



Emergency Contact Form

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority; when parents cannot be reached. It is the **parent's responsibility to notify the school of any change in information.** The school does not provide accident/injury insurance. Financial obligations for medical expenses are a parent/student responsibility.

Student Name: _____ **Date of Birth:** _____ Male Female
Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Residential Parent/Guardian

Mother/Legal Guardian _____ Contact number(s) _____
Father/Legal Guardian _____ Contact number(s) _____

List (3) Emergency Contacts if a parent cannot be reached:

1. Name/Relationship/Address/Telephone: _____
2. Name/Relationship/Address/Telephone: _____
3. Name/Relationship/Address/Telephone: _____

Part I *or* Part II must be completed

Part I – Consent of Medical Care

I hereby give consent for the following medical care providers and local hospital to be called:

_____ Doctor's Name	_____ Address and Phone Number
_____ Dentist's Name	_____ Address and Phone Number
_____ Local Hospital	_____ Emergency Room Phone Number

In the event reasonable attempt to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or in the event designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the student to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the student's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alert: _____

Signature of Parent/Guardian: _____ **Date:** _____

PART II – Refusal to Consent

I **Do Not** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian: _____ **Date:** _____



Emergency Medical Form

Child's Name: _____ Birthdate: _____

Diagnosis/Physical Handicap/Disability _____

Medical Issues: (check issues which apply to your child)

- Heart Diabetes Seizures Respiratory Hearing
- Vision Speech Orthopedic Behavior Other

Please explain: _____

Medical Supports:

Does your child carry any medical supports with him (epi-pen, inhaler, food medical reasons, etc.) **Yes or No**

If so, how/where does your child transport them? _____

Medications: Please list all medications routinely given whether at home or school.

Medication _____ Medication _____ Medication _____

Medication _____ Medication _____ Medication _____

Allergies: Please list all allergies to medications, foods, pets, etc:

Allergy _____ Allergy _____ Allergy _____

Allergy _____ Allergy _____ Allergy _____

Special Transportation Needs (as listed on IEP): Harness, Music, Book(s) preferential seating _____

Special Equipment: Glasses, Braces, Hearing Aids, etc... _____

Any Physical Limitations? (explain) _____

Special Concerns: (Please explain any concerns)

Can your child get on and off a bus independently? _____

Does your child have difficulty sitting still? _____

Does your child understand most everything told to him? _____

Can your child express his needs and wants? _____

Does your child have any fears or issues riding a bus? _____

Is there anything we need to know to transport your child safely? _____

- CC: Director of Transportation/Home School
 Program Supervisor

- Student Cumulative File
 Teacher File



Emergency Medical Form

Emergency Contacts (Required of ALL Students)

Parents: This form is **extremely** important, as we will use this to make contact if your child becomes ill, has been injured, or if we need to contact you immediately. Please **notify** us if contact names/phone numbers change during school year.

A. Please complete the following:

Student's Name: _____

Street Address:
City/State/Zip:
City of Birth:
Date of Birth:

Mother/Legal Guardian Name:	Employer:
Street Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Cell Number:	Department:

Father/Legal Guardian Name:	Employer:
Street Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Cell Number:	Department:

B. List the names and relationships of persons who have permission to pick your child up from school or meet the child at the bus stop. (No one else will be permitted to pick up your child without written permission from you).

Name	Relationship to Student	Telephone Number
1		
2		
3		

C. The following people **DO NOT** have permission to pick up or meet my child:

Name	Relationship to Student	Telephone Number
1		
2		
3.		

****We must have a copy of a court order to prohibit a parent from interaction with their child.****



Request for Administration of Medication

Not applicable to my child

To be completed by Parent:

I hereby request that my child receive medication during the school day as recommended below by our physician. I give permission to the teacher or delegate, to administer the medication to my child.

Student's Name _____ School Building _____

Street Address _____ Class/Grade Level _____

City & Zip _____

Parent's Name _____ Telephone _____

Parent's Signature _____ Date _____

Parent's Address (if different from above) _____

To be completed by Physician:

Physician's Name _____ Telephone _____

Please PRINT

Physician's Address _____

Name of Medication _____ Dosage _____

Date administration is to begin: _____

Date administration is to cease: _____

Administer at the following times each day _____

Provide instructions for administration _____
(i.e.: route, sterile conditions, storing, etc.)

Specify any severe adverse reactions which should be reported to the physician

Physician's Signature

Date



Preferred Contact/Permissions Form

Dear Parents: In order to maximize the school learning experience, it is important that the school and the parents/guardians communicate regularly. In case of an emergency, we will use your emergency contact information, but we also need a convenient method of communication for non-emergency situations and information sharing conversations. Email addresses will only be used for the purpose of communication with Parents from the Teacher and will be kept confidential. We hope to use email more often to share information with parents during the school year.

Student's Name: _____

Preferred method of contacting during school hours (no emergency)

Yes No

		Home Phone Number:
		Cell Phone Number:
		Work Phone Number:
		Alternate Phone Number:
		Message Sent Home with Child
		Email Address:

Community-Based Instruction

The Wood County Low Incidence Programs make use of learning opportunities in the community to enrich the curriculum. Field trips are carefully planned and parents will be notified by the classroom teacher prior to any excursions. Transportation for these field trips will be provided by the Wood County Low Incidence Program. In the event there is a field trip, please indicate if we have permission to include your child in these field trips.

Please check one: I give my permission I **do not** give my permission

PERMISSION FOR PHOTOGRAPHS/VIDEOTAPING

Photographs or videotapes may be taken of your child with his/her class to use for professional training or for public awareness. Please indicate if we have your permission to use your child's photograph or videotape.

Please check:

I give my permission for photographs or videotapes to be used for professional training.

I give my permission for photographs or videotapes to be used for community publications including sharing with other families.

I **do not** give my permission.



Acceptable Use and Internet Safety

COMPUTER/ON-LINE SERVICES (Acceptable Use and Internet Safety)

File: EDE

Technology can greatly enhance the instructional program, as well as the efficiency of the Educational Service Center. The Governing Board recognizes that careful planning is essential to ensure the successful, equitable and cost-effective implementation of technology-based materials, equipment, systems and networks. Computers and use of the Educational Service Center network or on-line services support learning and enhance with many computers are to be used in a responsible, efficient, ethical and legal manner. Failure to adhere to this policy and the guidelines below will result in the revocation of the user's access privilege. Unacceptable uses of the computer/network include but are not limited to:

1. Violating the conditions of State and Federal law dealing with students' and employees' rights to privacy, including unauthorized disclosure, use and dissemination of personal information;
2. Using profanity, obscenity, or other language which may be offensive to another user; or intended to harass, intimidate or bully other users;
3. Accessing personal social networking websites for non-educational purposes;
4. Reposting (forwarding) personal communication without the author's prior consent;
5. Copying commercial software and/or other material in violation of copyright law;
6. Using the network for financial gain, for commercial activity or for any illegal activity;
7. "hacking" or gaining unauthorized access to other computers or computer systems, or attempting to gain such unauthorized access;
8. Accessing and/or viewing inappropriate material and;
9. Downloading of freeware or shareware programs.

The Superintendent/designee shall develop a plan to address the short-and long-term technology needs and provide for compatibility of resources among school sites, offices and other operations. As a basis for this plan, he/she shall examine and compare the costs and benefits of various resources and shall identify the blend of technologies and level of service necessary to support the instructional program.

Because access to on-line services provides connections to other computer systems located all over the world, users (and parents of users who are under 18 years old) must understand that neither the school nor the Educational Service Center can control the content of the information available on these systems. Some of the information available is controversial and sometimes offensive.

The Governing Board does not condone the use of such materials. Employees, students and parents of students must be aware that the privileges to access on-line services are withdrawn from users who do not respect the rights of others or who do not follow the rules and regulations established. A user's agreement is signed to indicate the user's acknowledgment of the risks and regulations for computer/on-line services use. The Educational Service Center has also contracted service for monitoring a running log of Internet activity, recording which sites a particular user has visited through NWOCA.

"Harmful to minors" is defined as any picture, image, graphic image file or other visual depiction that:

1. Taken as a whole and with respect to minors, appeals to an offensive interest in nudity, sex or excretion;
2. Depicts, describes or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts or lewd exhibition of genitals or;
3. Taken as a whole, lacks serious literary, artistic, political or scientific values as to minors.

Annually, a student who wishes to have computer network and Internet access during the school year must read the acceptable use and Internet safety policy and submit a properly signed agreement form. Students and staff are asked to sign a new agreement each year after reviewing the policies and regulations of the Educational Service Center.

[Adoption Date: 3/18/04]

[Adoption Date: 7/19/05]

[Adoption Date: 2/22/11]

LEGSL REFS.: U.S. Const. Art. 1, Section 8

Family Educational Rights and Privacy Act; 20 USC 1232g et seq.

Children's Internet Protection Act; (P.L. 106-554, Hr 4577, 2000, 114 Stat 2763)

ORC 139.54-1329.67

ORC 3313.20

ORC 3319.321

CROSS REFS.: AC, Nondiscrimination

ACA, Nondiscrimination on the Basis of Sex

ACAA, Sexual Harassment

IB, Academic Freedom

IIA, Instructional Materials

JFC, Student Conduct

Staff Policy Books



WOOD COUNTY
EDUCATIONAL
SERVICE CENTER

1867 N. Research Drive Bowling Green, OH 43402
419-354-9010 Fax: 419-354-1146 www.wcesc.org

PATHE / PACE

2022-2023 Registration Packet

Acceptable Use and Internet Safety

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COMPUTER NETWORK AGREEMENT FORM

File EDE-E

I hereby apply for a student/employee account on the Wood County Educational Service Center computer network:

Circle one: **Student** **Employee**

Name: _____

School: _____

Home address: _____

City/State/Zip: _____

Home phone: _____

I have read and I understand this computer policy and its guidelines and regulations and agree to abide by all of the rules and standards for acceptable use stated therein. I further state that all information provided for the creation of this account is truthful and accurate.

Signature: _____ Date: _____

Parental Release Form
(for students under 18 years of age)

I/We, _____, the parent(s) of _____ have read and understand the computer policy and its guidelines and regulations and we agree to its terms and conditions. We confirm our child's use of computer network from home or outsider of the classroom.

Signature: _____ Date: _____

[Adoption Date: 3/18/04]



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PATHE / PACE

2022-2023 Registration Packet

CHILDREN'S RESOURCE CENTER

Multi-Party Authorization for Release of Confidential Information

*This authorization is designed to promote the exchange of necessary information for students/clients of the **PATHE/PACE Center**, a joint educational and mental health program operated collaboratively by the Wood County Educational Service Center and the Children's Resource Center*

I, _____, hereby authorize that information can be shared among and between the
(Full Name of Parent/ Guardian)
following parties regarding _____, born _____:
(Full Name of Client) (Birthdates of Client)

**Wood County Educational Service Center
Children's Resource Center**

**1867 N. Research Dr., Bowling Green, OH 43402
1045 Klotz Road, Bowling Green, OH 43402**

This authorization is limited specifically to material of the following nature and extent:

Date(s): _____

- | | |
|---|--|
| <input type="checkbox"/> Client's functioning at school | <input type="checkbox"/> Multi-Factored Evaluation (MFE) |
| <input type="checkbox"/> Client's functioning at home and in the community | <input type="checkbox"/> Individualized Education Plan (IEP) |
| <input type="checkbox"/> Assessment findings relevant to school functioning | <input type="checkbox"/> Family contact information |
| <input type="checkbox"/> Risk Assessment findings | <input type="checkbox"/> Health conditions and medications |
| <input type="checkbox"/> Behavior plans and point sheets | |
| <input type="checkbox"/> Other (specify): _____ | |

(Identify/describe nature and extent of information to be disclosed, as limited as possible)

The purpose of the disclosure is to assure coordination of mental health and educational services _____

(Describe purpose of disclosure, as specific as possible)

I understand that I may revoke this authorization at any time, except to the extent that action has been taken in reliance on it. I understand that revocation of this authorization must be in writing, must include the signature of the client or clients parent/legal guardian and date signed, and be delivered to the Clinicals Record Department of the Children's Resource Center. If not previously revoked, this authorization terminates on the following specific date, event or condition:

(Not to exceed one hundred eighty (180) days after the date below)

I understand that the information disclosed is protected by law and may not be re-disclosed without my written authorization or as otherwise authorized by law.

I understand that my treatment, payment for my services, my enrollment or eligibility for benefits cannot be conditioned upon my giving authorization for disclosure of information.

(Signature of client, or person authorized to consent)

Date

(Relationship to client)

(Name of staff person facilitating authorization)

(Signature of staff person facilitating authorization)

Date

The information to be disclosed is protected by Federal confidentiality rules (42 CFR Part 2) and/or Ohio Law (O.R.C.5122.31; O.A.C. 5122-27-09). The Federal rules and Ohio law prohibit any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or is otherwise permitted by 42 CFR Part 2 and applicable Ohio Law. A general authorization for the release of medical or other information is not sufficient for this purpose. Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



Behavior Agreement Code of Conduct

In order for our students to make the most progress during their enrollment at the PATHE Center, it is of utmost importance that the parents, student, and PATHE/CRC staff work closely together. Our expectations for our students are for them to gain social and behavior skills that will enable them to maximize their academic functioning.

In order to maximize learning, it is essential that we all understand and support the behavioral expectations for our students at the PATHE Center. Students will be reminded regularly of the expectations and will be held accountable for their choices.

Please carefully read the PATHE Parent Handbook and review the behavioral expectations with your child. The following areas are of extreme importance in helping your child:

Attendance: It is important that your child attends school every day. **Please call CRC at (419) 352-7588, to notify them of the absence** AND also send a note with your child when he/she returns. Three unexcused absences in a row or a total of ten days will be reported to the home school; which will follow the school truancy policy. Please review Parent Handbook for more details.

Dress Code: Students should always dress appropriately for school. Please monitor your student's attire before they come to school. They will be offered appropriate clothes or they will be sent home to attain appropriate clothing. Details of the dress code are in the Parent Handbook.

Discipline: Be sure to review this section of the Parent Handbook. Students will be expected to follow all school rules and expectations, demonstrate on-task behavior, use safe body and words, use respect to self, peers and adults, keep appropriate space from others and their belongings. School rules extend to all parts of the school environment. A violation of the behavior rules may result in loss of privileges. More severe disruptive behaviors or safety concerns may result in "in" or "out" of school suspension. In cases of concerns regarding the child's safety or the safety of others, special procedures such as restraints or escorts may be required. Parents will be notified when these behaviors occur.

Electronic Communications: Students will not possess pagers, cellular telephones or other communication devices while on school property. If it is brought to school, the devices will be taken from the student and returned at dismissal time.

Absolutely no narcotics, alcohol, contraband can be tolerated: If a child brings medicine to school, it must be given to the teacher immediately. Please refer to the Parent Handbook.

Notice of Search and Seizure: The PATHE Center reserves the right to search book bags, desks, and other student belongings if necessary. Please read this section in the Parent Handbook.

If you have questions about the Code of Conduct, please contact Teresa Kitchen at 419-352-7588.



Behavior Agreement Code of Conduct

Wood County Educational Service Center PATHE Program

**I have read the Parent Handbook and
will support the PATHE Code of Conduct.**

Parent/Guardian Signature

Date

Student Signature (if child is 11 or older)

Date

***** Please return to school at the Open House or on the First day of School *****



Hazing and Bullying

(Harassment, Intimidation and Dating Violence)

File: JFCF

Hazing means doing any act or coercing another, including the victim, to do any act of initiation into any student or other organization that causes or creates a substantial risk of causing mental or physical harm to any person.

Throughout this policy the term bullying is used in place of harassment, intimidation and bullying.

Bullying, harassment and intimidation is an intentional written, verbal, electronic or physical act that a student has exhibited toward another particular student more than once. The intentional act also includes violence within a dating relationship. The behavior causes mental or physical harm to the other student and is sufficiently severe, persistent or pervasive that it creates an intimidating, threatening or abusive educational environment for the other student. This behavior is prohibited on school property, on a school bus or at a school-sponsored activity. Students found responsible for harassment, intimidation or bullying by an electronic act may be suspended. Discipline procedures will not infringe on any student's rights under the First Amendment to the Constitution of the United States. When the behavior is sexual harassment, the Title IX sexual harassment grievance process will be followed, if applicable, prior to imposing any discipline that cannot be imposed without resolution of the Title IX process.

Permission, consent or assumption of risk by an individual subjected to hazing, bullying and/or dating violence does not lessen the prohibition contained in this policy.

The Wood County ESC includes, within the health curriculum, age-appropriate instruction in dating violence prevention education in grades 7-12. This instruction includes recognizing warning signs of dating violence and the characteristics of healthy relationships.

Prohibited activities of any type, including those activities engaged in via computer and/or electronic communication devices or electronic means, are inconsistent with the educational process and are prohibited at all times. The Wood County ESC educates minors about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms and cyber-bullying awareness and response.

No administrator, teacher or other employee of the Wood County ESC shall encourage, permit, condone or tolerate any hazing and/or bullying activities. No students, including leaders of student organizations, are permitted to plan, encourage or engage in any hazing and/or bullying.

Administrators, teachers and all other Wood County ESC employees are particularly alert to possible conditions, circumstances or events that might include hazing, bullying and/or dating violence. If any of the prohibited behaviors are planned or discovered, involved students are informed by the discovering Wood County ESC employee of the prohibition contained in this policy and are required to end all such activities immediately. All hazing, bullying and/or dating violence incidents are reported immediately to the Superintendent/designee and appropriate discipline is administered. When employees have actual knowledge that the behavior is sexual harassment, they must contact the Title IX Coordinator.



Hazing and Bullying

(Harassment, Intimidation and Dating Violence)

File: JFCF

The Superintendent/designee must provide the Board President with a semiannual written summary of all reported incidents and post the summary on the Wood County ESC's website, to the extent permitted by law.

The administration provides training on the Wood County ESC's hazing and bullying policy to Wood County ESC employees and volunteers who have direct contact with students. Additional training is provided to elementary employees in violence and substance abuse prevention and positive youth development.

Wood County ESC employees, students and volunteers have qualified civil immunity for damages arising from reporting an incident of hazing and/or bullying. Administrators, teachers, other employees and students who fail to abide by this policy may be subject to disciplinary action and may be liable for civil and criminal penalties in compliance with State and Federal law.

No one is permitted to retaliate against an employee or student because he/she files a grievance or assists or participates in an investigation, proceeding or hearing regarding the charge of hazing and/or bullying of an individual.

[Adoption Date: 6/19/12]

[Amended Date: 11/27/18]

[Amended Date: 5/19/2020]

[Amended Date: 10/20/2020]

LEGAL REFS.: Children's Internet Protection Act; 47 USC 254 (h)(5)(b)(iii);
(P.L. 106-554, HR 4577, 2000, 114 Stat 2763)
Education Amendments of 1972, Title IX; 20 USC 1681 et seq.
ORC 117.53
2307.44
2903.31
3301.22
3301.68
3313.666; 3313.667
3319.073; 3319.321

CROSS REFS.: AC, Nondiscrimination
ACA, Nondiscrimination on the Basis of Sex
ACAA, Sexual Harassment
EDE, Computer/Online Services (Acceptable Use and Internet Safety)
IGAE, Health Education
IIBH, District Website Publishing
JFC, Student Conduct (Zero Tolerance)
JFCEA, Gangs
JFCK, Use of Electronic Communications Equipment by Students
JG, Student Discipline
JHG, Reporting Child Abuse
JO, Student Records
Student Handbooks