

VISIONS UNLIMITED
STUDENT EMERGENCY INFORMATION

2022-23 SCHOOL YEAR

Birthdate: _____

Student Name: _____ Home Phone: _____

Address: _____
(street) (city) (zip)

Please indicate the FIRST telephone number we should call in the event of an emergency:

Telephone Number Contact Name

Please list the student's parents, stepparents, guardians that child lives with. State relationship where applicable (i.e., father, stepmother, guardian*). *Guardianship papers must be on file in office.

Student Lives With:

1. _____
Last Name First Relationship Place of Employment Day/Cell

2. _____
Last Name First Relationship Place of Employment Day/Cell

Non-custodial parent information

Parent _____
Last Name First Number/Street City/Zip Day/Cell

Step-parent _____
Last Name First Number/Street City/Zip Day/Cell

Neighbors or relatives school may contact in case of emergency if parent/guardian cannot be reached:

Name Relationship Day/Cell

Name Relationship Day/Cell

HOSPITAL OF CHOICE (IN CASE OF EMERGENCY): _____

In case of serious illness or accident, if the school is unable to contact me, I hereby authorize the school authorities to use their best judgment on behalf of my child.

PLEASE FILL OUT BACK OF THIS FORM

Health Information

Particular health problems: e.g., Heart, Kidney, Orthopedic, etc. No _____ Yes _____ (Please specify) _____

Does student have seizures? No _____ Yes _____ (If yes, describe likely pattern) _____

Does student have allergies: If yes, please indicate below:

Medicine: _____
Foods: _____
Insects: _____
Pollen: _____
Others: _____

List all medications taken BOTH AT SCHOOL AND HOME

Name of Medicine: _____ Dosage: _____ Time Administered: _____

Name of Medicine: _____ Dosage: _____ Time Administered: _____

Name of Medicine: _____ Dosage: _____ Time Administered: _____

Attach a list of additional medications, if necessary, including dosage and time administered.

Date of last physical examination: _____

Physician's Name: _____ **Phone:** _____

Dentist's Name: _____ **Phone:** _____

DATE OF ALL IMMUNIZATIONS *(If you submitted these records to Visions in the past, no need to send them in again.)*

Parent/Guardian Signature: _____ Date: _____

Farmington Public Schools

BLANKET FIELD TRIP PERMISSION & MEDICAL CONSENT FORM - 2022-23 SEASONAL ACTIVITIES

For students who are part of a school sponsored activity that takes place off home school property repeatedly (i.e. parks, museums, malls, farmer's market, Farmington Festival, walks to Farmington).

It will not be necessary for my son/daughter to have a permission form signed by me each time he/she leaves the home school to participate in the following activities.

_____ has my permission to participate in the off-school site of
student's name

Community Based Instruction while at Visions Unlimited.
name of activity or class

PLEASE PROVIDE THE FOLLOWING HEALTH INFORMATION, IF APPLICABLE:

MEDICATION _____

ALLERGIES _____

SPECIAL HANDLING _____

PLEASE PROVIDE THE FOLLOWING MEDICAL INSURANCE INFORMATION:

INSURED'S NAME _____ NAME OF INSURANCE _____

CONTRACT NUMBER _____ GROUP NUMBER _____

In the event of an emergency and I cannot be reached, please contact the following person:

NAME _____ RELATIONSHIP _____

PHONE(S) _____

I recognize that while on a field trip, medical treatment on an emergency basis may be necessary, and I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. Therefore, I do hereby consent in advance to such emergency care including hospital care as may be deemed necessary under the existing circumstances. In addition, I have discussed with my children the necessity of acting responsibly while on the trip.

In consideration of my child being able to participate in this event I relieve and hold harmless members of the Board of Education, its employees and agents for any claims, lawsuits and judgments arising out of the use and operation of a vehicle operated by my child or a vehicle operated by a fellow student, school employee or volunteer driver.

Parent/Guardian Signature Home Phone Work Phone Cell Phone Date

(A COPY OF THIS COMPLETED FORM MUST BE IN THE POSSESSION OF TEACHER/SUPERVISOR WHILE ON EVENT)

Form ST07-4/06



AUTHORIZATION FOR PHOTOGRAPHS
2022-23 SCHOOL YEAR

I AUTHORIZE VISIONS UNLIMITED TO TAKE AND USE
PHOTOGRAPHS AND/OR VIDEORECORDINGS (INCLUDING
NAMES) OF

MY STUDENT _____ FOR:
Student Name

PLEASE CHECK ALL APPROPRIATE BOXES TO GIVE PERMISSION

- VISIONS NEWSLETTERS, YEARBOOK
- PHOTOGRAPHS POSTED WITHIN THE BUILDING
(BULLETIN BOARDS, etc.)
- VIDEORECORDING SCHOOL ACTIVITIES (i.e., TALENT
SHOW)
- INSERVICE TRAINING RECORDINGS, SLIDES AND
PHOTOGRAPHS
- SCHOOL WEBSITE
- LOCAL NEWSPAPER AND NEWSLETTERS

PARENT/GUARDIAN SIGNATURE

DATE

-
-
- I DO NOT AUTHORIZE ANY OF THE ABOVE OPTIONS FOR

MY STUDENT _____
STUDENT NAME

PARENT/GUARDIAN SIGNATURE

DATE



Visions Unlimited
33000 Freedom Rd
Farmington, Michigan 48336
248-489-3833

May 24, 2022

Dear Parents, Guardians, and/or Care Providers:

In order to be in compliance with the rules set forth by the State of Michigan and/or the Oakland County Intermediate School District, we must update our students' guardianship records. If you or someone else has full or partial guardianship of your student, we **MUST** have a copy of the court order on file. Please complete the form below:

Student: _____

Current Guardian Status:

_____ Full guardianship held by _____
(PLEASE ATTACH COURT ORDER)

_____ Partial guardianship held by _____
(PLEASE ATTACH COURT ORDER)

_____ Student is his/her own guardian

Again, if there is full or partial guardianship, PLEASE ATTACH A COPY OF THE COURT ORDER granting the guardianship so that we may include it in the student's file.

Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in blue ink that reads "Dorene M. Forster".

Dorene M. Forster, MEd
Principal