



MCIU

MONTGOMERY COUNTY INTERMEDIATE UNIT 23

2 West Lafayette Street | Norristown PA 19401 | 610-755-9400 | www.mciu.org

2018-2019 EMERGENCY FORM

STUDENT NAME: _____ DOB: _____
(Last) (First)

ADDRESS: _____

PARENT/
GUARDIAN: *Name:* _____

Address: _____

Parent email address: _____

Home #: _____ Work #: _____ Cell #: _____

PARENT/
GUARDIAN: *Name:* _____

Address: _____

Parent email address: _____

Home #: _____ Work #: _____ Cell #: _____

IF THE PARENT OR GUARDIAN IS UNAVAILABLE, SHOULD AN EMERGENCY SITUATION OCCUR, THE FOLLOWING PEOPLE SHOULD BE CONTACTED.

NAME: _____ RELATIONSHIP: _____

Home #: _____ Work #: _____ Cell #: _____

NAME: _____ RELATIONSHIP: _____

Home #: _____ Work #: _____ Cell #: _____

***See reverse side**

2018-2019
EMERGENCY FORM
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Student: _____

Any known drug allergies: _____

List any medication student is currently taking:

MEDICATION NAME	DOSAGE	TIME GIVEN

Special notes regarding your child: _____

Protocol regarding missed doses: (student refuses) _____

I give permission for my child to receive prescription medication in school. These medications must be in their original pharmacy container, with specific instructions from the physician listed on the bottle for the R.N.

YES _____ NO _____ (Please Initial)

I give permission to The Anderson School Principal/Nurse/Clinical staff to communicate and/or exchange information, if necessary, with my child's physician.

YES _____ NO _____ (Please Initial)

Name of Physician: _____ Phone #: _____

I give permission to the Principal or Clinical staff to communicate and exchange information with my child's counselor, therapist, psychologist, psychiatrist or wraparound:

YES _____ NO _____ (Please Initial)

Name: _____ Agency: _____ Phone #: _____

Parent/Guardian Signature

Date



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MONTGOMERY COUNTY INTERMEDIATE UNIT
The Anderson School
930 Jefferson Avenue, Eagleville, PA 19403
610-635-2400

SUBJECT: Over-the-Counter Medications

Dear Parents/Guardians:

According to The Anderson School's Medical Standing Orders, the following medications may be administered to students by the School Nurse or School Nurse Substitute. However, your consent is needed to do so.

Also, if any of these medications is required for indefinite or daily use, our Medical Standing Orders require a written consent from the primary care physician.

Please fill in the student's name, initial each medication that may be given at school, and return to the school. This form must be on file, or these medications cannot be administered to your student.

Name _____

- _____ Acetaminophen (i.e. Tylenol)
_____ Anbesol or Orajel (or generic)
_____ Antacid (i.e Tums—NOT Pepto-Bismol, which contains salicylates)
_____ Antibiotic cream or ointment (i.e. Neosporin or generic)
_____ Antifungal cream (i.e. Lotrimin or generic)
_____ Antihistamine cream/lotion (i.e. Caladryl—Calamine lotion containing Benadryl)
_____ Antihistamine (oral medication, i.e. Benadryl)
_____ Anti-itch cream/lotion (i.e. Calamine Lotion)
_____ Cough drops/throat lozenges/throat gargle
_____ First Aid cream
_____ Epi Pen (for severe allergic reaction)

Does Student have an allergy or sensitivity to

Aspirin YES _____ NO _____
Benadryl YES _____ NO _____

NOTE: Aspirin or products containing aspirin (salicylates) will not be administered in the school setting.

Parent/Guardian Signature

Date

*See reverse side

Agency Intervention:

Has student received services from an outside agency in the past? Y or N

Agency: _____ What were the results? _____

Is student currently receiving services from an agency? Y or N

Agency: _____

Reason:

Contact Person: _____ Contact's Phone #: _____

Psychologist/Psychiatrist: _____ Phone #: _____

Involvement with Children & Youth: Y or N Reason: _____

Case Worker: _____ Contact #: _____

Involvement with Law Enforcement: Y or N

Reason: _____

Name of Probation Officer: _____

Probation Officer #: _____

Date Placed on Probation: _____

Medical History:

Known Medical Conditions: _____

Any Additional Medical Information: _____

THE ANDERSON SCHOOL
2018-2019
Computer and Internet usage

I understand that computer and internet usage is to facilitate my educational growth in technology and information systems.

I understand I may not access any site which is defamatory, inaccurate, profane, -sexually oriented, violent (including weapons), threatening, racially offensive or which contains illegal material.

I will not transfer copyrighted materials to or from an Anderson computer. I understand that this is a violation of federal law.

I will not access or use email or send instant messages from Anderson computers.

I will not attempt to circumvent system security, guess passwords, or in any way, gain unauthorized access to local or network resources.

I understand if I violate these guidelines, I will be denied future use of the computer defined period of time and/or receive other disciplinary measures, including possible legal intervention by the Montgomery County Intermediate Unit.

Student signature: _____ Date _____

Parent signature: _____ Date _____

Staff signature: _____ Date _____

Administrator signature: _____ Date _____



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PHOTOGRAPHIC RELEASE FORM

I, the undersigned, do hereby grant permission to the Montgomery County Intermediate Unit to photograph either still, motion, or television pictures of the student named below.

These photographs may be used in all or one of the following manners:

- Promotional video/brochure
- MCIU Update Newsletter
- MCIU Annual Report
- MCIU Connection Newsletter
- MCIU Website
- Parent/Teacher Associations
- Classroom Teacher Training
- Parent Training Classes
- Other Instructional Purposes
- The Anderson School Yearbook and/or Slideshow

Name of student photographed/filmed (please print)

Date

School

District

Parent Signature

Telephone

Please return to:
The Anderson School/MCIU
Attn: Georgine Fronczak, Principal
930 Jefferson Avenue
Eagleville, PA 19403
610-635-2400 (phone)
610-635-2419 (fax)

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Grade Enter HS for Head Start	Student? Yes No	Homeless, Foster Child, Migrant, Runaway
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?

If NO > Go to STEP 3.

If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____
Write only one 9 digit case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income \$ _____

How often?	Weekly	Bi-Weekly	2x Month	Monthly
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only.

If no income is received from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?					Public Assistance/	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X X X X X X _____

Check if no SSN

STEP 4 Contact Information and adult signature MAIL COMPLETED FORM TO YOUR CHILD'S SCHOOL

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
Printed name of adult signing the form	Signature of adult	Today's date			

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Gross Salary, wages, cash bonuses - Net income from self-employment (farm or business) *Reporting Annual Income is allowable for seasonal or self-employment If you are in the U.S. Military: -Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410

fax: (202) 690-7442; or
 email: program.intake@usda.gov.

This institution is an equal opportunity provider.

*** All Household Applications must be returned to your child's school for processing.**

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per : Week, Every 2 Weeks, Twice A Month, Monthly, Yearly, Household Size: _____ Date Withdrawn: _____

Eligibility: Free Reduced Denied Reason: _____ Categorically Eligible Other Source Categorically Eligible Determining Official's Signature: _____ Date: _____

Confirming Official's Signature (cannot be the Determining Official): _____ Date: _____ Signature of School Employee Completing Verification: _____ Date: _____