

List any other parents or legal guardians that the student does NOT live with:

Adult #1 Name _____ Relationship to student _____

Home Address _____ Home Phone _____ Cell Phone _____

Receive mailings? YES NO Receive messenger notifications? YES NO Access to Parent Portal? YES NO Emergency Contact? YES NO

Adult #2 Name _____ Relationship to student _____

Home Address _____ Home Phone _____ Cell Phone _____

Receive mailings? YES NO Receive messenger notifications? YES NO Access to Parent Portal? YES NO Emergency Contact? YES NO

Student Health Information

Please provide specific information for your child. Information will be kept confidential.

Health Conditions (diabetes, vision/hearing problems, immune deficiency, seizures)

Asthma

Allergies

Injury/illness/surgery (broken bones, chicken pox, hepatitis, appendectomy)

Medications taken regularly (please give name of medicine/dosage/reason needed) Taken at school? YES NO

Date and results of any of the following exams within the last 12 months:

Physical _____ Dental _____ Eye _____

I understand and agree this information will be reviewed by the school nurse and shared with school staff when appropriate.

Signature of Parent/Guardian

Date

Office Use Only

IC# _____ State ID # _____ Lunch PIN# _____

Option student YES NO Home District Name _____ Initials _____