

2021/2022  
STUDENT FORMS CHECKLIST

Dear Parent / Guardian:

**Please check the list below to verify that all forms have been completed and returned:**

- Emergency Identification and Contact Form **1** – **FILL OUT BOTH SIDES**
- Required Signatures Consent Form **2** – **INITIAL AND SIGN SIDE 2**
- Everything Technology **3** – **READ GUIDE, STUDENT AND PARENT SIGN PAGE 9**
- Permission to Administer Acetaminophen or Ibuprofen **4**
- Medication Order signed by Parent and Doctor (if applicable) **5**
  - Applicable for medication administration during school hours.
  - The written medication order form should be taken to your student's licensed prescriber (your student's physician, nurse practitioner, etc.) for completion and returned to school.
  - This order must be renewed at the beginning of each academic year and as needed.
- Physical on record within the last year (\*signed by student's physician)
- Up-to-Date Immunizations (\*signed by student's physician)
- Vision & Hearing Screenings:
  - **Every year** for students Grades K-5, **once during:** Grades 6-8 **and** Grades 9-12.
  - If your physician does not perform these screenings, please submit a report from the specialist that completes the screenings.
- Bullying Acknowledgement Form

Please return all forms to:

The Education Cooperative  
141 Mansion Drive, Suite 200  
E. Walpole, MA 02032  
Attn: Hayley Gardiner

You may also fax (508-660-1124, Attn: Hayley Gardiner) OR scan your forms to [hgardiner@tec-coop.org](mailto:hgardiner@tec-coop.org)

Medical forms from a Health Care Provider may be faxed directly to  
Kerry Kubera, RN, School Health Services Leader  
Dedicated confidential fax number: 508-660-1106  
Tel. 781-352-5729

**Important:** Registration is complete when we receive these forms. If you have any questions please contact: Kerry Kubera, RN, School Health Services Leader