

Please continue on the back side of this form

OTHER INFORMATION:

Housing situation: Shared Housing Shelter/Transitional Housing Unsheltered (Vehicle/Public Space) Hotel

Have you moved in the last 3 years for agricultural work? Yes No

CHILDREN LIVING AT HOME: (ages 0 to 18 years old)

| Name | Birthdate | Gender | Name | Birthdate | Gender |
|------|-----------|---|------|-----------|---|
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |

MEDICAL / ALLERGY INFORMATION:

School staff need to know when your child has a health problem for which he or she may require help during the school day. Remember to advise your school of any changes in information.

Does your child have a medical condition or allergies? No Yes, then please complete the details below

Details/Health Concerns: _____

Please include first and last name of the Doctor

| Doctor Name | Doctor Phone Number |
|-------------|---------------------|
| | |

| Preferred Hospital |
|--------------------|
| |

MEDICATIONS TAKEN

| Medications Taken | Taken For | Dosage |
|-------------------|-----------|--------|
| | | |
| | | |
| | | |

INSURANCE

| Insurance Company | Policy Number | Policy Holder |
|-------------------|---------------|---------------|
| | | |

In the case of a medical emergency district personnel may be required to call emergency services. I understand the school authorities will use their best judgment in determining emergency care and procedures. I also understand the district assumes no financial obligation for expenses incurred in carrying out emergency procedure and/or emergency transportation.

By signing this form I also authorize the release of educational records for the named student on this registration.

I further state that all information on both sides of this form is accurate to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

