreement.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)



WINONA-MONTGOMERY CONSOLIDATED SCHOOL DISTRICT

NURSE

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Winona Elementary School STUDENT HEALTH RECORD Winona Secondary School

A Message From Your School Nurses

Our district currently employs a full-time school nurse at each of our campuses. Please remember that ANY MEDICATION not listed below, whether by prescription or non-prescription, must have a medication form completed by a parent/guardian. The medication must be brought to the school and picked up from the school by the parent/guardian. Medications cannot be sent home with the student.

Grade Student's Name HR Teacher

M F Race Date of Birth

Student Lives With: Both Parents Mother Father Guardian

Does Student Have Insurance: Yes/No

Should your child become ill or injured at school, we have a physician's order that allows the school nurse to provide your student with the following medications if he/she deems necessary:

- Acetaminophen (Tylenol)
Ibuprofen (Advil, Motrin)
Tums, Mylanta or generic antacid tablet or liquid
Benadryl
Cough Drops
Neosporin or antibiotic cream or ointment
Hydrocortisone cream or anti-itch cream
Calamine, Caladryl, or Calagel lotion
Vaseline ointment
Carmex or Blistex ointment
Topical anesthetic (First Aid) spray or hydrogen peroxide
Insect sting spray or wipe
Orajel
Anti-fungal cream
Visine
Saline eye drops or saline eye irrigation
Emergency Medications:
Epi-Pen-Life Threatening Allergic Reaction
Naloxone Nasal Spray-Life Threatening Medication Reaction

My student MAY TAKE OR USE ALL of the above medications except those that are circled.

My student MAY NOT TAKE OR USE ANY of the above medications

Parent/Guardian signature Date

\*\*In case of accident or serious illness, it is necessary that we can get in contact with you, please notify the office immediately if any of your numbers change:

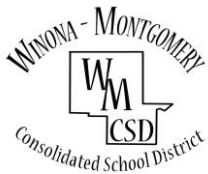
Mother/Guardian Home Work

Cell Email

Father/Guardian: Home Work

Cell Email

(Continued on Next Page)



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\*\*List below two local individuals (friend/relative) who will assume temporary care of your student if you cannot be reached:

1. Name Relationship to Student

Home Work Cell

2. Name Relationship to Student

Home Work Cell

Does your student take any medication? Yes No \*\*Will any medication be taken at school? Yes No

Please list all medications taken at home/school:

Please list any allergies: (medications, food, insects, seasonal)

Does your student carry: Epi-Pen Inhaler Insulin Pen/Pump

Please list any illnesses your student has now or has had in the past:

ADHD/ADD/ODD Diabetes Seizures Sickle Cell Anemia

Asthma (no meds) Headaches Stomach Problems Vision Problems

Asthma (takes meds) Hearing Problems Bone/Joint Problems High Blood Pressure

Physical handicap Rheumatic Fever Serious Injury Surgical History

Heart defect Nerve Problems Anemia Other Health Problems

Please explain checked illnesses or other issues that you think are important for us to know:

\*\*My student will need additional forms for: Food Allergies Seizures Asthma Diabetes Epi-Pen Medications at school Well Child Screenings at School

I, the parent/guardian of give permission for my student to participate in the school's health program, receive first aid, and health education from the school nurse or other designee of the school. In addition, I give Winona School District staff permission to transport my child for emergencies, medical needs, or school issues as deemed necessary. I also understand that the district will try to locate me in case of emergency at the numbers that I have provided.

Parent/Guardian Signature Date