

## Authorization for Student Pick-up 2020-2021

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

I hereby authorize that \_\_\_\_\_ may be picked up for early dismissal or during emergency evacuations by:

Myself only \_\_\_\_\_

Myself or My Spouse \_\_\_\_\_

Or By \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

School officials should not release my child to anyone else unless prior proper authorization is received from me.

I authorize that the above information is true and correct.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

Consent for School Health Services

Model Laboratory School

CHILD/STUDENT INFORMATION

Reviewed by: \_\_\_\_\_
Entered:

Homeroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Team \_\_\_\_\_

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_
(Please give child's complete legal name)

Child's Birth Date \_\_\_\_\_  Male  Female

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother \_\_\_\_\_ Hm Ph \_\_\_\_\_ Wk Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Father \_\_\_\_\_ Hm Ph \_\_\_\_\_ Wk Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Hm Ph \_\_\_\_\_ Wk Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Emergency Contact Person OTHER than guardian or parent \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's Medical History:

Important medical history including medications taken every day: \_\_\_\_\_

\*\*My child has had: Chicken pox vaccination:  Yes  No or History of diagnosed Chicken pox disease:  Yes  No

Is your child Allergic to any of the following: (check only if apply)

Medications: please LIST: \_\_\_\_\_

Peanuts: EXPLAIN REACTION: \_\_\_\_\_

Bee/Wasp Stings: EXPLAIN REACTION: \_\_\_\_\_

OTHER: EXPLAIN REACTION: \_\_\_\_\_

My child HAS the following life threatening condition that may need EMERGENCY MEDICATION or TREATMENT (EPI-PEN, Glucagon, Diastat, Asthma Inhaler etc...) at school:
 Diabetes  Asthma  Seizures  Severe Allergies  Other \_\_\_\_\_

Child's Health Care Provider \_\_\_\_\_ Child's Dentist \_\_\_\_\_

Consent for Health Services/Assignment of Benefits

I consent to care for my child that may include screening, exams, assessments, treatment, first aid, and any other health service given to me/my child by staff of this school health clinic site. I understand that no guarantees are being made as to the effect of any exam or treatment on me/my child. I authorize the school health clinic to receive and release medical/dental information about my child to his/her individual school, primary care or dental provider as needed or requested, including immunization information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
(Parent/legal guardian) (EXPIRES IN ONE YEAR)

## Receipt of Student/Parent Handbook

My signature below verifies I received the 2020-21 Model Laboratory School Student/Parent Handbook. I understand that it is my responsibility to read and abide by the policies and procedures. I acknowledge my responsibility in conducting myself in the appropriate manner while at school and while attending any school sponsored activities as outlined in the handbook.

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

\_\_\_\_\_  
*Date*

As the parent/legal guardian of the student above, I have reviewed the Model Laboratory Student/Parent Handbook with my child/student and understand and will abide by its contents.

**Additionally, I agree to immediately notify Model Laboratory Schools (specifically, Kim Puckett [Kim.Puckett@eku.edu]) within 24 hours if my child receives a positive test result for COVID-19.**

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

\_\_\_\_\_  
*Date*

Please sign, detach, and return to your first period/homeroom teacher.

*Homeroom or first period teacher, please return to front office.*



Promoting academic excellence for all students at Model Laboratory School



Parent name(s): \_\_\_\_\_

My Model student(s):

\_\_\_\_\_  
Grade \_\_\_\_\_  
\_\_\_\_\_  
Grade \_\_\_\_\_  
\_\_\_\_\_  
Grade \_\_\_\_\_

Email: \_\_\_\_\_

Telephone numbers (home, office, cell...whatever you wish to share): **Can we text Y/N Do you want to join our Group Me Y/N**

Method preferred : Circle – Text, email, phone call, GroupMe

**Please support the activities of MPO’s work through a personal donation:**

\$10 \$20 \$30 \$40 \$50 other \$\_\_\_\_\_

**Please make checks payable to Model Parent Organization**

Checks may be submitted to Model’s main office or mailed to the following address:

MPO  
Model Lab School  
521 Lancaster Ave  
Richmond, KY 40475

**PLEASE RETURN THIS FORM TO THE MAIN OFFICE**



**WHO is a member?**

- You Are!!

**WHAT?**

- Attend Monthly Planning Meetings
- Volunteer for MPO sponsored events

**WHEN?**

- MPO meetings- Model Library 4<sup>th</sup> Thursday of the Month @6pm
- Events TBA throughout the year!



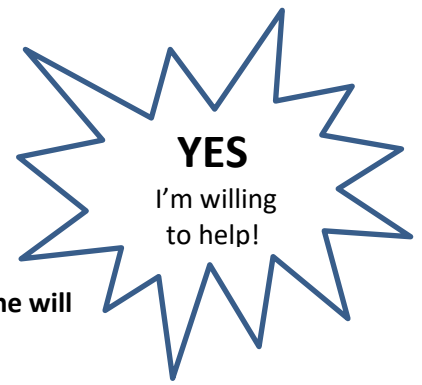
**Being an MPO member :**

- A Strong Voice
- A Way To Get Connected
- Being a Positive Role Model
- Guiding the school’s future

Join us on Facebook  
@ModelParentOrganization  
Email: mpo.prez@gmail.com  
Research proves kids do better when parents are involved. We welcome you to get involved with MPO to show your support!



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Place an "X" next to those activities you would like to help with this year. Someone will contact you throughout the year to ask you to assist with these events

\_\_\_\_\_ **Grandparents Day:** Assist Model staff in providing and serving desserts for grandparents for this day usually in September. A chairperson is usually needed to help liaison with school and MPO .

\_\_\_\_\_ **Boosterthon Fundraiser:** Spring of 2021. More information will be sent out as the event gets closer

\_\_\_\_\_ **MPO Elections Committee:** Chairperson needed along with other volunteers who are not elected MPO members to help run yearly elections that are held in April.

\_\_\_\_\_ **Library Book Fairs:** MPO provides volunteers to assist library personnel in running the book fairs. Funds from the twice-a-year fairs benefit the library.

\_\_\_\_\_ **Open House:** MPO tables are made available to parents during the elementary, middle and high school open houses. Volunteers traditionally assist in the grades in which they do not have children so they can enjoy their child(ren)'s open house.

\_\_\_\_\_ Please circle which open house you would like to assist: ELEM / MS / HS

\_\_\_\_\_ **Santa's Workshop:** Students may do one-stop shopping at Santa's Workshop held in the library at the beginning of December. Elementary students have a scheduled time to visit with their classes, but may also visit after school. Volunteers are needed to assist students with shopping and wrapping.

\_\_\_\_\_ **Fall or Spring Festival:** Although the emphasis is on elementary students, the entire school is involved in this fun-filled event. There are games, prizes, food and a silent auction. Many volunteers are needed to help with this event.

\_\_\_\_\_ **Teacher Appreciation:** Provide special treats throughout the year for the administrators, teachers and staff. One event is the teacher appreciation luncheon held in May and a Christmas appreciation called 12 Days of Christmas

\_\_\_\_\_ **Volunteer Coordinator:** Assist with MPO events and needs by keeping volunteer lists, tracking hours and contacting volunteers to provide help with activities.

\_\_\_\_\_ **A different way I can help MPO:** Please explain below so we can provide this benefit to our students

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