



CHEBOYGAN AREA SCHOOLS

Board of Education
7461 N. Straits Highway
Cheboygan, MI 49721
T: (231) 627-4436
F: 800-858-6985

Cheboygan Area High School
801 W. Lincoln Avenue
Cheboygan, MI 49721
T: (231) 627-7191
F: 800-858-6351

Cheboygan Intermediate School
905 W. Lincoln Avenue
Cheboygan, MI 49721
T: (231) 627-7103
F: 800-858-6323

East Elementary School
440 Garfield Avenue
Cheboygan, MI 49721
T: (231) 627-5211
F: 800-858-4416

Inverness Academy
7461 N. Straits Highway
Cheboygan, MI 49721
T: (231) 627-5613
F: 800-858-6425

REQUEST FOR STUDENT RECORDS

CHEBOYGAN INTERMEDIATE SCHOOL

Phone 231-627-7103

Fax 800-858-6323

To Previous School:

Date: _____

REQUEST FOR RECORDS FOR THE FOLLOWING:

Student Name

Grade

Date of Birth

The previously named student(s) recently enrolled in our school. In order for us to adequately place this/these student(s), we request that you forward the complete records for each student listed. Please include all items listed below:

1. All health records and doctor reports (Immunization records)
2. Most recent IEP or 504 information
3. Psychological and/or diagnostic test results
4. Social workers report
5. Special hearing and eye examinations
6. Achievement test results
7. Any other pertinent information helpful in placing or understanding the student

Parental permission is no longer required when records are requested by authorized school personnel (Family Rights and Privacy Act, Final Rule of Education Records, Federal Register, June 17, 1976, vol. 41, no. 118, page 24673).

Please forward to:

Cheboygan Intermediate School
P. O. Box 100
Cheboygan, MI 49721



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Dear Parent/Guardian:

The Michigan Missing Children's Act, MCL 380.1135 of the Revised School Code, requires that a person enrolling a pupil in school is to provide the local or intermediate school district certified copy of the pupil's birth certificate, or other reliable proof of the pupil's identity.

Upon enrollment of a student for the first time in a local or intermediate school district, the person enrolling the student has 30 days to provide the district or intermediate with the following:

- ☐ A certified copy of the student's birth certificate
- ☐ Other reliable proof, as determined by the school district, of the student's identity and age; and an affidavit explaining the inability to produce a copy of the birth certificate.

If the person enrolling a student fails to comply with either of the above requirements within the allotted 30 days, the case shall be referred to the local law enforcement agency for investigation.

The local or intermediate school district shall immediately report to the local law enforcement agency any affidavit received that appears inaccurate or suspicious in form or content.

Sincerely,

Spencer Byrd, Superintendent
Cheboygan Area Schools



CHEBOYGAN AREA SCHOOLS

Student Registration Form

☐ New Student ☐ Update

School Building: CAHS CIS EAST INV

Date:

UIC:

STUDENT INFORMATION: (Please Print)

Legal Last Name	First Name	Middle Name	Gender ☐ M ☐ F	Entering Grade	DOB
Street Address	Street Name	Apt. #	P.O. Box	City	Zip
Home Phone (Primary #)	City	Birthplace State/Country	Has this student ever attended Cheboygan Area Schools? ☐ Yes ☐ No		
Student Cell Phone			If yes, where: _____ Dates: _____		
Ethnicity-REQUIRED Is this student Hispanic/Latino?	☐ No, not Hispanic or Latino ☐ Yes, Hispanic or Latino	Language spoken at home: ☐ English ☐ Other			

Student's Race: (Codes listed below) Primary: _____ Secondary: _____ (if applicable)

C=Caucasian B=African American I=American Indian or Alaskan Native A=Asian P= Pacific Islander H=Hispanic O=Other

Is this student in a Foster Care Placement? ☐ Yes ☐ NoIs there a current **Order of Protection, No Contact Order**, or other safety factors that concern this student? ☐ Yes ☐ No
If yes, please provide a copy.

Description of residence (Please select one):

- | | |
|--|--|
| ☐ Single-family in a house or dwelling | ☐ More than one family in a house or dwelling |
| ☐ Hotel/Motel Name: _____ | ☐ Shelter Name: _____ |
| ☐ Lives with friends or relatives – other than parents or guardians | ☐ Unsheltered |
| ☐ Transitional housing or Other (Please describe): _____ | |

PARENT/GUARDIAN INFORMATION

Father Legal Name: Last Name First Name Middle		Relationship to student: ☐ Biological Father ☐ Foster Father ☐ Legal Guardian	Status: ☐ Single ☐ Married ☐ Divorced	Do you reside with this student? ☐ Yes ☐ No
Home Phone	Day Phone			

Address (if different than above) Apt. # P.O. Box City Zip

Email	Work Phone
Place of Employment	

Mother Legal Name: Last Name First Name Middle		Relationship to student: ☐ Biological Mother ☐ Foster Mother ☐ Legal Guardian	Status: ☐ Single ☐ Married ☐ Divorced	Do you reside with this student? ☐ Yes ☐ No
Home Phone	Day Phone			

Address (if different than above) Apt. # P.O. Box City Zip

Email	Work Phone
Place of Employment	

CUSTODY

☐ Student lives with both parents (same household) If **yes**, please skip to next section.
If **no**, please provide legal documentation.

☐ Student lives with Mom

☐ Student lives with Dad

☐ Legal documents on file
at school.

☐ Sole Physical Custody

☐ Joint Physical Custody

Please explain:

EMERGENCY CONTACT (Other than a parent/guardian listed on previous page)

1 st Choice:	Name	Phone #	Relationship to student:
2 nd Choice:	Name	Phone #	Relationship to student:
3 rd Choice:	Name	Phone #	Relationship to student:

SPECIAL SERVICES

Is your child receiving any special services or special education? ☐ Yes ☐ No If **yes**, please explain below.

Special services your child received at previous school: (check all that apply)

☐ 504

☐ Special Education

☐ Title 1

☐ Speech/Language

☐ Academic Assistance Plan

Please explain:

SCHOOL HISTORY

Is this child currently under expulsion or suspension from any school district or school building? ☐ Yes ☐ No

Previous school attended:

HEALTH INFORMATION:

Students Physician:

Office Phone #: ()

Please check all that apply:

√	Nothing Known	√	Hemophiliac	√	Muscle Weakness	√	Contact Lenses
	Medical Waiver		Diabetic		Asthma		Wears Glasses
	Rheumatic		Epileptic		Nose Bleeds		No Medicines, Religious
	Cardiac		Special Blood Condition		Hearing Problems		Allergy

Please note medical conditions or other pertinent information regarding student:

Medication(s)/Treatment(s)

Taken at home:	Dose	Time	Taken at school:	Dose	Time

FAMILY INFORMATION: Please list all children in the family, oldest first.

Name	School Attending	Gender	Age	Date of Birth
		M F		
		M F		
		M F		
		M F		

I understand, for health, safety and/or educational needs of my child, information on the questionnaire, health appraisal (physical) and/or emergency card may need to be shared with individuals working with my child.

Signature of Parent/Legal Guardian Completing Form

Date

**Cheboygan Intermediate School
Registration Form
Schedule Information**

The following information is required in order to create a schedule that best meets the needs of your child.

Please complete this section for students in grades 2nd, 3rd, 4th, 5th, and 6th:

1. Does your child receive special services, such as special education classes according to an IEP, or 504 Services? (Please Circle One)

YES

NO

NOT SURE

**If you answered yes above, please provide documentation.*

2. Has your child been suspended or expelled from school? YES NO

If yes, reason for suspension or expulsion: _____

PLEASE COMPLETE THIS SECTION FOR STUDENTS IN GRADE 6 ONLY:

1. Does your child require an advanced math placement?

YES

NO

NOT SURE

2. Is your child a band student? YES NO

If yes, what instrument? _____

3. Is your child a choir student? YES NO

I certify that the above information is correct to the best of my knowledge.

Signature of Parent or Guardian _____

☐ NOTICE OF ENROLLMENT IN SPECIAL EDUCATION (FILL OUT **ENTIRE FORM**)

☐ STUDENT ACTIVATION FOR REED PROCESS (FILL IN **TOP BOX ONLY**)

****YOU MUST SUBMIT A SIGNED COPY OF THE ELECTRONIC REED TO THE COP OFFICE UPON COMPLETION OF THIS FORM****

UIC: (Required) _____

Date: _____

Student (PRINT) _____

District of Residence _____ County _____

Case Manager _____

District/Building _____

Birthdate _____ Grade _____

Student's Address _____

Gender ☐ M ☐ F Ethnic Group _____

City/State/Zip _____

Parent Name (PRINT) _____

Parent Telephone _____

Student Residency Information (Check if Applicable) ☐ School of Choice ☐ Home School ☐ Section 53

The school district will provide the student with a free appropriate public education (FAPE) until the current IEP is implemented OR a determination has been made to hold a new IEP within 30 school days from the date of district administrator signature.

**PLEASE CHECK ON OPTION BELOW - *NOTE: OPTIONS 1 OR 2 REQUIRE
COP ANCILLARY STAFF / SPECIAL EDUCATION TEACHER / ADMINISTRATOR COLLABORATION**

- ☐ 1) **Student Enrolls from Within a COP District** (i.e. Cheboygan to Inland Lakes)

District Student is FROM: _____

The receiving district has obtained a copy of the last IEP and **ALL** Programs/Services to be implemented.

☐ YES, the IEP will be implemented exactly as written.

☐ NO, a TRANSFER IEP will be held by (date) _____ within **30 SCHOOL** days.

**** **Initials of Administrator OR Representative to approve implementation** _____

- ☐ 2) **Student Enrolls from District using EasyIEP** **District Student is FROM:** _____

The receiving district has obtained a copy of the last IEP and **ALL** Programs/Services to be implemented.

☐ YES, the IEP will be implemented exactly as written.

☐ NO, a TRANSFER IEP will be held by (date) _____ within **30 SCHOOL** days.

**** **Initials of Administrator OR Representative to approve implementation** _____

- ☐ 3) **Student Enrolls from District within Michigan** (Not and EASYIEP Student)

A transfer IEP will be held by (date) _____ within **30 SCHOOL** days.

- ☐ 4) **Student Enrolls from a District OUT OF STATE**

IMMEDIATELY forward a copy of this Notice of Enrollment in Special Education Form, most recent **IEP AND MET** to COPESD. Contact COP Staff to complete **"INITIAL"** REED and MET. **Initial IEP** will be held (date) _____ within **30 SCHOOL** days from date of District Administrator signature.

Disability _____

Hours per week placed in Special Education classroom _____

Programs/Services _____

Special Education Teacher _____

COMPLETE HOURS FOR ALL SERVICES THAT APPLY

Number of hours per week per ancillary service(s):

(Appropriate ancillary staff **MUST** initial here)

SLI _____ OT _____ PT _____

Number of hours per week per ancillary service(s):

(Appropriate ancillary staff **MUST** initial here)

SSW _____ TC/VI _____ TC/HI _____

Parent/Guardian Signature

Date

Principal or Administrative Representative Signature

Date

**** **INITIAL (1) OR (2) ABOVE IF CHECKED** ****

CHEBOYGAN AREA SCHOOLS

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Cheboygan Area Schools to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____

Date of Birth: ____/____/____

Signature of Parent/Guardian
or Eligible Student: _____

Date: ____/____/____

Printed Name of Parent/Guardian
or Eligible Student: _____

CHEBOYGAN AREA SCHOOLS

Name of Student

Grade

Please answer BOTH parts A and B:

Part A

Is this student Hispanic/Latino? (Choose only one)

- ☐ No, not Hispanic/Latino
- ☐ Yes, Hispanic/Latino (A person of Cuban Mexican, Puerto Rico, Central American, or other Spanish culture or origin. Regardless of race.)

Part A is about ethnicity, not race. Regardless of what you selected in Part A, **please answer Part B** by marking one or more boxes to indicate what you consider your student's (or your) race to be.

Part B

What is the student's race? (Choose one or more)

- ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America).
- ☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam).
- ☐ Black or African American (A person having origins in any of the black racial groups of Africa).
- ☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands).
- ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

NOTE: Both parts A and B **MUST** be completed. If either part A or B is not answered, the US Department of Education requires the school district to supply an answer on your behalf.

Parent/Guardian Signature

Date



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Dear Parent or Guardian:

Each year, every school district in Michigan is required to report to the Michigan Department of Education, student race and ethnicity by categories which are set by the US Department of Education. These reports help keep track of changes in student enrollment and ensure that all students receive the educational programs and services to which they are entitled.

Beginning with the 2010-2011 school year, all schools in Michigan began collecting the data using a two-part question format. Please update your child's data by completing the enclosed form and returning it to the main office of your child's school by September 30th. If we do not receive a response from you, an employee of the school will be required to provide this information based on observation. Federal regulations do not permit school districts to leave the questions blank.

Please contact your child's school principal if you would like to check the student data currently on file for your child or for more information about the data reporting categories.

Sincerely,

Spencer Byrd, Ed.S
Superintendent
Cheboygan Area Schools



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Michigan Department of Education Home Language Survey

Child's Name: _____ Grade: _____

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset!

Please answer the two questions below. If your response to either question is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

What language is used most at home? _____

What language is used most by the student? _____

Parent/Guardian Signature: _____ Date: _____

ED 506 Form

Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparent

If the individual with Tribal membership is not the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

Series 3000: Operations, Finance, and Property

3100 General Operations

3116-F-1 Agreement for Acceptable Use of Technology Resources Students Grades K-6

Building/Program Name

Student Name

I understand that I may be permitted to use the school's computers, electronic devices, and Internet at school and at home under the following school rules for computer and Internet use. I promise that:

- I will only use the computers, electronic devices, and Internet for schoolwork.
- I will only use the computers, electronic devices, and Internet as directed by my teacher or other school employee.
- I will not use the Internet to try to look at websites that I know are for adults only or that I know I should not access.
- If I accidentally access a website that I know I should not look at, I will tell my parent/guardian or teacher right away.
- If someone sends me something on the Internet that I know is inappropriate, I will tell my parent/guardian or teacher right away.
- I will not use the school's computers, electronic devices, or Internet to bully or harm any other person.
- If someone else uses the computers, electronic devices, or Internet to bully or harm me, I will tell my parent/guardian or teacher right away.
- I will not damage the school's computers, electronic devices, or cause problems with the computers, electronic devices, or Internet on purpose.
- I will give the school's computers and other electronic devices back to the school at the school's request.
- I will not use the school's computers, electronic devices, or Internet to cheat on my schoolwork.
- I will not copy anything that I see on the school's computers, electronic devices, or Internet and pretend that it is my own work.
- I will keep my password secret from everyone except my parent/guardian.
- I understand that the school can see everything that I do on the school's computers, electronic devices, and Internet.
- I understand that the school has filters on its computers, electronic devices, and Internet, which means I might not be able to see some information. I will not try to interfere with those filters.
- I will follow all of these rules. I will also follow any directions that my teacher or other school employee gives me about my use of the school's computers, electronic devices, or the Internet.

I understand that if I break any of these rules, I may be disciplined, and I may also lose my computer, electronic device, and Internet privileges.

Student Signature

Date

**3116-F-1 Agreement for Acceptable Use of Technology Resources Students
Grades K-6**

I have read this Agreement and agree that as a condition of my child's use of the school's Technology Resources, which include: (1) internal and external network infrastructure, (2) Internet and network access, (3) computers, (4) servers, (5) storage devices, (6) peripherals, (7) software, and (8) messaging or communication systems, I release the school and its board members, agents, and employees, including its Internet Service Provider, from all liability related to my child's use or inability to use the Technology Resources. I also indemnify the school and its board members, agents, and employees, including its Internet Service Provider, for any fees, expenses, or damages incurred as a result of my child's use, or misuse, of the school's Technology Resources.

I have explained the rules listed above to my child.

I authorize the school to consent to the sharing of information about my child to website operators as necessary to enable my child to participate in any program, course, or assignment requiring such consent under the Children's Online Privacy Protection Act.

I understand that data my child sends or receives over the school's Technology Resources is not private. I consent to having the school monitor and inspect my child's use of the Technology Resources, including any electronic communications that my child sends or receives through the Technology Resources.

I understand that the school does not warrant or guarantee that its Technology Resources will meet any specific requirement or that they will be error free or uninterrupted; nor will the school be liable for any damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use the Technology Resources.

I agree that I will not copy, record, or share, or allow my child to copy, record, or share, any information sent to my child via the school's Technology Resources that includes personally identifiable information about any other child including, without limitation, videos, audio, documents, or other records that identify another student by name, voice, or likeness.

I understand and agree that my child will not be able to use the school's Technology Resources until this Agreement has been signed by both my child and me.

I agree that my child will return all Technology Resources to the school in good working order immediately on request and that I am responsible for any damage to the Technology Resources beyond normal wear and tear.

I have read this Agreement and agree to its terms.

Parent/Guardian Signature

Date

cc: parent/guardian, student file

Concussion

INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: _____ Date: _____

Athlete's Signature: _____

☐ I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: _____ Date: _____

Parent or Legal Guardian's Signature: _____



CHEBOYGAN AREA SCHOOLS

Board of Education
7461 N. Straits Highway
Cheboygan, MI 49721
T: (231) 627-4436
F: 800-858-6985

Cheboygan Area High School
801 W. Lincoln Avenue
Cheboygan, MI 49721
T: (231) 627-7191
F: 800-858-6351

Cheboygan Intermediate School
905 W. Lincoln Avenue
Cheboygan, MI 49721
T: (231) 627-7103
F: 800-858-6323

East Elementary School
440 Garfield Avenue
Cheboygan, MI 49721
T: (231) 627-5211
F: 800-858-4416

Inverness Academy
7461 N. Straits Highway
Cheboygan, MI 49721
T: (231) 627-5613
F: 800-858-6425

EMERGENCY MEDICAL AUTHORIZATION PERMIT

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized _____ Date _____
Signature of Parent/Guardian

Child's Name _____
(Last) (First) (Middle)

School - *Cheboygan Intermediate School* Grade _____ Teacher _____

Birthdate _____ Sex _____ Telephone _____

Parent or Guardian Names _____

Home Address _____

Mother's Employment _____ Telephone _____

Father's Employment _____ Telephone _____

Doctor Preferred _____ Telephone _____

Doctor's Address _____

Dentist Preferred _____ Telephone _____

Dentist's Address _____

Insurance Company _____ I.D. No. _____

Important Medical Information

Allergies _____

Current Medications or Treatments _____

Previous Operations or Hospital Confinements _____

Other: _____



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PERMISSION TO PHOTOGRAPH/VIDEOTAPE RELEASE TO UTILIZE

We recognize the value of audio-visual and other types of electronic communication in providing our child with an effective education and hereby grant permission for our child and/or his/her schoolwork products to be photographed or videotaped as part of an educational program produced by the district or coalition of districts.

We further grant permission for the photographs or videotapes to be used in media presentations that are made available to other educational institutions or through a cable television station or network. We understand that our child's image, name, work product, school, and grade may be revealed in the presentation(s) but that no other information about our child or his/her schoolwork will be revealed without our prior consent.

Print Parent Name

Print Student Name

Signature of Parent

Date

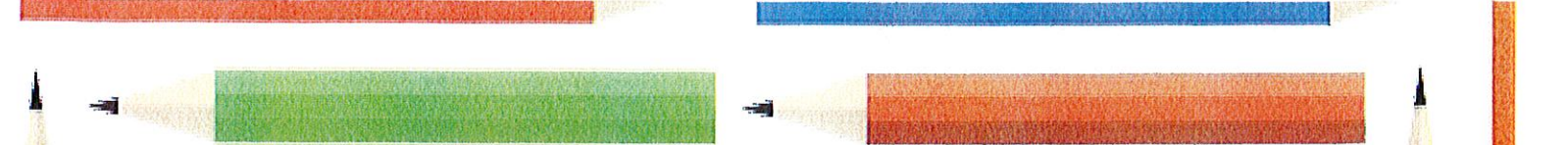
Address

Home Telephone

Work Telephone

It is the policy of this district that no student shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed or ancestry, age, disability, height, weight, or other protected characteristics.

***NOTE** – This permission slip will expire at the end of your child's 6th grade school year on June 30th



EARLY DISMISSAL FORM

Dear Parent or Guardian,

Sometimes unforeseen circumstances (sudden snowstorm, power failure, etc.) force us to close school unexpectedly during the day. This creates a lot of confusion among the staff and students as to where each student is to go. To help this situation, we are asking that you fill out this form and return it to the **Cheboygan Intermediate School** office at the earliest possible date. Please be sure to discuss this plan with your child, so he/she knows what to do in the event school closes early. If school should need to close early, we will send out an Alert/Text via the current phone numbers that are on file. Please notify the school office at any time during the year with any phone number changes.

CHILD'S NAME _____

CHILD'S GRADE AND TEACHER (2-5) _____

In case of an early dismissal, my child is to go:

PARENT SIGNATURE _____

DATE _____

Please remember that this is where we will send your child unless we are notified in writing of a change. Thank You.

