

EMERGENCY EARLY RELEASE FORM 2019-20

In the event that school should be cancelled unexpectedly, we ask you to take a few moments to formulate a plan of action with your children. This way, EVERY child will know ahead of time, where they will be going and how they will get home.

We do **NOT** make the decision to cancel school. That decision is made by the Sun Prairie School District, and we must wait until we receive a phone call from them, informing us that school will be closing. Once we receive notice from the School District we will send an email to all families through our FACTS ParentWeb system. Please verify that we have the correct email(s) for your family. Please keep in mind that our school has only 2 phone lines and we are unable to accommodate a large number of phone calls. If the weather gets worse as the day goes on, please check for closings on the District Website or the local TV stations.

Having an established plan will make both you and your child feel confident that they will be safe. **Please complete the required form below for your family, indicating the plan for your student(s). Please discuss this plan with each of your student(s).** A copy of the form will be kept in the student's classroom, so that the teachers will know how each of their students is getting home, and a copy will be in the office as well.

Family's Name _____

Student Name _____ Grade/Teacher _____

Student Name _____ Grade/Teacher _____

Student Name _____ Grade/Teacher _____

In the event school should be cancelled:

A. _____ Our child may proceed home as usual.

B. _____ Our child may proceed to Sacred Hearts DayCare.
(must be enrolled in Sacred Hearts DayCare)

C. _____ Our plan for our child is: _____

Signature of Parent or Guardian _____

MEDICATION CONSENT FORM

Child's Name _____

Child's Weight _____ Child's Birthday _____

Name of Medication:

Chewable Jr. Tylenol (160mg tablets) _____

Tylenol - (325mg tablet) _____

Ibuprofen - (200mg tablet) _____

Name of person(s) who will be giving medication during school hours:

_____ Lynn Kohrs, Jennifer Thompson, Nikki Cumming _____

I give my permission to designated school personnel to give the above listed medications to my child according to the dosage I have listed above. I agree to hold Sacred Hearts School and the persons administering the above medication harmless in any events arising from the administration of this medication. I agree to notify the school, in writing, of any changes in the above order.

Signature: _____ **Date:** _____

**** The office does keep a small amount of the above medication on hand. If your child needs these medications frequently or if you prefer to provide our office with the medication, please bring the medication in their original packaging with your child's name written on it.**

****Students are not allowed to keep medications with them, ALL medications need to come to school office.**

If you have any questions please contact our office staff.

WALKING FIELD TRIP PERMISSION SLIP

Parents/Guardians;

Throughout the school year, your child(ren) will be eligible to participate in school-sponsored activities away from the school building. These activities will take place under the supervision of employees from Sacred Hearts School. Information pertaining to these activities follows:

DESTINATION: Field trips within walking distance for the 2019-20 school year

GRADES: 4K through Grade 8

DESIGNATED SUPERVISORS: Sacred Hearts School Staff

DATE & TIME OF DEPARTURE & RETURN: Will vary by field trip

METHOD OF TRANSPORTATION: Walking

STUDENT COST: None

DRESS & BRING: If anything special is required, a note will be sent home prior to the field trip.

If your child(ren) can participate in these events, please sign and return the following statement of consent and release of liability. As a parent you remain fully responsible for the actions of your child(ren). You may or may not be notified of walking field trips in advance.

I hereby consent for my child(ren) to participate in the above field trips. I understand that this event will take place away from the school grounds and that my child(ren) will be under the supervision of Sacred Hearts School Staff. I further consent to the conditions stated above on participation.

Parent signature and date

Family's Name _____

Student Name _____ **Grade/Teacher** _____

Student Name _____ **Grade/Teacher** _____

Student Name _____ **Grade/Teacher** _____

Student Name _____ **Grade/Teacher** _____

Student Name _____ **Grade/Teacher** _____

Student Name _____ **Grade/Teacher** _____