

School Year 2021-22

Please review the attached student information, read this page carefully then sign at the bottom.



For the protection and safety of your child, you are being asked to carefully review the attached student registration/emergency form. Please do each of the following:

- Line-out and make legible corrections (preferably using a colored pen)
- Provide current insurance information
- Update all contact information

My signature at the bottom of page indicates that the health information is correct and/or all needed corrections have been noted on the form.

In the event of a medical emergency, during my absence, I hereby give consent for treatment, administration of anesthesia, and surgical intervention for my (son / daughter) _____ as deemed necessary by the attending physician. This consent is extended to the physician, nursing staff, and hospital and will remain in effect until revoked in writing by the undersigned. The parent's recommendation will be respected as far as possible. I understand that in the final disposition of an emergency, the judgment of school authorities and medical staff will prevail. Anytime the above information changes, I will notify the school. Completed information is to be confidentially shared with school staff as medically indicated.

My signature at the bottom of this form gives consent as stated above.

Student/Parent/Guardian Handbook, Co-Curricular Code of Conduct Acknowledgement:

I have been given the opportunity to view and /or obtain any of the above information for review. My child(ren) and I have read and understand the information contained in each section. By signing below, we agree to follow the rules and guidelines within the Student/Parent/Guardian Handbook, including Co-Curricular Code of Conduct. I am aware that the Handbook and Code of Conduct are available on the School District of Manawa website, in each student's offline Google Drive folder, and available in paper form at each District building.

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Student Name: _____

Parent Signature: _____

Date: _____