

Keystone Educational Collaborative

Emergency/Medical Information

* (required)

* School Year: _____ Program Name: _____

* Full Legal Name: _____

First

Middle

Last

* Date of Birth: ____/____/____

* Place of Birth: _____

City

State

Country

* Primary Address (street, city, state):

Parent/Guardian Contacts:

1) *Name: _____ *Relationship: _____

*Primary Phone # _____ Other Phone # _____

*Home Address: _____

*Email Address: _____

2) Name: _____ Relationship: _____

Primary Phone # _____ Other Phone # _____

Home Address: _____

Email Address: _____

Additional Emergency Contact [if parent/guardian is unable to be reached, the following individuals will be contacted, for example, for picking up a sick student]:

1) Name: _____ Relationship: _____

Primary Phone # _____ Other Phone # _____

2) Name: _____ Relationship: _____

Primary Phone # _____ Other Phone # _____

* Child's Formal Diagnosis(es): _____

Medical Information:

* Doctor's Name: _____ * Telephone # _____
* Health Insurance: _____ * Insurance # _____
* Dentist's Name: _____ * Telephone # _____
* Dental Insurance: _____ * Insurance # _____

* Medications: (Please provide updated doctor's orders and medication permission form for any medication to be provided during school hours, including 'as needed' medication including Epi-Pen.)

* Name	* Dosage	* Hours Given

Clinics and/or Specialists:

Name of Clinic/Specialist	Last Appt.	Next Appt.

Allergies?_____ If yes, please label the allergy and describe reaction and treatment:

Does your child use an Epi-Pen? Yes____ No____

Existing Medical Conditions:

I understand that the above information is confidential. However, federal law permits information in the school health record to be shared with school officials on a "need to know" basis and with a very limited number of other persons, including those who could help in an emergency. In other circumstances, my consent will be required. I give permission to exchange information with my child's medical provider(s) regarding health care or concerns. I understand that I can limit or revoke this consent in writing at any time.

Parent/Guardian's Signature: _____ Date: _____

Student's name _____ Date: _____

I, the undersigned, give permission to the School Nurse to administer the above-named medication to my child. I understand that there must be a medication order from physician, dentist, nurse practitioner, or physician's assistant to administer any medication, whether it is a prescription drug or over-the-counter medication (consent forms are located within this manual). I understand that school personnel are not responsible for any problems arising from the taking of this medication(s), its side effects (if any), or for the omission of medication. I further agree to indemnify and hold harmless the School Committee, its agents, Keystone Board of Directors, as well as Keystone staff against all claims because of any or all act performed under this authority.

I do ____ DO NOT ____ give permission to the staff to administer the above medication to my child if he/she is out of the school building during a field trip in accordance with the Massachusetts Department of Public Health limited delegation waiver.

Parent/Guardian's Signature: _____ Date: _____

Student's Name: _____ Date: _____

Release/Permission Form

Student's Name: _____ **Date:** _____

PARENTAL RELEASE

YES NO

I understand that the Keystone Collaborative and its staff cannot be held responsible for any accident incurred by either reaction to medication or fall due to a seizure disorder, etc.

GENERAL OBSERVATION

In the process of assessing children's strengths and needs to develop individual plans to meet these needs, staff may need the assistance of consulting specialists who observe children and make recommendations. Any special or formal testing, evaluating, or direct service will only be provided with special permission of parent/guardian before such services begin.

EXCHANGE OF INFORMATION

I allow exchange of routine and relevant verbal and written information between staff and my child's doctors and dentist. Specific reports will require a special form from parents.

OUT OF SCHOOL ACTIVITIES/FIELD TRIPS

I give my permission for my child to go on local trips by walking, staff car, school bus, to the park, library, store, etc. Parent will be notified prior to a major field trip.

PUBLICITY RELEASE

I give permission for my child to be videotaped/photographed: For showing in the classroom, school pictures, to use at conferences to be viewed by the classroom consultants, to be to be viewed by my child's medical provider, and for use on the Keystone website, Facebook page, and Instagram account.

FIRST AID & EMERGENCY CARE

My child may be transported to the nearest hospital by ambulance or staff car. My child may obtain medical/emergency care by Keystone, ambulance, emergency room staff in the event that parent/guardian cannot be reached during an emergency.

I give my permission for my child to be released to only the following person/people when I am unavailable:

Name

Relationship

Name

Relationship

If there are any changes during the year, written permission for release of your child will be necessary.

Parent/Guardian

Date

HEALTH PHYSICIAN'S REPORT OF SCHOOL HEALTH EXAMINATION

Dear Parent/Guardian:

If your child has had a physical within the last year, please send this form to your child's physician to be filled out. If it has been a year since your child has had a physical, please make an appointment and have the physician fill this out at the time of the physical.

*** Please Note:** If your child's physician has a physical form or print out that they already use for school, that minimally contains all information requested on this form, we will accept that form.

Student's Name _____ Date of Birth _____

Address _____ Height _____ Weight _____

Positive Physical Findings _____

Previous Diseases and Operations _____

IMMUNIZATIONS

Please note the date the immunization was provided.

Diphtheria, tetanus, & acellular pertussis (Tdap/DTaP) _____

Inactivated poliovirus (IPV) _____

Measles, mumps, rubella (MMR) _____

Hepatitis B (HepB) _____

Varicella (chickenpox) _____

Restrictions: (Check none, if able to participate in all school functions) ☐ None

Recommendations: _____

Date of Physical _____ Signature of Physician _____

PARENT/STUDENT RELEASE FORM

I, _____ give my permission to the
Keystone Educational Collaborative for the exchange of requested relevant information,
consultation, and observation concerning:

(Student's Name)

(Street Address)

(City, State, Zip Code)

for the time period of _____ to _____
(not to exceed one year).

TO: (Agencies) _____

REQUESTED INFORMATION:

_____ Health Records

_____ Educational Records

_____ Psychological Reports

_____ Discharge Summary

_____ Other _____

Parent's Signature _____

MEDICATION PERMISSION FORM

Note to Parents/Guardians: Keystone Collaborative requires that all students who need prescription medication (to include inhalers) during school hours (on a daily or as-needed basis), must do the following:

1. Present a written consent signed by the physician.
2. Medicines should be delivered to the school in a pharmacy or manufacturer-labeled container by you or a responsible adult whom you designate.
3. No more than a thirty (30) day supply of the medicine should be delivered to the school.

ATTENTION: No prescription medication will be given without the following section filled out and returned to the School Nurse. This form is to be completed by a physician and parent for any medication to be dispensed at school. *** Please Note: If your child's physician has a prescription medication form or print out that they already use for school, that contains all information requested on this form, we will accept that form.**

PHYSICIAN'S ORDER AND CONSENT FORM FOR MEDICATIONS TO BE DISPENSED AT SCHOOL

Student's Name _____

Diagnosis _____

Medication prescribed _____

Dosage prescribed _____

Time(s) during school day to be given _____

Route of administration _____

Duration of medication (start date/end date) _____

Specific direction or information for administration _____

Name/Title of licensed prescriber (please print) _____

Prescriber's Phone # _____ Date _____

Signature of provider _____

Parent/Guardian:

I, the undersigned, give permission to the School Nurse to administer the above-named medication(s) to my child. I understand that school personnel are not responsible for any problems arising from the taking of this medication(s), side effects (if any), or for the omission of medication. I further agree to indemnify and hold harmless Keystone and the Board of Directors, as well as its agents, against all claims as a result of any or all acts performed under this authority.

I do ____ do NOT ____ give permission to the staff to administer the above medication to my child if s/he is out of the school building during a field trip in accordance with MDPH limited delegation waiver.

Parent/Guardian signature _____ Date _____

Relationship to student _____

OVER THE COUNTER (NON-PRESCRIPTION)
MEDICATION CONSENT FORM

This document secures your consent for nursing staff of Keystone Educational Collaborative to give over-the-counter medications as needed to your child, as directed by his/her physician.

This child is allergic to (specify) _____

☐ *No known allergies*

Please check all that you consent to be given by nursing staff of Keystone Educational Collaborative:

☐ Acetaminophen (Tylenol)

☐ Ibuprofen (Advil)

☐ Benadryl

☐ Tums chewable tablets

☐ Calamine Lotion

☐ Bacitracin ointment

☐ Hydrocortisone

Name of student _____

Parent/Guardian signature _____ Date _____

GOOGLE APPS FOR EDUCATION **PERMISSION FORM**

Dear Parents/Guardians,

Keystone Collaborative uses Google Apps for Education. This is a free web based tool that allows us to create, share and store documents and assignments online. (<https://www.google.com/edu/>)

When a student account is created, Google stores the student's information (first name, last name, and username). Along with this any work created by the student will also be stored by Google. Google's privacy policy prevents Google from sharing personal information.

Google Apps for Education

I understand that when a Keystone user account is created for a student, a Google Apps for Education account will be automatically created, causing information about the student (first name, last name, and username) to be collected and stored electronically. I further understand that the student may store class work or files in Google Apps for Education; depending on the sharing options selected by the student, these files may be accessible to someone other than Keystone or the student, including classmates or the public. Your signature on this form acknowledges you have read the privacy policies associated with the use of Google Apps for Education. (https://edu.google.com/k-12-solutions/privacy-security/?modal_active=none)

Check one:

_____ I give permission for the student to have a Google account with Keystone.

_____ I **do not** give permission for the student to have a Google account with Keystone.

Student name (please print)

Date

Parent/Guardian name (please print)

Parent/Guardian signature

*The Family Educational Rights and Privacy Act ("FERPA") and the Children's Online Privacy Protection Act ("COPPA"). FERPA protects the privacy of education records, including student class work stored in *Google Apps for Education*. Pursuant to FERPA, the District may not disclose such records without parental consent except in limited circumstances. COPPA requires commercial website operators to get parental consent before collecting any personal information from kids under the age of 13. COPPA allows, but does not require, schools to act as agents for parents in providing consent for the online collection of students' personal information within the school context.

SOCIAL MEDIA PERMISSION FORM
(Parent Signature Required)

Dear Parents and Guardians,

The Keystone Educational Collaborative continues to update our website and expand on our social media outlets that include Facebook and Instagram. With our Keystone website and the use of other media outlets, we are hoping to reach out to our community by using pictures of our students to promote who we are and what we stand for. We also want to use our website and media outlets to celebrate our students and share their accomplishments with everyone who adores and cares for them. We would like to get permission to use your child's picture on our website, which will link to our company's Facebook page and Instagram account.

When choosing pictures to use on our website, we are committed to making sure that every image represents each one of our students in a respectful way. If you are willing to grant permission for Keystone to use images of your child, please check off your official confirmation so that we may have your permission for our records. Although we hope that all parents will allow us to use their child's picture, we are committed to the privacy of our students and their families. We understand and respect your wishes if you choose not to allow your child's picture to be shared.

Permission Form to Allow Use of Child's Photo on the Keystone Educational Collaborative Website, Facebook Page and Instagram Account

Student's Name _____

Parent/Guardian Name (print) _____

Please check the line indicating your desire for the use of your child's photos.

_____ **YES**, my child's picture can be used on the Keystone website, Facebook page, and Instagram account.

_____ **NO**, my child's picture can be used for classroom use only (e.g.: visual supports, communication devices, craft projects, etc.)

_____ **NO**, my child's picture cannot be used on any Keystone media outlet or for use in their classroom.

Additional Comments _____

Parent's Signature _____ **Date** _____



Behavior Management Guidelines and Consent

I acknowledge that Keystone Educational Collaborative is committed to implementing positive, proactive, and least restrictive strategies to promote safety, regulation, and access to learning for all students, consistent with 603 CMR 18.05 and 603 CMR 46.00. I understand that staff will first utilize a range of de-escalation and behavior support strategies, including relationship-based supports, environmental adjustments, co-regulation, and individualized behavior intervention plans when appropriate, before considering more restrictive interventions.

I further acknowledge that “time-out” is a behavioral support strategy in which a student temporarily separates from the learning activity or the classroom, either by choice or by direction from staff, for the purpose of calming, in an unlocked setting from which the student is permitted to leave and is continuously observed by staff, as defined in 603 CMR 46.02 and related DESE guidance on Time-Out Practices. I understand that time-out will only be used to support regulation and safety, will cease as soon as the student has calmed, and will not be used as a punishment or routine consequence.

I understand that “seclusion” is defined as the involuntary confinement of a student alone in a room or area, with or without adult supervision, from which the student is not permitted to leave, and that seclusion is prohibited in public education programs except as an emergency intervention under the strict conditions outlined in the amended 603 CMR 46.00 and 603 CMR 18.00. I acknowledge that, consistent with these regulations and DESE guidance, emergency seclusion may be used only as a last resort, on an individual basis, when a student’s behavior presents an imminent threat of assault or imminent serious physical harm to self or others, and only after less intrusive interventions have been attempted or deemed inappropriate under the circumstances and all required safeguards and approvals have been met, including documentation of medical and psychological clearance as required.

I understand that, prior to any use of emergency seclusion, the program must have documented that: (1) the student has a documented history of repeatedly causing serious self-injury and/or injury to others, (2) less intrusive interventions have been ineffective or inappropriate, (3) there are no medical contraindications as documented by a licensed physician, (4) there is psychological or behavioral justification and no contraindications as documented by a licensed

mental health professional, and (5) the program has obtained consent from the parent/guardian (and, if appropriate, the student), and the principal has approved such use in writing, as outlined in DESE's Time-Out Practices Guidance and 603 CMR 46.00.

By signing below, I consent to Keystone Educational Collaborative's use of least restrictive interventions to ensure student and community safety, including the use of time-out as defined above and, in rare emergency circumstances, the use of seclusion in accordance with 603 CMR 46.00, 603 CMR 18.00, and DESE's Time-Out Practices Guidance, and subject to all required medical, psychological, administrative, training, documentation, review, and notification safeguards. I understand that I will be notified of any emergency use of seclusion as required by regulation and that data regarding such use will be reviewed regularly in order to reduce and eliminate its use over time.

Parent/Guardian Name: _____

Signature: _____

Student Name: _____

Date: _____

Principal Name: _____

Signature: _____

STUDENT AND FAMILY PROGRAM MANUAL SY2026-2027
(Parent Signature Required)

The Massachusetts Department of Education requires that parents receive this Keystone Program Manual.

Your signature below indicates that you have reviewed the required specific policies in regard to the Student Code of Conduct:

- Bullying
- Harassment
- Suspensions, Expulsion
- Discipline of Students with Special Needs
- Use of Physical Restraint

Please confirm that you have received this document, SY2026-2027 Program Manual (revised 6-2024), by signing and returning this page to your child's teacher.

PRINT STUDENT NAME

PRINT PARENT NAME

PARENT SIGNATURE

DATE