



FLAT ROCK COMMUNITY SCHOOLS

28639 Division St., Flat Rock MI 48134 - (734)535-6500

District Enrollment Packet

Student enrollments are completed at the school building the student will be attending. All enrollments must be completed in person by a parent or legal guardian. All paperwork must be available at the time of enrollment.

<i>Ethel C. Bobcean Elementary (K-2)</i>	<i>28300 Evergreen</i>	<i>(734)535-6900</i>
<i>John M. Barnes Elementary (3-5)</i>	<i>24925 Meadows Ave</i>	<i>(734)535-6800</i>
<i>Thomas Simpson Middle School</i>	<i>24900 Meadows Ave</i>	<i>(734)535-6700</i>
<i>Flat Rock Community High School</i>	<i>25600 Seneca</i>	<i>(734)535-6600</i>
<i>Flat Rock Academic Virtual Academy (FRAVA)</i>	<i>25601 Seneca</i>	<i>(734)535-6600</i>

Documentation provided by the parent/guardian:

Required

- ☐ **Original Birth Certificate** (with raised seal)
- ☐ **Immunization Record** (official copy from physician or health department)
If the student's immunization record is incomplete due to medical or personal reason a waiver provided by a physician or the health department **must be provided.*
- ☐ **Proof's of Residency** - All 3 are required
 1. Current mortgage statement, property tax bill, closing papers, or lease agreement
 2. Valid Michigan Driver's License or Michigan I.D Card
 3. Utility bill, phone bill, bank statement, vehicle or voter's registration, or payroll check**these are just a few example, the third proof needs to be an official statement with the parent/guardians name and current address*

Optional (Please provide if these document apply to the student)

- ☐ **IEP** - Individualized Educational Program - If the students has a current or has had an IEP, please provide for the school to make a copy
- ☐ **Court Documents** - Any certified court paperwork that would pertain to the student, such as placement papers, guardianship, custody agreement, etc.

Forms

- ☐ New student Enrollment Form
- ☐ Request for Records - Only applies to students who have been enrolled in another school for K-12
- ☐ Home Language/Ethnicity Form
- ☐ District Consent Form
- ☐ McKinney Vento Form
- ☐ Concussion Form
- ☐ Student Network and Internet Acceptable Use and Safety Form
- ☐ Google Account Form
- ☐ Volunteer Consent Form (if applicable)
- ☐ Medication Prescriber/Parent Authorization Form (if applicable)



FLAT ROCK COMMUNITY SCHOOLS

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Student Enrollment - Student/Family Demographics

Today's Date

Enrollment Grade

Is the student enrolling in FRAVA (Flat Rock Academic Virtual Academy)?

Yes ☐ No ☐

Student Demographics

Last Name (Legal)

First Name (Legal)

Middle Name

Suffix (ex: Jr.)

Birthday

Birth Place (City and State)

Gender: Female ☐ Male ☐

Student Phone Number

Student Email Address

Flat Rock Resident?

Yes ☐ No ☐

Primary Street Address

City

Zip

Student lives at the above address with:

☐ Both parents/guardians ☐ Father Only ☐ Mother & Step Parent

☐ Mother Only ☐ Joint Custody ☐ Father & Step Parent

☐ Other (please explain): _____

Office Use Only: SOC?

Yes ☐ No ☐

School History (Please list all previous schools the student has attended)

	School Name	Location (City & State)	Grades attended (last day of attendance for most recent)
1			
2			
3			

Has the student previously attended Flat Rock Schools?

☐ Yes, last grade attended? _____ ☐ No

Has the student been retained?

☐ Yes, which grade? _____ ☐ No

Has the student previously or is the student now receiving special services? ☐ Yes ☐ No

☐ Speech ☐ 504 Plan

☐ Special Education ☐ Other: _____

☐ Early Intervention ☐ Please check if the student's IEP is current (have available to copy)

Student's Health

Student has no known health issues ☐

Student has the following health issues (ex: asthma, allergies (please list), heart condition, etc.)

Does the student require medication at school (ex: inhaler, epi-pen, etc.)? Yes ☐ No ☐

**If yes, please complete the district Medication Prescriber/Parent Authorization Form*

Parent/Guardian Information

Please log into ParentConnect to keep this information up to date throughout the school year.

Contact #1 - Parent ☐ Guardian ☐ Other: _____

Lives with Student:

Yes ☐ No ☐

Name (Frist and Last)

Relationship to Student

Phone Number

Address (Street, City & Zip. Complete if contact **DOES NOT** live with the student)

Email Address

Place of Work (Including Location)

Work Phone

Contact #2 - Parent ☐ Guardian ☐ Other: _____

Lives with Student:

Yes ☐ No ☐

Name (Frist and Last)

Relationship to Student

Phone Number

Address (Street, City & Zip. Complete if contact **DOES NOT** live with the student)

Email Address

Place of Work (Including Location)

Work Phone

Emergency Contact Information

In the case of an emergency, and the above contacts can not be reached, please contact those listed below.

**Please log into ParentConnect to keep this information up to date throughout the school year.*

	First & Last Name	Relationship to the Student	Phone Number
Emergency Contact #1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Contact #2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Contact #3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Contact #4	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sibling Information

Please list all sibling information. If applicable list the school they attend.

First and Last Name

Age

School

First and Last Name

Age

School

First and Last Name

Age

School

I, the undersigned, certify that the information on this registration form is accurate to the best of my knowledge. I acknowledge that any inaccurate or incomplete information may jeopardize the student's admission eligibility. I also agree, in the event this registration form is accepted, to abide by the rules, regulations, and policies of the Flat Rock Community Schools. The Flat Rock Community School District will not provide transportation for School of Choice students.

Parent/Guardian Signature

Date



FLAT ROCK COMMUNITY SCHOOLS

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Student Enrollment - District Consent Form

Student's First and Last Name _____

Birthday _____

Grade _____

Teacher _____

Field Trip Release

I give permission for my child to attend any authorized and publicized school events that would include bussing or walking as a means of transportation.

☐ AGREE

☐ DISAGREE

Media Release

I authorize the Flat Rock Community School District to use photographs, audio recordings, slides, films, video recordings or press preleases, in which the above named student appears for publication purposes. The purpose of this release form refers to educational publications, newspapers, Flat Rock Community School Websites, and/or television.

☐ AGREE

☐ DISAGREE

Medical Emergency

I hereby authorize the teacher, administrator or other school personnel to take my child to the doctor or hospital that will care for my child in the case that they are unable to contact any of the persons listed as an emergency contact. The parents/guardians will pay for any expenses incurred by the emergency.

☐ AGREE

☐ DISAGREE

Consent For Medicaid School Based Services

School districts in Wayne County have the opportunity to bill the Medicaid program for partial reimbursement for health-related services provided in the schools to special education students who are eligible for Medicaid. If your child receives any of the services listed in the School Based Services brochure and qualifies for Medicaid benefits at any time during the school year, we request your permission to bill your child's Medicaid insurance to receive reimbursement. You have the right to refuse consent to bill Medicaid, and you have the right to revoke this consent to bill Medicaid. If you do not provide consent, the district will still provide the services but will not receive any Medicaid reimbursement for these services. The Medicaid School Based program does NOT affect a family's Medicaid insurance benefits and there is NO cost to the family, now or in the future.

☐ CONSENT

☐ DO NOT CONSENT

Military Family

The student's parent or legal guardian, whom they currently live with, is an active member in the Armed Forces (Army, Navy, Air Force, Marines, Coast Guard, Michigan National Guard, or any of the Reserve United States Forces or on Active Duty).

☐ No

☐ Yes, please list which branch: _____

Military Release (High School only)

High School students and their parents/guardians may prevent disclosure of a student's name, address and telephone number to military recruiting representatives who can only use that information to provide information to the students concerning educational and career opportunities available in the U.S. Armed Forces or service academies.

I **DO NOT** want information released to the military—please sign here: _____

Parent/Guardian Signature _____

Date _____

Office Use:

Appropriate staff have been notified of any "Disagree" statements for this student.

☐



FLAT ROCK COMMUNITY SCHOOLS

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Student Enrollment - Home Language/Ethnicity

Student's First and Last Name _____

Birthday _____

Grade _____

Students Home Language

The Flat Rock School District is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1151-380.1158 of the School Code of 1976, Michigan's Bilingual Education Law.

Please answer both parts.

1. Is the student's primary language English? Yes ☐ No ☐

*Primary meaning the language he or she speaks on a regular basis.

If no, what is the student's primary language? _____

2. Is the language spoken in the students home English? Yes ☐ No ☐

If no, what is the language spoken in the student's home? _____

Student's Race and Ethnicity (Complete both parts 1 and 2)

1. Is the student **Hispanic or Latino**? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race) Yes ☐ No ☐

2. What is the Student's race? (choose all that apply)

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

Citizenship Status

Was the student Born in the United States? Yes ☐ No ☐

If no, what country was the student born in? _____


If no, where and when did the student first attend school in the United States?

Location: _____ Date: _____

*Please provide student's passport or any other documentation to the school

Parent/Guardian Signature _____

Date _____

	FLAT ROCK COMMUNITY SCHOOLS
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	Student Enrollment - McKinney Vento

This form is intended to address the requirements of the McKinney-Vento Act as amended by the Every Student Succeeds Act of 2015 (ESSA). The questions below are to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

To be completed by Parent/Guardian/Unaccompanied Youth:

Student's Name: _____		Birthday: _____	
Gender: _____	Race: _____	Grade: _____	
Date of Enrollment: _____		Name of School: _____	

Student's Living Situation:

- ☐ Temporarily sharing a house due to loss of housing, economic hardship, or similar reason
- ☐ In a motel, hotel, or campground due to lack of alternative accommodations
- ☐ In an emergency or transitional shelter or hospital
- ☐ In a living arrangement not described that is not fixed, regular and
- ☐ Awaiting Foster Care placement
- ☐ Unaccompanied youth and/or runaway
- ☐ None of the above **(if you check this box, sign below and then DO NOT complete the remainder of this form)**

Parent/Guardian Name: _____ Is Parent a Veteran? _____

Temporary Address: _____

Phone Number: _____

Brief description of circumstances leading to this living situation: _____

How long has the student lived in this situation? _____

Expected length of stay in this situation? _____

- ☐ I **am** interested in receiving services and I am aware that information will be exchanged between the Flat Rock School District and Wayne-Metropolitan Community Action Agency in order to provide services to this student under the McKinney Vento Act. **(complete the back of this page)**
- ☐ I **am not** interested in receiving services. **(sign and Do Not complete the back page)**

Parent/Guardian Signature _____

Date _____

Determination of needs and services:

Enrollment: - Currently needing follow-up for the following documents:

- ☐ Proof of Residency
- ☐ Proof of Birth Certificate or Passport
- ☐ Immunizations

Transportation:

- ☐ No Transportation Required
- ☐ District Bus Procedures Adequate
- ☐ Additional/Extended Bus Route (upon district approval)
- ☐ Reimbursing Family (upon district approval)
- ☐ Special Education Transportation
- ☐ Other (specify): _____

Meals:

- ☐ Free/Reduced Lunch
- ☐ Free/Reduced Breakfast
- ☐ Free/Reduced meals not needed at this time

Other Needs:

- | | |
|--|---|
| <input type="checkbox"/> School Clothing | <input type="checkbox"/> School Supplies |
| <input type="checkbox"/> Backpack | <input type="checkbox"/> School Activity Fees |
| <input type="checkbox"/> Other: _____ | |

Previous district programs this student was enrolled in and/or in need of:

- | | |
|--|---|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> English Language Learner |
| <input type="checkbox"/> Section 504 | <input type="checkbox"/> Behavior Support |
| <input type="checkbox"/> Gifted/Talented | <input type="checkbox"/> Vocational Education |
| <input type="checkbox"/> Academic Support | <input type="checkbox"/> Student attending Alternative School |

I declare that I am the parent/legal guardian of the above named student that is seeking enrollment. Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct to and of my own personal knowledge and that, if called to testify, I would be competent to do so.

I am aware that information will be exchanged between Flat Rock Community Schools and Wayne-Metropolitan Community Action Agency in order to provide services to this student under the McKinney Vento Act.

I have received information regarding rights and protections under the McKinney Vento Homeless Assistance Act.

Parent/Guardian Signature (School Liaison if applicable)

Date

Staff Initials

Office Use Only: Entered into MiStar _____ Entered into JIRA _____ Verify FS _____
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FLAT ROCK COMMUNITY SCHOOLS

28639 Division St., Flat Rock MI 48134 - (734)535-6500

Network and Internet Acceptable Use and Safety

BOARD OF EDUCATION - 4510-R6

Advances in telecommunications and other related technologies have fundamentally altered the ways in which information is accessed, communicated, and transferred in our society. Such changes are driving the need for educators to adapt their means and methods of instruction, and the way they approach student learning, to harness and utilize the vast, diverse, and unique resources available on the Internet. The Board of Education is pleased to provide Internet services to its students. The Board encourages students to utilize the Internet in order to promote educational excellence in our schools by providing them with the opportunity to develop the resource sharing, innovation, and communication skills and tools which will be essential to life and work in the 21st century. The instructional use of the Internet will be guided by the Board's policy on Instructional Materials.

The Internet is an electronic highway connecting computers and users in the District with computers and users worldwide. Access to the Internet enables students to explore thousands of libraries, databases, and bulletin boards, while exchanging messages with people through out the world. Access to such an incredible quantity of information and resources brings with it, however, certain unique challenges.

First, and foremost, the Board may not be able to technologically limit access to services through the Board's Internet connection to only those that have been authorized for the purpose of instruction, study and research related to the curriculum. Unlike in the past when educators and community members had the opportunity to review and screen materials to assess their appropriateness for supporting and enriching the curriculum according to adopted guidelines and reasonable selection criteria (taking into account the varied instructional needs, learning styles, abilities, and developmental levels of the students who would be exposed to them), access to the Internet, because it serves as a gateway to any publicly available file server in the world, will open classrooms and students to electronic information resources which have not been screened by educators for use by students of various ages.

The Board has implemented technology protection measures which block/filter Internet access to visual displays that are obscene, child pornography or harmful to minors. The Board utilizes software and/or hardware to monitor online activity of students to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that a determined user may be able to gain access to services on the Internet that the Board has not authorized for educational purposes. In fact, it is impossible to guarantee students will not gain access through the Internet to information and communications that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Parents/Guardians assume risks by consenting to allow their child to participate in the use of the Internet. Parents/Guardians of minors are responsible for setting and conveying the standards that their children should follow when using the Internet.

The Board supports and respects each family's right to decide whether to apply for independent student access to the Internet. Flat Rock Community Schools is in compliance with the Children's Internet Protection Act.

The Superintendent is directed to prepare guidelines which address students' safety and security while using e-mail, chat rooms and other forms of direct electronic communications, and prohibit disclosure of personal identification information of minors and unauthorized access (e.g., "hacking") and other unlawful activities by minors online.

Building principals are responsible for providing training so that Internet users under their supervision are knowledgeable about this policy and its accompanying guidelines. The Board expects that staff members will provide guidance and instruction to students in the appropriate use of the internet. All Internet users (and their parents if they are minors) are required to sign a written agreement to abide by the terms and conditions of this policy and its accompanying guidelines.

Students and staff members are responsible for good behavior on the Board's computers/network and the Internet just as they are in classrooms, school hallways, and other school premises and school sponsored events. Communications on the Internet are often public in nature. General school rules for behavior and communication apply. The Board does not sanction any use of the Internet that is not authorized by or conducted strictly in compliance with this policy and its accompanying guidelines. Users who disregard this policy and its accompanying guidelines may have their use privileges suspended or revoked, and disciplinary action taken against them. Users granted access to the Internet through the Board's computers, assume personal responsibility and liability, both civil and criminal, for uses of the internet not authorized by this Board policy and its accompanying guidelines.

The Board designates the Superintendent and building administrators as the administrators responsible for initiating, implementing, and enforcing this policy and its accompanying guidelines as they apply to the use of the Network and the Internet for instructional purposes.

- ☐ My child has permission to use the internet.
- ☐ My child does not have permission to use the internet.

Student Name (Please Print)

Year of Graduation

Student Signature

Date

Parent Signature

Date

Google Apps for Education Parental Consent Form

Dear Parents/Guardians,

As you know, technology is an integral part of the Flat Rock Community School's unique curriculum, and we strive to use technology in ways that will assist learning and prepare students for life after graduation. FRCS students, teachers, and staff use Google Apps for Education to allow students to collaborate on school projects, communicate with their teachers and one another, and continue learning regardless of their location. Google Apps for Education are provided without advertisements and include the following online services for students:

- **Email** – an individual email account for school use, managed by FRCS
- **Calendar** – an individual calendar used to record and collaborate on assignments, educational activities, or project schedules
- **Drive** – a set of tools providing for the creation and storage of word processing documents, spreadsheets, presentations, etc.
- **Sites** – allows the creation of shared online workspaces for classes and projects

To set up the necessary Google Apps for Education account for your child, FRCS provides Google only with a username, and no other personal information is required to open the account. However, given the nature of the services being provided, your student's email, assignments, projects, and other classwork stored in Google Apps for Education will likely include personal information about your child. Google has agreed to comply with the Family Educational Rights and Privacy Act (FERPA), the federal law that protects the confidentiality of student educational records and personally identifiable information, and to adhere to industry standards with respect to the security of the information. You can read more about Google's privacy practices on their website at <http://www.google.com/policies/privacy/>. The terms of Google's agreement with FRCS are at: http://www.google.com/apps/intl/en/terms/education_terms.html.

We believe that your child's use of the Google Apps for Education is important to his or her success and involvement in FRCS. However, we recognize that as a parent, you may be concerned about the inherent risks present in any online environment. To help protect the safety of your student while online, FRCS provides training to all students regarding online security, the sharing of personal information online, and other appropriate online behavior. As is the case with all online activity in FRCS programs, student use of Google Apps for Education is governed by the FRCS Acceptable Use Policy (AUP) and the Student Code of Conduct.

FRCS needs your written consent for your student's use of Google Apps for Education. Please sign and return the attached form at your earliest convenience, indicating your receipt and understanding of the information contained in this letter and your agreement that your child be given access to the technology described above. If you have any questions or concerns, please contact Peter Frailing, Director of Technology at pfrailing@flatrockschools.org

Google Apps for Education Parental Consent Form

By signing below, I confirm that I have read and understand the attached letter and agree to all of the following:

- FRCS may give my child access to, and my child may use, Google Apps for Education pursuant to the FRCS agreement with Google. This means my student will be assigned a Google Apps for Education account managed by FRCS and will be granted access to the applications and tools available through these services.
- The electronic collection and storage of personal information about my child by Google is a basic element of Google Apps for Education. Google has agreed to abide by federal student confidentiality law regarding this information and to follow industry standards with respect to the security of this information. I understand that the information stored in Google Apps for Education will be subject to Google's privacy practices as indicated on their website.
- While a number of security controls are in place pursuant to Google's agreement with FRCS, due to the nature of this online environment and the risks inherent in the online exchange of information, FRCS cannot guarantee that my child's personal information will never be accessed by parties other than those authorized to access it.

I give consent for my child to use Google Apps for Education.

Student's Name (Printed): _____

Student's Grade: _____

Parent/Guardian Signature: _____

Date: _____

FLAT ROCK COMMUNITY SCHOOL DISTRICT

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 Flat Rock Community 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 Parent/Guardian Name: _____

	FLAT ROCK COMMUNITY SCHOOLS	
	28639 Division St., Flat Rock MI 48134 - (734)535-6500	
	Student Enrollment - Request for Records	

Student's Name	Birthday	Grade
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Requested From/Name of School: _____

Address: _____

City/State/Zip: _____

Phone: _____

I hereby give permission for my child's school records (Transcript, Cumulative Record, Health Record, and Test Scores, as well as any Special Education records, if applicable) to Flat Rock Community Schools.

Parent/Guardian Signature	Date
---------------------------	------

This section below is for school use

PLEASE RETURN THIS FORM WITH THE RECORDS TO THE ADDRESS LISTED BELOW

- | | |
|--|--|
| <input type="checkbox"/> Flat Rock High School | <input type="checkbox"/> Simpson Middle School |
| <input type="checkbox"/> FRAVA | 24900 Meadows |
| 25600 Seneca | Flat Rock, MI 48134 |
| Flat Rock, MI 48134 | (734)535-6700 |
| (734)535-6600 | (734)535-6701 Fax |
| (734)535-6601 Fax | |
| <input type="checkbox"/> Barnes Elementary | <input type="checkbox"/> Bobcean Elementary |
| 24925 Meadows | 28300 Evergreen |
| Flat Rock, MI 48134 | Flat Rock, MI 48134 |
| (734)535-6800 | (734)535-6900 |
| (734)535-6801 Fax | (734)535-6901 Fax |

School Transfer Weapons Free School Zone Statement

In order to comply with Public Act 328, please verify that the above named student has not been suspended or expelled from school for a weapons, arson, or criminal sexual conduct violation subsequent to January 1, 1995. If the above named student has been suspended or expelled for one of the above named violations, please attach an explanation as to the current status of the student. In accordance with Michigan Public Act 328, Flat Rock community School's Board of Education shall permanently expel a pupil who possesses a weapon in a weapon-free school zone, commits an arson violation, or a sexual assault violation. Students expelled under this policy are expelled from all Michigan school districts unless placed in an appropriate alternative education program.

Violation/Infraction (Check all that apply):

- Weapons Possession ☐
- Arson ☐
- Sexual Assault ☐

Date of violation: _____

Date of Expulsion: _____

Signature of School Official/Name of School	Date
---	------

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.



SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of 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 hit or fall
- Can't recall events after hit or fall

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

► **"IT'S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON"**

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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HEADS UP

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



FLAT ROCK COMMUNITY SCHOOLS

28639 Division St., Flat Rock MI 48134 - (734)535-6500

Medication Prescriber/Parent Authorization

PLEASE ONLY FILL THIS FORM OUT IF NECESSARY

It must be signed by a Physician

Administration of prescribed medication during school hours by school personnel requires a labeled pharmacist bottle with physicians name each time a supply is sent. Non-prescription medication must be sent in original containers.

Student Name	<input type="text"/>	Birthday	<input type="text"/>	Age	<input type="text"/>
Address	<input type="text"/>		Phone	<input type="text"/>	
School	<input type="text"/>	Grade	<input type="text"/>	School Year	<input type="text"/>

Medication Name	Dose	Time to be Given	Form/Route*	Side Effects	Adverse Reactions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication Name	Dose	Time to be Given	Form/Route*	Side Effects	Adverse Reactions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Routes - oral (pill/capsule/chewable/liquid) - inhaled (inhaler/nebulizer) - topical (skin application/eye drop/ointment/ear drop) - injection - other (list)

List minimal frequency between doses (especially is PRN):

If PRN, list symptoms/conditions under which medication is to be given:

Reason for Medication #1 (optional)

Reason for Medication #2 (optional)

Special Instructions:

Physician's Signature

Date

Physician's Printed Name

Physician's Address

Phone

Fax

Parent Authorization

I request that school personnel give my child the medication ordered above according to standard school policy.

Parent/Guardian Signature**

Date

For Parents of Secondary Students Only - Complete Above Information and Sign Below

My son/daughter has my permission to self administer this medication.

High School

☐ No

Simpson

☐ No

☐ Yes - Unsupervised***

☐ Yes - Unsupervised***

Parent/Guardian Signature

Date

* Asthma Management Form

**Parent Signature indicates that policy and procedures have been read.

***The student is strictly forbidden from transferring medication to other students.