

IMPORTANT INFORMATION - PLEASE READ

Please add pertinent information on the Emergency Medical Form such as allergies, medications being taken and any physical impairments. If a chronic health condition applies, please fill out the Action Plan For Chronic Health Condition on the reverse side of the Emergency Medical Form.

*No student shall be permitted to participate in lab without an Emergency Medical Form on file. The Emergency Medical Form must be **completely** filled out and turned in by **Friday, August 25, 2017**.*

*No student shall earn a lab grade or be permitted on a field trip without these forms properly filled out and on file in the main office by **Monday, August 28, 2017**.*

NEW STUDENTS

All enclosed forms should be completed by the residential or custodial parent **ONLY** and returned the night of new student orientation – **Thursday, August 22, 2017**.

SENIORS

All enclosed forms should be completed by the residential or custodial parent **ONLY** and returned no later than **Friday, August 25, 2017**.

FREE & REDUCED LUNCH PROGRAM

WHILE THE PORTAGE LAKES CAREER CENTER DOES NOT RECEIVE FEDERAL OR STATE FUNDS TO SUBSIDIZE FREE OR REDUCED LUNCHES, THE PHILOSOPHY OF THE CAREER CENTER IS TO HELP STUDENTS IN NEED.

IF YOUR HOUSEHOLD HAS BEEN ELIGIBLE IN THE PAST TO RECEIVE THIS BENEFIT, PLEASE REVIEW THE FOLLOWING INFORMATION TO ENSURE ELIGIBILITY AND, IF SO, TAKE THE REQUIRED ACTIONS TO CONTINUE RECEIVING THE FREE LUNCH BENEFIT.

TO RECEIVE THE FREE LUNCH BENEFIT AT PLCC....

- **COMPLETE AN APPLICATION FORM FOR THE FREE LUNCH PROGRAM (AVAILABLE FROM PLCC TREASURER'S OFFICE)**
- **SUBMIT A COPY OF YOUR 1040 FOR YEAR 2016 *THIS IS A REQUIRED DOCUMENT* (HOUSEHOLD INCOME MUST FALL WITHIN THE FEDERAL/STATE INCOME ELIGIBILITY SCALE).**

OR

- **IF YOUR HOUSEHOLD RECEIVES A DIRECT CERTIFICATION LETTER STATING AUTOMATIC ELIGIBILITY FROM YOUR STUDENT'S HOME SCHOOL DISTRICT (COVENTRY, GREEN, MANCHESTER, OR SPRINGFIELD), YOU MAY SUBMIT A COPY OF THAT LETTER TO THE PLCC PRINCIPAL INSTEAD OF THE APPLICATION AND 1040 FORMS.**

THE DETERMINATION REGARDING THE REQUEST WILL BE MADE WITHIN THREE SCHOOL DAYS AFTER RECEIVING THE REQUIRED INFORMATION, WHENEVER POSSIBLE. FAILURE TO MEET THE ABOVE GUIDELINES OR PROVIDE THE NECESSARY INFORMATION WILL RESULT IN AN AUTOMATIC DENIAL OF THE REQUEST.

ONCE A STUDENT HAS BEEN APPROVED FOR FREE LUNCH, HE/SHE WILL USE THE LAST 4 NUMBERS OF HIS/HER PLCC STUDENT ID IN THE CAFETERIA LINE POS. STUDENTS WHO RECEIVE THE FREE LUNCH BENEFIT WILL RECEIVE A DAILY BALANCE OF \$3.00 TO USE IN THE CAFETERIA LUNCH LINE.

ALL INFORMATION WILL BE HANDLED IN A CONFIDENTIAL MANNER. STUDENTS MUST BE ON CAMPUS NO LESS THAN 6 PERIODS PER DAY.

PRIVACY ACT STATEMENT: THIS EXPLAINS HOW WE WILL USE THE INFORMATION YOU GIVE US. THE RICHARD B. RUSSELL NATIONAL SCHOOL LUNCH ACT REQUIRES THE INFORMATION ON THIS APPLICATION. YOU DO NOT HAVE TO GIVE THE INFORMATION, BUT IF YOU DO NOT, WE CANNOT APPROVE YOUR CHILD FOR FREE MEALS. YOU MUST INCLUDE THE SOCIAL SECURITY NUMBER OF THE ADULT HOUSEHOLD MEMBER WHO SIGNS THE APPLICATION. THE SOCIAL SECURITY NUMBER IS NOT REQUIRED WHEN YOU APPLY ON BEHALF OF A FOSTER CHILD OR YOU LIST A FOOD ASSISTANCE PROGRAM (SNAP, FORMER FOOD STAMP PROGRAM) OR OHIO WORKS FIRST (OWF) PROGRAM.

FEE WAIVER

TO WAIVE INSTRUCTIONAL FEES, A FEE WAIVER APPLICATION FORM MUST BE SUBMITTED TO THE PLCC PRINCIPAL (MR. KASCHAK). FEE WAIVER FORMS ARE AVAILABLE THROUGH THE PLCC TREASURER'S OFFICE.

PORTAGE LAKES CAREER CENTER EMERGENCY MEDICAL AUTHORIZATION

PURPOSE – To enable parents and guardians to authorize the provision of emergency treatment for children whom become ill or injured while under school authority, when parents or guardians cannot be reached.

Student _____ Home Telephone No. _____
Address _____ Date of Birth _____
_____ Home School _____
City & Zip _____ Program _____
Parent E-mail Address _____ Grade _____
Student E-mail Address _____ Student Cell Phone No. _____

Residential Parent or Guardian

Mother _____ Day/Work/Cell Phone# _____
Father _____ Day/Work/Cell Phone# _____
Other Name _____ Day/Work/Cell Phone# _____

Name of Another Relative or Childcare Provider _____
Address _____ Phone # _____
_____ Relationship _____

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

Doctor _____ Phone# _____
Dentist _____ Phone# _____
Hospital _____ Phone# _____

Please Complete Part I or Part II – Not Both

PART I – TO GRANT CONSENT

In the event the designated practitioner is not available, by another licensed physician or dentist; and (1) the administration of any treatment deemed necessary by the designated physician or dentist, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the designated hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted (NOTE: To insure the student’s safety, information noted here may be shared with school faculty and staff.) *If a chronic health condition applies, please fill out the reverse side of this form:*

Date _____ Parent or Guardian Signature _____
Address _____

PART II – REFUSAL TO CONSENT (SIGN THIS SECTION ONLY IF REFUSING TO GRANT EMERGENCY MEDICAL ATTENTION.)

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 no action or to: _____

Date _____ Parent or Guardian Signature _____
Address _____

**PORTAGE LAKES CAREER CENTER
ACTION PLAN FOR CHRONIC HEALTH CONDITION**

Please fill out this form if a chronic health condition applies

Student Name _____ Grade _____ Program _____

Nature of Chronic Health Condition _____

Emergency Contact Information:

1st Contact

2nd Contact

Name _____

Name _____

Relationship _____

Relationship _____

Phone _____

Phone _____

E-mail _____

E-mail _____

Preferred contact method _____

Preferred contact method _____

Emergency Protocol for Health Condition _____

Other considerations/protocols _____

Parent Name (Please Print)

Parent Signature

Date

Physician Name (Please Print)

Physician Signature

Date

Section 33.712, Ohio Revised Code

(Pursuant to H.B. 639)

- (A) Annually, the board of education of each city, exempted village, local and joint vocational school district shall, before the first day of October, have provided to the parent or legal guardian of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into the public school in this state for the first time, provide the parent or legal guardian of such pupil, either as part of any registration which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section.

When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local, or joint vocational school district to which the pupil is transferred. Upon request of his/her parent or guardian, authorities of the school in which the pupil is enrolled may permit such parent or guardian to make changes in a previously filed form, or to file a new form.

If a parent or guardian does not wish to give such written permission, he/she shall indicate in the proper place on the form the procedure he/she wishes school authorities to follow in the event of a medical emergency involving a child.

Even if a parent or guardian gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extracurricular activity authorized by the appropriate school authorities of the school in which the pupil is enrolled shall make reasonable attempts to contact the parent or legal guardian before the treatment is given. The school shall present the pupil's emergency medical authorization form or a copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.

- (B) The emergency medical authorization form provided for in division (A) of this section is as follows:
(See attached.)

* Administration of Medication by School Personnel policy on reverse side.

PORTAGE LAKES CAREER CENTER

Administration of Medication by School Personnel

The Portage Lakes Career Center Administration acknowledges that the dispensing of any drug (prescription or over-the counter) by school personnel without the order of a physician and the permission of the parent/guardian could be interpreted as practicing medicine and is prohibited by law. We strongly recommend the administration of all medications take place at home under parental supervision. Please encourage your physician to prescribe medications that can be administered during non-school hours.

In the event that medication must be administered at school the following procedure must be followed:

- 1) An **Administration of Prescription Drugs Form** must be completed by the physician and the parent/guardian for each medication. (Form available in main office)
- 2) An **Authorization for Non-Prescribed Medication or Treatment Form** must be completed by the parent/guardian for each non-prescription medication. (Form available in main office)
- 3) Medications must be clearly marked with the student's name and be in the original container.
- 4) Parent or guardian must bring the medication to the secondary office.
- 5) The principal shall supervise the storing and distribution of students' medication.
- 6) It is solely the responsibility of the individual student to report to the office at the proper time to take his/her medication.

Students at the Portage Lakes Career Center are not permitted to have any form of medication in their possession while in the building or on school grounds. Violation of this rule will result in disciplinary action as stated in the student handbook.

4/21/14

**PORTAGE LAKES CAREER CENTER
STUDENT HANDBOOK ACKNOWLEDGEMENT
PLEASE PRINT**

STUDENT'S NAME _____

PROGRAM _____

TO THE PARENTS AND STUDENT:

PLEASE SIGN INDICATING YOU HAVE RECEIVED AND REVIEWED THE STUDENT HANDBOOK.

I HAVE REVIEWED THE STUDENT HANDBOOK AVAILABLE EITHER AT www.plcc.edu AND UNDERSTAND THAT IT IS MY RESPONSIBILITY TO REVIEW IT EACH YEAR OF ENROLLMENT AT PLCC.

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE

PORTAGE LAKES CAREER CENTER PEP ASSEMBLY PERMISSION SLIP

Student's Program _____

I/We request that Portage Lakes Joint Vocational School District release my/our son/daughter _____ Full Name of Student _____ to attend the designated "Pep Assemblies" and other authorized activities at _____ Name of Home School _____ for the 2017-18 school year.

Choose the applicable statement(s) and fill out completely:

Our son/daughter is permitted to attend the assemblies for

Fall _____ Winter _____ Spring _____ sports.

All designated school activities _____.

Student's Signature:

_____ Date _____

Parent/Guardian Signature:

_____ Date _____

PLEASE NOTE: When attending any activity at a Home School, the Career Center student **MUST SIGN-IN** and **MUST REMAIN** until the activity is over. If the student leaves early for any reason, they will be considered **TRUANT**.