

Boiling Springs Intermediate School

2055 Hanging Rock Road
Boiling Springs, SC 29316

Principal: Tammy Greer

Assistant Principals: Stacey Kimble
Josh Patterson

Dear Parents of Boiling Springs Intermediate School Students:

It is the goal of Spartanburg School District Two employees to educate every child to the highest levels of achievement possible. We know that parents appreciate and share that objective. An important way for you to help ensure that your child reaches that goal is to get him or her to school, on time, every day. You know that we cannot teach your child if he/she is not here. However, we realize that there are times when your child is ill or cannot attend school due to extenuating circumstances. In those instances, we request that you send a note to school excusing the absence(s). Parents need to understand that according to District Policy JBD and JBD-R, which reflect the Code of Laws of South Carolina §59-65-90, "Students will be allowed ten lawful absences per year... Violations of these regulations may result in non-promotion to the next grade level." Additionally, according to the policy, "There is no limit on the number of physician excuses which will be accepted."

In other words, parent excuses will be accepted for up to ten days of absences per year. Written excuses from a physician must be secured for more than ten total absences or non-promotion may occur.

Other provisions of JBD and JBD-R are available for your examination here at the school. If you have any questions, please do not hesitate to contact me.

Sincerely,

Tammy Greer
Boiling Springs Intermediate School

I understand the provisions of Policy JBD and JBD-R (Absences and Excuses) described above.

Student Name

Parent Signature

SCHOOL HEALTH SERVICES MEDICAL HISTORY AND QUESTIONS 2009-2010

Please answer all questions completely

Student's Name _____ DOB _____ Teacher/Grade _____
 Address _____
 Address _____ Home Phone _____
 Mother/Guardian Name _____ Work Phone _____
 _____ Cell Phone _____
 Father/Guardian Name _____ Work Phone _____
 _____ Cell Phone _____
 Parent email: _____

I GIVE DISTRICT 2 PERMISSION TO GIVE/USE FOR MY CHILD THE FOLLOWING: (Circle Yes or No)

YES	NO	ACETAMINOPHEN (store brand Tylenol) for minor pain
YES	NO	DIPHENHYDRAMINE (store brand Benadryl) for EMERGENCY allergic reactions
YES	NO	ORAJEL for minor toothache
YES	NO	NON-NEOMYCIN ANTIBIOTIC OINTMENT for minor cuts or abrasions
YES	NO	CALAMINE/CALADRYL LOTION for minor skin irritations
YES	NO	CALCIUM ANTACID (store-brand Tums) for minor stomach discomfort

I give Spartanburg School District 2 permission to share the above medical information with members of the school's faculty and staff who have a legitimate need to know, and to contact my child's doctor for additional information as needed.

Parent/Guardian Signature: _____ Date: _____

Please mark all illnesses/conditions that apply to your child

Diabetes _____
 ADD or ADHD – Describe _____
 Seizures – Describe _____
 Asthma – Does your child need to use an inhaler at school? _____ Before PE/exercise? _____
 (NOTE: Primatene Mist will **NOT** be used at school)
 Allergies – (food, insect, medication) Describe _____
 Does your child need to keep an Epi-pen at school? _____
 Heart Trouble – Describe _____
 Sickle Cell Disease _____ Trait _____
 Vision Problems – Describe _____
 Hearing Problems – Describe _____
 Other illnesses/conditions _____
 Please list all medications your child takes: _____
 Will these medications need to be given at school? _____

No medication will be given to any student without written or verbal consent of a parent/guardian.

All medication from home must be in its original container.

All medication administration will be assisted only by the school nurse or other authorized personnel. Parents will be notified when a child is ill and will be expected to make necessary arrangements for **IMMEDIATE** transportation home. For the protection of your child, as well as other children, do **not** send a sick child to school. Please remember the health room staff is not allowed to diagnose an illness. It is for **EMERGENCY** use only.

Doctor _____ Dentist _____ Hospital _____

Please list three people who could pick your child up from school in case of an emergency:

Emergency Contact Name: _____ Phone _____
 Emergency Contact Name: _____ Phone _____
 Emergency Contact Name: _____ Phone _____

BOILING SPRINGS INTERMEDIATE STUDENT DATA SHEET

Date: _____

STUDENT'S FULL NAME _____
(Last) (First) (Middle)

Name you prefer to be called _____

Name and Address of School Last Attended _____

Last grade completed _____

HOME PHONE: _____

Mailing Address _____
(Street number, City, State, Zip)

Residence Address (if difference from mailing address) _____

Birthdate _____ Ethnic Code _____ Sex _____ Social Security No. _____

Parents or Guardians (please circle) _____

With whom does the child reside? _____

Father's or Step-Father's Full Name (please circle) _____

Employer _____ Work Phone _____

Cell Phone _____ Beeper _____

E-Mail Address _____

Address if different from student's _____

Home Phone if different from student's _____

Mother's or Step-Mother's Full Name (please circle) _____

Employer _____ Work Phone _____

Cell Phone _____ Beeper _____

E-Mail Address _____

Address if different from student's _____

Home Phone if different from student's _____

Emergency Contacts (other than parents or guardians)

Name/Relationship/Phone _____

Name/Relationship/Phone _____

Name/Relationship/Phone _____

Health Problems (i.e., allergies, diabetes, ADD, etc.) **PLEASE FILL OUT STUDENT HEALTH INFORMATION FORM**

Medications taken at school **PLEASE FILL OUT PERMISSION REQUEST FORM**

Is English the student's first language Yes _____ No _____

Is your child presently attending (please circle) **Gifted Classes** Resource Classes ESOL Classes