

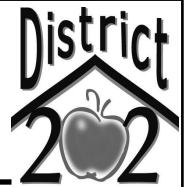
## **Returning Student Registration Packet for 12th Grade**

**\* To be signed and returned to office**

**+ To be returned to nurse**

# Plainfield Community Consolidated School District 202

We prepare learners for the future.



## Administration Center

15732 Howard Street  
Plainfield, IL 60544

(815) 577-4000 – telephone

Web: www.psd202.org

## Student Health History

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

Gender:  Male  Female

Birth Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Gender Identity:  Male  Female  Non-binary

Doctor's Name: \_\_\_\_\_

(if you indicate YES for any category, please explain)

#	Concern	Yes or No	Explanation & Comments
1	Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	*Uses EpiPen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	*Uses Inhaler	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Rarely <input type="checkbox"/> Once daily <input type="checkbox"/> More than once daily <input type="checkbox"/> For Sports
	*Uses Inhaler at School	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Blood Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Daily Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	*Names of Medication(s)	At home	
	<b><i>School Medications REQUIRE Medical Authorization Form</i></b>	At school	
5	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Ear / Hearing Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Glasses / Contacts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last eye exam:
8	Eye / Vision Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Heart Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Hospitalizations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age:
11	Mental Health Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Neurological Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Physical Restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	Serious Injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age:
16	Surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age:
17	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

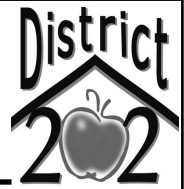
I release this information to be shared with appropriate school and emergency personnel for health and educational purposes.

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

\_\_\_\_\_  
Date

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## HEALTH EXAMINATION REQUIREMENTS

District 202 Health Services welcomes you and your child as he/she begins senior year!

The Illinois School Code Sec 27-8 requires all 12<sup>th</sup> grade students to have two Meningococcal Conjugate (MCV4) vaccinations completed prior to the first day of school. The first MCV4 vaccine should have been received on or after your child's 11<sup>th</sup> birthday. The second dose must be received on or after your child's 16<sup>th</sup> birthday. If the **first** dose was received **after** the 16<sup>th</sup> birthday, then only one dose is required for 12<sup>th</sup> grade. The minimum interval between the two vaccines is 8 weeks.

Please note the Meningitis B vaccine does **NOT** satisfy this requirement. Your student must receive the Meningococcal Conjugate vaccine (MCV4) to comply with Illinois School Code.

Proof of vaccination must include your child's name, vaccination administrators, date given, and signature of the health care provider. Please submit all documents to the health office by August 1<sup>st</sup>.

All paperwork is due to the health office by **August 1<sup>st</sup>**. Any students who are not in compliance with the immunization/exam requirements by August 1st will have the following restrictions:

- Students will not be able to view their class schedule online until they are compliant.
- Students could be dropped from courses.
- Students not in compliance by the first day of school will be excluded from school until the required documentation is submitted to the health office.

Plainfield Central  
815-436-3200

Plainfield South  
815-577-5536

Plainfield North  
815-609-8506

Plainfield East  
815-577-0324

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### Authorization Form: ACCEPTABLE USE OF TECHNOLOGY POLICY (AUP) AUTHORIZATION FORM

\*\*\*\* *The following section must be completed by all employees, students, and users of District electronic resources* \*\*\*\*

By signing below, I acknowledge that I have received, read, and understand the Acceptable Use of Technology Policy (AUP), and any implementing administrative procedures, handbooks, and guidelines. I agree to all terms of the AUP and related materials. I understand that it is my responsibility to become acquainted with the AUP and related materials, and to keep up-to-date on any changes that may be implemented from time to time. I understand that I am expected to comply by the AUP and related materials, that I may not be notified immediately by the District of changes to the AUP and related materials, and that my ignorance of the AUP and related materials is not an excuse for a violation or other misconduct. I understand that I may be disciplined (up to and including suspension and expulsion, for students, and dismissal, for employees) and/or subject to other legal action for violations of the AUP and related materials.

<b>User's Full Name (please print)</b>	<b>Date of Birth</b>
<b>User's Position (for Employees), Grade (for Students), or Relationship with District (for All Other Users) (please print)</b>	
<b>User's Signature</b>	<b>Date</b>

\*\*\*\* *The following section must be completed by each student user's parent/guardian* \*\*\*\*

As the parent/guardian of the student signing above, I acknowledge that I have received, read, and understand the *Acceptable Use of Technology Policy (AUP)*, and any implementing administrative procedures, handbooks, and guidelines. I agree to all terms of the AUP and related materials for myself and for my student. I understand that it is my responsibility to make sure my student and I are acquainted with the AUP and related materials and keep up-to-date on any changes that may be implemented from time to time. I understand that my student is expected to comply with the AUP and related materials, that my student and I may not be notified immediately by the District of changes to the AUP and related materials, and that my or my student's ignorance of the AUP and related materials is not an excuse for a violation or other misconduct. I understand that my student may be disciplined (up to and including suspension and expulsion) and/or subject to other legal action for violations of the AUP and related materials.

<b>Parent/Guardian's Full Name</b>	<b>Date</b>
<b>Parent/Guardian's Signature</b>	