

# Cambridge Public Schools 2022-23 Annual Student Forms

Please Return on the First Day of School

**These forms are very important. Please review, sign, and have your child return all forms on the first day of school!**

You can also complete and submit these forms online through our Family Portal.

Visit [https://secure1.cpsd.us/family\\_portal/](https://secure1.cpsd.us/family_portal/) or scan QR code. →



*Note: Translations of these documents can be found on [www.cpsd.us](http://www.cpsd.us) – or ask your child's school for assistance.*

Contact Information	Page 1
Language Preference	Page 2
Military Family Status	Page 2
Directory Information Opt-Out	Page 2
Media Release Opt-In	Page 3
Arrival & Dismissal Survey	Page 5
Choice of Name (Grades 6-8 Only)	Page 6
Library Card Opt-Out (K Only)	Page 6
Information Release Opt-Out (High School Only)	Page 7
Policy Acknowledgements	Page 8
Student Data Release to Community Partners	Page 9
At-Home Technology Access	Page 10
COVID-19 At-School Symptomatic Testing	Page 10
Health History Form	Page 11

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_



## Contact Information

**Please update the contact information we have on file for your student. Sign here when your review is complete.**

→ Parent/Guardian/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PRIMARY CONTACT

Parents/Guardians/Caregivers who live at the same address will both be listed together as Primary Contact.

Parent/Guardian/Caregiver First Name(s): \_\_\_\_\_

Parent/Guardian/Caregiver Last Name(s): \_\_\_\_\_

Parent/Guardian/Caregiver of: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone 1 & Description (ex. Home, Mom): \_\_\_\_\_

Phone 2 & Description (ex. Home, Mom): \_\_\_\_\_

Cell Phone 1 & Description (ex. Home, Mom): \_\_\_\_\_

Cell Phone 2 & Description (ex. Home, Mom): \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

### SECONDARY CONTACT

Secondary Contact will be blank unless parents/guardians/caregivers live at different addresses.

Secondary Contact First Name: \_\_\_\_\_

Secondary Contact Last Name: \_\_\_\_\_

Parent/Guardian/Caregiver of: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone & Description (ex. Home, Mom): \_\_\_\_\_

Cell Phone & Description (ex. Home, Mom): \_\_\_\_\_

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

### EMERGENCY CONTACTS

Please provide names and phone numbers of two emergency contacts. These individuals will be notified if parents/guardians/caregivers can't be reached.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Cambridge Public Schools (CPS) will use the information listed above to send automated phone calls, text messages and/or email messages notifying parents/guardians of emergency situations including unexcused absences, late arrivals, school cancellations and other types of school emergencies as well as providing outreach about school events. By signing this form you are consenting to receive all school communications, including non-emergency school communications, via cell phone number(s) and/or text messages provided above in addition to receiving such messages via land line and/or email. By signing this form you are also indicating that you understand that you are obligated to notify CPS of any changes in your contact information and that you are agreeing to indemnify the City of Cambridge, CPS, Cambridge School Committee and its officers, directors, members, employees and against any claims or causes of action arising out of or related to your failure to notify CPS of a change in your contact information. By signing this form you also are indicating that you understand that you can opt out of receiving non-emergency cell phone calls and/or text messages by contacting your child's school and asking to be removed from the outreach calls list.



## Language Preference

Cambridge Public Schools is committed to making its communication accessible to all families. Please let us know your language preferences so we can provide translated documents or interpreters when needed.

**What is your family's preferred language for written communications from the school or district?**

- |                                  |   |                                       |
|----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Amharic | <input type="checkbox"/> English        | <input type="checkbox"/> Somali       |
| <input type="checkbox"/> Arabic  | <input type="checkbox"/> Haitian-Creole | <input type="checkbox"/> Spanish      |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Korean         | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Portuguese     |                                       |

**What is your family's preferred language for conversations with teachers/staff from the school or district?**

- |                                  |   |                                       |
|----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Amharic | <input type="checkbox"/> English        | <input type="checkbox"/> Somali       |
| <input type="checkbox"/> Arabic  | <input type="checkbox"/> Haitian-Creole | <input type="checkbox"/> Spanish      |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Korean         | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Portuguese     |                                       |

## Military Family Status

Children in military families are entitled to special consideration aimed at resolving the negative impact of frequent transitions between school districts. Responding to this form is optional but will help CPS determine how many of our students are members of a military family.

**Is the student a member of a military family?** *(Please initial your response)*

- \_\_\_ No, the student is not a member of a military family (00)
- \_\_\_ Yes, a parent/guardian/caregiver is an active duty member of the military (01)
- \_\_\_ Yes, a parent/guardian/caregiver is a veteran or has retired or been medically discharged for 1 year (02)
- \_\_\_ Yes, a parent/guardian/caregiver died while on active duty in the military (03)

## Directory Information Opt-Out

**OPTIONAL - Please leave BLANK if you want us to promote student accomplishments.**

"Student directory information" (name, dates of attendance, class or grade, participation in officially recognized activities and sports, photographs/videos, membership on athletic teams, degrees, honors and awards, major field of study, and post high school plans) may be released by the Cambridge Public Schools without the consent of the parent/guardian/caregiver of the student. However, parents/guardians/caregivers may opt out of releasing this information. By signing this form, I indicate that I DO NOT want my child's name, class or grade or other information that is specified in the *Cambridge Public Schools Guide to Policies* on page 5 in the student records section released without my prior written consent.

→ Parent/Guardian/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

→ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Media Release Opt-In

Cambridge Public Schools (CPS) celebrates the accomplishments of students, faculty, and staff through a variety of broadcast, online, print, and audio media. CPS is committed to protecting student privacy. Student Data may include, but is not limited to, a student's name, likeness, spoken words, student work, performance or movement, recorded, in any form, including, but not limited to, images, film, recordings, photographs, audio recordings, video recordings or written documents (hereinafter collectively referred to as "Works"). Parents/guardians have the right to authorize, not authorize and/or limit the release of such Works.

**Please choose option A, B, or C and sign and date the form below.**

## **A. CAMBRIDGE PUBLIC SCHOOLS AND NEWS MEDIA RELEASE**

I authorize the Cambridge Public Schools, community partner organizations, and news media outlets (broadcast, digital, and/or print) to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance and movement and learning experiences in any form (hereinafter collectively referred to as "Works"), whether undertaken by the Cambridge Public Schools, school staff, students or news media (i.e., newspapers, television, radio, etc.) from outside of the Cambridge Public Schools. I further authorize the Cambridge Public Schools and outside news media to use, display, publish, distribute or exhibit these Works or any part thereof, in any and all manners, including without limitation in connection with any material that may be created by the Cambridge Public Schools and/or outside news media, including its website and social media, such as Facebook, Instagram, LinkedIn and Twitter, any website that has been approved by the Cambridge Public Schools Information, Communications, and Technology Services Department and/or for broadcasting on television, including Cambridge Educational Access (CEA) and/or displaying, publishing, distributing or exhibiting such information at community or school-based events, and other publications such as school newsletters, at a school open house or a public exhibition of student work or announcement of a student's scholarship, awards, honors and/or post-high schools plans as part of classroom instruction.

By entering into this informed consent I release the Cambridge Public Schools and my child's School and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my child's appearance or participation in these Works. I also understand that my child's appearance and/or participation in these Works is without compensation to either me or my child.

## **B. CAMBRIDGE PUBLIC SCHOOLS MEDIA RELEASE**

I authorize the Cambridge Public Schools and/or my child's school to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance and movement and learning experiences in any form (hereinafter collectively referred to as "Works"), and to use, display, publish, distribute or exhibit these Works or any part thereof, in all manners, for the purpose of and in connection with any material that may be created by the Cambridge Public Schools and/or School's website and social media, such as Facebook, Instagram, LinkedIn and Twitter, any website that has been approved by the Cambridge Public Schools Information, Communications, and Technology Services Department and/or for broadcasting on television, including Cambridge Educational Access (CEA) and/or displaying, publishing, distributing or exhibiting such information at community or school-based events, and other publications such as school newsletters, at a school open house or a public exhibition of student work or announcement of a student's scholarship, awards, honors and/or post-high schools plans as part of classroom instruction.

By entering into this informed consent I release the Cambridge Public Schools and my child's School and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my child's appearance or participation in these Works. I also understand that my child's appearance and/or participation in these Works is without compensation to either me or my child.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_



### C. SCHOOL-BASED MEDIA RELEASE

I authorize CPS and/or my child's school to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance and movement and learning experiences in any form (hereinafter collectively referred to as "Works") and to use, display, publish, distribute or exhibit these Works or any part thereof, in all manners, for the purpose of and in connection with any any school-based purpose including, but not limited to, posting my child's photo inside of a classroom or school building or school hallway, allowing my child to participate in recorded school projects, using photos, film or recordings for instructional use or service provision, for creating classroom photo "memory books" for students and their families, for creating classroom newsletters or other such publications for students and their families and/or displaying, publishing, distributing or exhibiting such information at community or school-based events (such as the school's open house or a public exhibition of student work or as part of classroom instruction) or for including my child in school-wide contexts such as class pictures or school slide-shows for showcasing student work and performances.

By signing this form, I grant permission as stated herein and expressly authorize Cambridge Public Schools and/or the School to use, in whole or in part, my child's name, likeness, image, spoken words, student work, learning experiences, performance and movement for educational purposes.

---

**I Select Option:** \_\_\_\_\_ (choose A, B, or C)

Student Name: \_\_\_\_\_

Parent/Guardian/Caregiver Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

(CRLS) Learning Community: \_\_\_\_\_ Teacher/Homeroom: \_\_\_\_\_

→ Parent/Guardian/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### If Student is 18 Years or Older:

→ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Arrival & Dismissal Survey

## PART A – ALL GRADES: Please Help Us Understand How Families Generally Travel To/From School

On a typical day, assuming good weather, how will your student travel to school in the morning and get home in the afternoon? Please circle only one option for AM or PM.

School bus	AM or PM
Bicycle with parent/caregiver	AM or PM
Bicycle independently	AM or PM
Walk/scooter/skateboard with parent/caregiver	AM or PM
Walk/scooter/skateboard independently	AM or PM
Parent driving with children from your family only	AM or PM
Carpool with other families	AM or PM
Public transportation (MBTA bus/subway, EZRide	AM or PM
Taxi/Uber/Lyft	AM or PM

## PART B – GRADES K-8 ONLY: Please Detail Your Child's Regular Schedule to Help Us at Dismissal Time

Days of Week (circle)	Dismissal Plan (list names of those who are authorized to pick up your child)
M T W Th F	PICK UP – My student will be picked up by: _____
M T W Th F	PICK UP – My student will be picked up by: _____
M T W Th F	WALK/BIKE – My student (grades 3-5) will go home independently
M T W Th F	BUS HOME – My student will go home on the _____ (name of bus) Bus Stop: _____
M T W Th F	OTHER BUS – My student will go home on the _____ (name of bus) Bus Stop: _____ Destination/Program Name: _____ Street #: _____ Street Name: _____ Zip Code: _____
M T W Th F	OTHER BUS – My student will go home on the _____ (name of bus) Bus Stop: _____ Destination/Program Name: _____ Street #: _____ Street Name: _____ Zip Code: _____
M T W Th F	My student will take an SP&R mini bus or van

**Find a Bus Route:** [www.cpsd.us/departments/transportation](http://www.cpsd.us/departments/transportation)

**Note to Bus Riders:** If your student needs a different AM bus, or their schedule can't be captured here, you MUST complete a Transportation Change Form, which will be mailed along with your transportation eligibility letter. The form is also available at the school or online at [www.cpsd.us/departments/transportation](http://www.cpsd.us/departments/transportation).

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_



## Choice of Name

(Grades 6 - 8 Only)

**Students Grades 6 - 8 Only:** Cambridge Public Schools permits students in Grades 6 through 8 to request the name they want to be used during the school day and when using online educational technology tools. Please complete this form and return it to your child's school.

\_\_\_\_\_ I give my permission for my child to request a change in the name that they want to be used during the school day and when using online educational technology tools.

\_\_\_\_\_ I do NOT give my permission for my child to request a change in the name that they want to be used during the school day and when using online educational technology tools.

→ Parent/Guardian/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Caregiver Printed Name: \_\_\_\_\_

## Cambridge Public Library Card Opt-Out

(Kindergarten Only)

**OPTIONAL - Please leave BLANK if you do want a library card for your student.**

Cambridge Public Schools and Cambridge Public Library want all kindergarten students to have library cards. Cambridge Public Schools will provide the Cambridge Public Library with your child's name and date of birth, home address(es), and telephone number(s) so that the library can give your child a library card.

**IF YOU WANT YOUR CHILD TO RECEIVE A LIBRARY CARD, SKIP THIS FORM – DO NOT SIGN IT.**

**If you DO NOT want** Cambridge Public Schools to give this information to the library, please complete this opt-out form and return it to your child's school.

\_\_\_\_\_ I do NOT want my child's information to be released to the Cambridge Public Library.

→ Parent/Guardian/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Information Release Opt-Out

## (High School Only)

### High School Only - Do you want your student to be contacted? If not, sign below.

A provision of the No Child Left Behind Act of 2001, a federal law, requires secondary schools, upon a receipt of a request, to release the names, addresses, email addresses and telephone numbers of students attending the high school to United States military recruiters, colleges, universities and other educational institutions and prospective employers. You have the option of NOT having this information released by completing the form below.

### TO OPT OUT OF THE RELEASE OF BASIC CONTACT INFORMATION, SIGN BELOW.

I acknowledge and understand that I may opt out of having my child's contact information released to United States military recruiters, colleges, universities and other educational institutions and prospective employers. Accordingly, I hereby request that Cambridge Rindge and Latin School NOT DISCLOSE my child's basic contact information (name, address, email address, and telephone number) during the current school year to the entities indicated below without my prior permission:

#### UNITED STATES MILITARY RECRUITERS

→ Parent/Guardian/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

→ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PROSPECTIVE EMPLOYERS

→ Parent/Guardian/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

→ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### COLLEGES, UNIVERSITIES & OTHER EDUCATIONAL INSTITUTIONS

→ Parent/Guardian/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

→ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this form is NOT received by October 1st, the student's basic contact information WILL be released in accordance with the applicable provisions of the No Child Left Behind Act of 2001.





# Policy Acknowledgements

**Please INITIAL that you understand and agree to each one, then sign below.**

This statement acknowledges that my household has received a copy of the *Guide to Policies for Students and Families*. We understand that it contains important information on codes of conduct, civil rights and other federal and state laws and regulations related to your child's education as well as School Committee policies and school rules.

We, the undersigned parent(s)/guardian(s)/caregiver(s), agree to work with school staff to be sure that the student identified above attends school every day, except for excused absences; completes homework and follows the Codes of Conduct contained in the Rights and Responsibilities Handbook, and school-based rules. We, the undersigned, have reviewed the following specific policies with our child/children and agree to abide by their terms:

\_\_\_\_\_ STUDENT ATTENDANCE (Page 8)

We, the undersigned, have reviewed the Attendance Policy and understand the consequences of class cutting and unexcused/excused absences.

\_\_\_\_\_ WEAPONS (Page 18)

We acknowledge that we have received and read the Cambridge Public Schools Weapons Policy and the statutory prohibition against drugs, weapons, and assault on school staff. The signatures below indicates that we understand the Cambridge Public Schools Weapons Policy and the statutory prohibition against drugs, weapons, and assault on school staff and agree to comply with the mandates as written.

\_\_\_\_\_ ACCEPTABLE USE & SOFTWARE CODE OF ETHICS (Page 39-42)

Our signatures below indicate that we understand the Acceptable Use Policy and the Software Code of Ethics and agree to comply with its mandates as written.

\_\_\_\_\_ RECORDS DESTRUCTION (Page 5)

We, the undersigned, have reviewed the Records Destruction policy and understand that student records are destroyed no later than seven (7) years following graduation, transfer or withdrawal from the Cambridge Public Schools; and transcripts are destroyed after sixty (60) years.

\_\_\_\_\_ (Grades 6-12 Only) ANTI-HAZING LAW (Page 19)

We hereby acknowledge that we have received and read a copy of M.G.L. Chapter 269, Sections 17-19, An Act Prohibiting the Practice of Hazing. We understand that a copy of this law must be distributed to members, plebes, pledges and applicants for membership of each student group, team and/or student organization at my school. We also understand and agree to comply with this law.

→ Parent/Guardian/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

→ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Student Data Release to Community Partners

**I authorize the Cambridge Public Schools (CPS) to release the following student record data about my child to the CPS Community Partner Programs in which my child is participating for the current school year:**

- Name
- School
- Grade
- Student Email
- Current and past participation in:
  - CPS Athletics; CPS Activities; Other Community Partners; Department of Human Services Programs
  - Each record of participation would include some or all of: name of the program, organization, and/or sport; dates when the student began and finished; frequency (meetings/week)

The CPS Community Partner Programs in which my child may participate in for the current school year include but are not limited to:

Agassiz Baldwin Community  
Breakthrough Greater Boston  
Cambridge Agenda for Children  
Cambridge Community Center  
Cambridge Housing Authority  
Cambridge School Volunteers  
Cambridge Youth Council  
City of Cambridge

CitySprouts  
Community Art Center  
Department of Human Services  
Programs  
Dragonfly Afterschool Program  
East End House  
Innovators for Purpose  
Margaret Fuller Neighborhood House

MIT/Wellesley Upward Bound  
Science Club for Girls  
St. Peter's Episcopal Church  
The Young People's Project  
Tutoring Plus  
YMCA of Cambridge  
YWCA of Cambridge

I also authorize the CPS Community Partner Program in which my child participates in during the current school year to receive this student record data pertaining to my child.

I also authorize staff from both CPS and the CPS Community Partner Programs my child participates in during the current school year to speak to each other regarding my child, the student record data identified above and my child's participation in these CPS Community Partner Programs.

By entering into this Authorization to Release Student Data to CPS Community Partner Programs and granting permission as stated herein, I am releasing the City of Cambridge and the Cambridge Public Schools and their respective officers, directors, agents, members and/or employees from and against any and all claims arising out of or related to the release of my child's student record data to the CPS Community Partner Programs that my child participated in during the current school year and any subsequent use of this information by the designate recipient and their respective officers, directors, agents, members, and/or employees.

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian/Caregiver Name: \_\_\_\_\_

→ Parent/Guardian/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

→ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## At-Home Technology Access

**Does your child have adequate access to a personal device (computer, laptop, Chromebook) at home to perform assigned online school work?**

- ☐ Yes ☐ No

**Does your child have adequate Internet connectivity at home to perform assigned online school work?**

- ☐ Yes ☐ No

## COVID-19 At-School Symptomatic Testing

When a student demonstrates COVID-like symptoms during school, they may be tested with a rapid antigen test. If a symptomatic student receives a negative result, they can remain at school if they are well enough. If a symptomatic student receives a positive result, they must return home. If a symptomatic student cannot be tested at school, they must return home.

### STUDENT INFORMATION:

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### PARENT/GUARDIAN'S INFORMATION:

Parent/Guardian/Caregiver Name: \_\_\_\_\_

Parent/Guardian/Caregiver Phone Number: \_\_\_\_\_

Parent/Guardian/Caregiver Email: \_\_\_\_\_

### CONSENT:

\_\_\_ Yes, I give permission for my student to participate in symptomatic testing at school. I understand this means:

- Staff from the Cambridge Public Health Department will collect a sample at school
- CPS and the Cambridge Public Health Department will report positive test results and demographic information to the Massachusetts Department of Public Health

\_\_\_ No, I do not give permission for my symptomatic child to receive a rapid antigen test at school. I understand that if my symptomatic child cannot be tested at school, they must return home.

➔ Parent/Guardian/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Health History Form

## School Health Program



This form should be filled out by the child's PARENT/GUARDIAN/CAREGIVER. Return the completed form to your child's school nurse.

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ Rm # \_\_\_\_\_

Address \_\_\_\_\_

### ..... PARENT/GUARDIAN/CAREGIVER INFORMATION .....

Parent/Guardian/Caregiver #1: Name \_\_\_\_\_

Email \_\_\_\_\_ Tel # (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Guardian/Caregiver #2: Name \_\_\_\_\_

Email \_\_\_\_\_ Tel # (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Emergency Contacts: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel # \_\_\_\_\_

### ..... MEDICAL HISTORY .....

**Health Concerns:** Does your child have any health concerns the nurse needs to be aware of? ☐ Yes ☐ No

If YES, please describe: \_\_\_\_\_

Can your child participate in all school activities? ☐ Yes ☐ No

**Allergies:** Does your child have any allergies? ☐ Yes ☐ No If YES, what is child allergic to? \_\_\_\_\_

Does your child carry an Epi Pen? ☐ Yes ☐ No

**Medication:** Does your child currently take medications? ☐ Yes ☐ No

If YES, what medicine(s)? \_\_\_\_\_

**Past Medical History:** Date of last doctor's visit \_\_\_\_\_

Does or has your child received medical care for any of the following:

- |  |                                     |                                      |                                  |                             |
|--|-------------------------------------|--------------------------------------|----------------------------------|-----------------------------|
| <input type="radio"/> Asthma                 | <input type="radio"/> Diabetes      | <input type="radio"/> Kidney Disease | <input type="radio"/> Orthopedic | <input type="radio"/> Other |
| <input type="radio"/> Concussion/Head Injury | <input type="radio"/> Heart Disease | <input type="radio"/> Mental Health  | <input type="radio"/> Seizure    |                             |

### ..... MEDICAL PROVIDER INFORMATION .....

**Primary Care Provider:** Name \_\_\_\_\_ Clinic/Practice Name \_\_\_\_\_

**Dentist:** Name \_\_\_\_\_ Clinic/Practice Name \_\_\_\_\_

**Other Provider:** Name \_\_\_\_\_ Clinic/Practice Name \_\_\_\_\_

**Health Insurance Type:** ☐ Mass Health ☐ Private Insurance ☐ Other \_\_\_\_\_

**If you do not have a doctor or health insurance:**

Would you like assistance finding a health care provider? ☐ Yes ☐ No


Would you like assistance obtaining health care insurance? ☐ Yes ☐ No

### ..... PARENT/GUARDIAN/CAREGIVER CONSENT .....

The school nurse has permission to share information with school staff as s/he determines appropriate for my child's health and safety. ☐ Yes ☐ No

The school nurse has permission to share and receive the following information about my child with my child's healthcare provider:

- |   |   |
|---|---|
| Prescribed medications: <input type="radio"/> Yes <input type="radio"/> No            | My child's medical conditions: <input type="radio"/> Yes <input type="radio"/> No |
| Mental health/counseling concerns: <input type="radio"/> Yes <input type="radio"/> No | Other: _____  |

 **Parent/Guardian/Caregiver Signature:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*School health services are provided to CPS through a collaborative agreement with the Cambridge Public Health Department.*