

Attendance Notification Form

Swift Creek Middle School

Parent/Guardian,

Please adhere to the guidelines on page two (2) regarding the attendance notification process. This form and all **supporting** documents (e.g. medical slip, legal documentation, obituary) must be received by front office staff in accordance with guidelines.

A student receiving one or more unexcused absences in a day will generate an automatic telephone call from Leon County Schools to the student's home, that same day. In addition, if subscribed in Pinpoint Portal, you will receive an email after every attendance event is made by the teacher or attendance staff. By-period attendance may be viewed in Pinpoint Portal by you and/or your child.

All correspondence (i.e., the Attendance Notification Form and the supporting documents) should contain your student's legal name (no nicknames, please). Please fill out the form completely in the event that it is necessary for school personnel to contact you and return to the front office staff with all relevant documentation.

Today's Date ____/____/____

Student's Legal Name (print) _____ Student's Grade _____

Parent/Guardian's Name (print) _____

Parent/Guardian's E-mail (print) _____

Parent/Guardian's Daytime Phone Number (____)____-____

Parent/Guardian Signature _____

☐ FULL-DAY ABSENCE

Date of absence(s) _____

Reason: _____

Attach any supporting documentation (e.g. medical slip, legal documentation, obituary), if applicable

☐ PRE-EXCUSED ABSENCE REQUEST

Date of absence(s) _____

Reason: _____

Attach any supporting documentation (e.g. program)

OFFICE USE ONLY

RECEIVED ____/____/____

BY WHOM _____

☐ APPROVED
☐ DENIED

☐ PARENT NOTIFICATION _____
☐ TEACHERS NOTIFICATION _____

COMMENTS _____

PROCESSED ____/____/____ ADMINISTRATOR'S OR DESIGNEE'S SIGNATURE _____

ATTENDANCE/TARDY GUIDELINES

EXCUSED AND UNEXCUSED ABSENCES

Absence is defined as nonattendance of a student at school or in an approved educational activity/field trip or program on days school is in session. A student who is not physically present at school or not participating in an approved school activity shall be counted absent and shall not be recorded as in attendance on that day. The law allows absences for reasons listed below; under these circumstances school policy regards these absences as excused. A student with an excused absence is not subject to any disciplinary or academic penalties. Absences/tardiness shall be excused only for the following documented reasons:

1. Illness and/or medical care;
2. Death in the family;
3. Legal reasons;
4. Approved religious holidays;
5. Financial and/or other insurmountable circumstances; or
6. Curriculum related field trips and/or functions of the school approved by administration.

Determination of whether an absence is excused or unexcused is the responsibility of an administrator or designee. The parent/guardian is required to report and explain all absences.

There is a direct correlation between student learning and consistent and prompt attendance in class. Thus, absences, whether excused or unexcused, affect academic performance and grades. Poor attendance will affect the student's opportunity to participate in any extracurricular activity or school sponsored event. If absences become excessive (ten or more within nine weeks), the student may be removed from participating in extracurricular activities or school sponsored events.

REPORTING AN ABSENCE

Parents/guardians are required to report a student's absence by calling 414-2670 the day of the absence. An email to front office staff including the student's name and reason for absence is also acceptable. These notifications received by 9:30 A.M. will be reported via email to all Swift Creek employees. In addition, please follow the steps below for a part-day absence, full-day absence, or pre-excused absence.

PART-DAY ABSENCE PROCESS

Students must be signed in and/or out through the front office and receive an admit slip to class, if necessary. If documentation is provided to the front office staff (e.g. parent/guardian note, medical slip, legal documentation, obituary), a parent/guardian does not need to accompany the student into the front office. If documentation is not provided, the student must be signed in and/or out by a parent/guardian.

No student shall be permitted to leave school in the custody of a person other than the student's parent/guardian unless that person has the verified authorization (written or verbal) of a parent/guardian. No student will be called out of class for early check out after 3:30 P.M. All students leaving early must be checked out before this time unless it is a medical or legal emergency.

FULL-DAY ABSENCE PROCESS

Print page one (1) of the Attendance Notification Form off the Swift Creek website. Complete the form and attach any supporting documentation (e.g. medical slip, legal documentation, obituary), if applicable. Submit the form and documentation to the front office staff (or email it to the registrar) upon the student's return to school. It must be received within five days of the student's absence in order to be considered an excused absence.

PRE-APPROVED ABSENCE

Parents/guardians who anticipate a student absence for an "educationally valuable experience" other than a field trip or school sponsored activity may receive an excused absence, if a parent/guardian's written explanation of the absence is pre-approved at least five (5) school days in advance of the absence. It is the student's responsibility to make up any work assigned by teachers and/or administrators during that absence.

Print page one (1) of the Attendance Notification Form off the Swift Creek website. Complete the form and attach any **supporting** documentation (e.g. program). Submit the form and documentation to the front office staff at least five (5) school days before the absence. This process should be followed for religious holidays, also. The request will be reviewed by the Assistant Principal of Administration, who will follow up with the parent/guardian, and teachers, if approved.

MEDICATION PERMISSION FORM
FOR EXTENDED DAY/OVERNIGHT FIELD TRIPS
(One form for each medication)

I hereby certify that it is necessary for _____ Date of Birth: _____
(Full Name of Student - List all names used by student)

Teacher/Homeroom: _____ Grade Level: _____
to be given the medication listed below during the school day, including when he/she is away from school property on official school business. Without this medication, he/she will not be able to attend school.

Signed form is necessary for all the following: medicines given by mouth, inhaled, by nebulizer, on skin, patch, injection, etc.)
Only FDA-approved medicines will be accepted.

Name of Medication: _____

Reason for Medication (Diagnosis): _____

Dosage to be given: _____ Route (mouth, injection, etc.): _____

Time(s) of administration: _____ Allergies: _____

Beginning Date: _____ Ending Date: _____ Amount of Liquid or Count of Pills: _____

Emergency Telephone Numbers:

Parent/Guardian: _____ H: _____ W: _____ C: _____

Parent/Guardian: _____ H: _____ W: _____ C: _____

Doctor's Name: _____ Phone: _____

Prescription and non-prescription medication shall come in the original container and shall be labeled. Changes in the medication times or dosage can only be made by written prescription from the physician, which may be faxed to school health personnel. This permission form is valid for the current school year only.

Parents are requested to pick up any leftover medication within ONE WEEK after the ending date. Medication left after this time will be discarded.

I hereby consent to protected health information being used and disclosed to carry out treatment, payment, or health care operations of my child. I understand that the Leon County School District may need to give and receive protected health information pertaining to the management of my child's medical condition with the health care provider listed above, and I hereby authorize the exchange of this information as needed to carry out the treatment, payment or health care operations of my child. I also give permission for the information on this form to be reviewed and utilized by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

I hereby authorize the School Board of Leon County, Florida ("LCSB") and Leon County Health Department ("LCHD"), and their officers, employees, contractors and agents to assist my child with medication administration and/or to supervise my child's self-administration of medication(s) as directed by his or her prescribing physician(s). I acknowledge and agree that non-health professionals, trained in medication administration, may assist my child with medication administration. I hereby release, indemnify, and hold harmless LCSB and LCHD and any of their officers, employees, contractors and agents any and all lawsuits, claims, demands, expenses, and actions against them associated with their activities assisting my child with medication administration and/or supervising my child's self-administration of medication(s), provided they follow the physician's orders on record. I also hereby agree to indemnify and hold LCSB, LCHD and their officers, employees, contractors and agents harmless from any and all lawsuits, claims, demands, expenses, and actions against them arising from harm to any person caused by my child's actions with regards to a self-carried medication.

(Date)

(Parent/Guardian Signature)

**LEON COUNTY SCHOOLS
MEDICATION ADMINISTRATION LOG
FOR EXTENDED DAY/OVERNIGHT FIELD TRIPS**

Student's Name: _____ School: _____
 Grade: _____ Teacher/Homeroom: _____
 Reason for Medication/Diagnosis _____
 Allergies: _____
 Medication: _____ Medicaid # _____
 Dosage: _____ Amount: _____ Route _____ Time(s) to be given _____
 (mg) (# of pills, tsp, cc, drops) (by mouth, in ear, etc.)
 Date Received (original Rx) _____ #/Amt of Pills/Capsules/Liquid _____ Signature _____
 Date Returned (end of year/use) _____ #/Amt of Pills/Capsules/Liquid _____ Signature _____

DATE (Use new line for each date)	TIME/ INITIALS	TIME/ INITIALS	TIME/ INITIALS	TIME/ INITIALS	SIGNATURE

Turn form in to school clinic after trip.