



# Touchet School District Student Registration Form

<b>Student Information</b>	<b>OFFICE USE: BC SSID LN IMM:</b>	<b>Start Date:</b>
<b>Legal Last Name:</b> Legal Last Name	<b>Legal First:</b>	<b>Grade:</b> Middle Initial
<b>Preferred Last Name:</b> Preferred Last Name <b>Preferred First:</b> Preferred First		
<b>Birthdate:</b> Birthdate	<b>Birth City:</b> Birth City	<b>County:</b> County <b>State:</b> State <b>Country:</b> Country
<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> X <input type="checkbox"/>		
<b>Physical Address:</b> Physical Address		<b>City:</b> City <b>Zip:</b> Zip
<b>Mailing Address (if different):</b> Mailing Address		<b>City:</b> City <b>Zip:</b> Zip
<b>Student E-Mail address (if applicable):</b> Enter text here		<b>Student cell phone (if applicable):</b> Enter text here

Has this student:

- been enrolled in any special education programs (served with an Individual Education Plan, IEP)? Yes ☐ No ☐
- had a 504 Plan? Yes ☐ No ☐
- had an IHP to address known medical issues? Yes ☐ No ☐
- been enrolled in ELL programs? Yes ☐ No ☐

Is there a joint custody or parenting plan in effect? No ☐ Yes ☐ (If yes, copy of plan must be provided)

Is there a restraining order in effect? No ☐ Yes ☐ (If yes, copy of legal papers must be provided)

School Aged Siblings			
<b>Last Name:</b> S1 Last	<b>First Name:</b> S1 First	<b>Birthdate:</b> S1 DOB	<b>Age:</b> S1 Age
<b>Last Name:</b> S2 Last	<b>First Name:</b> S2 First	<b>Birthdate:</b> S2 DOB	<b>Age:</b> S2 Age
<b>Last Name:</b> S3 Last	<b>First Name:</b> S3 First	<b>Birthdate:</b> S3 DOB	<b>Age:</b> S3 Age
<b>Last Name:</b> S4 Last	<b>First Name:</b> S4 First	<b>Birthdate:</b> S4 DOB	<b>Age:</b> S4 Age

## Primary Household Information (Where the student resides the majority of the time)

### Parent/ Guardian 1 of Primary Household

<b>Name:</b> P1H1 Name	<b>Relationship to student:</b> P1H1 Relationship
<b>Cell Phone Number:</b> P1H1 Cell	<b>Home Phone Number:</b> P1H1 Home <b>Work Phone Number:</b> P1H1 Work
<b>Employer:</b> P1H1 Employer	<b>Personal E-Mail address:</b> P1H1 Email
<b>Military Affiliation (check one):</b>	
<input type="checkbox"/> N – No military affiliation	<input type="checkbox"/> A – Active-duty U.S. Armed Forces
<input type="checkbox"/> R – U.S. Armed Forces Reserves	<input type="checkbox"/> G – Active-duty Washington Nation Guard

RCW 28A.300.505(2)(b) - School data systems—Standards—Reporting format.

(2)(b) Starting no later than the 2016-17 school year, data on students from military families. The K-12 data governance group established in RCW 28A.300.507 must develop best practice guidelines for the collection and regular updating of this data on students from military families.

Preferred language of communication: Need materials to be translated? No ☐ Yes ☐ What language: P1H1 Language

### Parent/ Guardian 2 of Primary Household

<b>Name:</b> P2H1 Name	<b>Relationship to student:</b> P2H1 Relationship
<b>Cell Phone Number:</b> P2H1 Cell	<b>Home Phone Number:</b> P2H1 Home <b>Work Phone Number:</b> P2H1 Work
<b>Employer:</b> P2H1 Employer	<b>Personal E-Mail address:</b> P2H1 Email
<b>Military Affiliation (check one):</b>	
<input type="checkbox"/> N – No military affiliation	<input type="checkbox"/> A – Active-duty U.S. Armed Forces
<input type="checkbox"/> R – U.S. Armed Forces Reserves	<input type="checkbox"/> G – Active-duty Washington Nation Guard

Preferred language of communication: Need materials to be translated? No ☐ Yes ☐ What language:

## Secondary Household Information (for families with shared custody)



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**Parent/ Guardian 1 of Secondary Household**

**Name:** P1H2 Name **Relationship to student:** P1H2 Relationship  
**Cell Phone Number:** P1H2 Cell **Home Phone Number:** P1H2 Home **Work Phone Number:** P1H2 Work  
**Employer:** P1H2 Employer **Personal E-Mail address:** P1H2 Email

**Military Affiliation (check one):**

- ☐ N – No military affiliation ☐ A – Active-duty U.S. Armed Forces  
☐ R – U.S. Armed Forces Reserves ☐ G – Active-duty Washington Nation Guard

RCW 28A.300.505(2)(b) - School data systems—Standards—Reporting format.

(2)(b) Starting no later than the 2016-17 school year, data on students from military families. The K-12 data governance group established in RCW 28A.300.507 must develop best practice guidelines for the collection and regular updating of this data on students from military families.

**Preferred language of communication:** **Need materials to be translated?** No ☐ Yes ☐ **What language:** \_\_\_\_\_  
**Parent/ Guardian 2 of Secondary Household**

**Name:** P2H2 Name **Relationship to student:** P2H2 Relationship  
**Cell Phone Number:** P2H2 Cell **Home Phone Number:** P2H2 Home **Work Phone Number:** P2H2 Work  
**Employer:** P2H2 Employer **Personal E-Mail address:** P2H2 Email

**Military Affiliation (check one):**

- ☐ N – No military affiliation ☐ A – Active-duty U.S. Armed Forces  
☐ R – U.S. Armed Forces Reserves ☐ G – Active-duty Washington Nation Guard

**Preferred language of communication:** **Need materials to be translated?** No ☐ Yes ☐ **What language:** \_\_\_\_\_

**Emergency Contact Information (other than parent/ guardian)**

*In the case of an emergency if you cannot be reached, please prioritize below the persons who are authorized to pick up your student:*

**#1 - Full Name:** E1 Name **Phone:** E1 Phone **Relationship:** E1 Relationship  
**#2 - Full Name:** E2 Name **Phone:** E2 Phone **Relationship:** E2 Relationship  
**#3 - Full Name:** E3 Name **Phone:** E3 Phone **Relationship:** E3 Relationship

**Student Housing Questionnaire**

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. All information will be kept confidential and will not be shared with anyone other than designated TSD staff.

- 1. Do you own/rent your own home/apartment?** ☐ If yes, **skip to Section 2**  
☐ If no, **complete remainder of Section 1**

If you do not own/rent your own home/apartment, where are you and your family staying? *Please check all that apply:*

- ☐ In a shelter  
☐ In a motel/ hotel  
☐ With another family in a house, mobile home, or apartment (doubled-up)  
☐ In a car, park, campsite, or similar location

**Additional comments:** Comments

**Current address:** SHQ Address

**2. The undersigned certifies that the information provided is accurate.**

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.*

**Parent/ Guardian Name (printed):** P/G Name Printed **Date:** Date  
**Parent/ Guardian Name Signature:** P/G Name Signature **Date:** Date  
**OR Unaccompanied Youth Signature:** Unaccompanied Youth Signature **Date:** Date

**Race and Ethnicity: Part 1 – Hispanic or Latino**

Is your child of Hispanic or Latino origin? ☐ No ☐ Yes (if yes please check all that apply)

☐ Argentine ☐ Chilean ☐ Cuban ☐ Guyanese ☐ Mestizo ☐ Paraguayan ☐ Spaniard



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- |  |                                      |                                     |                                     |                                     |                                       |                                     |
|--|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bolivian                                  | <input type="checkbox"/> Colombian   | <input type="checkbox"/> Dominican  | <input type="checkbox"/> Honduran   | <input type="checkbox"/> Native     | <input type="checkbox"/> Peruvian     | <input type="checkbox"/> Surinamese |
| <input type="checkbox"/> Brazilian                                 | <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Jamaican   | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Uruguayan  |
| <input type="checkbox"/> Chicano - (Mexican American)              | <input type="checkbox"/> Guatemalan  | <input type="checkbox"/> Mexican    | <input type="checkbox"/> Panamanian | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Venezuelan   |                                     |
| <input type="checkbox"/> Hispanic or Latino other: <u>Write-in</u> |                                      |                                     |                                     |                                     |                                       |                                     |

## Race and Ethnicity: Part 2

What race(s) do you consider your child? You may check categories and use write-in (check all that apply)

### Native American Indian or Alaskan Native:

- |   |   |
|---|---|
| <input type="checkbox"/> Native American Indian/ Alaskan Native           |   |
| <input type="checkbox"/> Native American Indian Write-in: <u>Write-in</u> | <input type="checkbox"/> Alaskan Native Write-in: <u>Write-in</u> |

### Washington State Tribes:

- |  |   |
|--|---|
| <input type="checkbox"/> Chinook Tribe   | <input type="checkbox"/> Port Gamble S'Klallam Tribe  |
| <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation    | <input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation                           |
| <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation       | <input type="checkbox"/> Quileute Tribe of the Quileute Reservation                           |
| <input type="checkbox"/> Confederated Tribes of the Colville Reservation       | <input type="checkbox"/> Quinault Indian Nation   |
| <input type="checkbox"/> Cowlitz Indian Tribe                                  | <input type="checkbox"/> Samish Indian Nation   |
| <input type="checkbox"/> Duwamish Tribe  | <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington                             |
| <input type="checkbox"/> Hoh Indian Tribe                                      | <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation |
| <input type="checkbox"/> Jamestown S'Klallam Tribe                             | <input type="checkbox"/> Skokomish Indian Tribe   |
| <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation | <input type="checkbox"/> Snohomish Tribe  |
| <input type="checkbox"/> Kikiallus Indian Nation                               | <input type="checkbox"/> Snoqualmie Indian Tribe  |
| <input type="checkbox"/> Lower Elwha Tribal Community                          | <input type="checkbox"/> Snoqualmoo Tribe   |
| <input type="checkbox"/> Lummi Tribe of the Lummi Reservation                  | <input type="checkbox"/> Spokane Tribe of the Spokane Reservation                             |
| <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation    | <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation               |
| <input type="checkbox"/> Marietta Band of the Nooksack Tribe                   | <input type="checkbox"/> Steilacoom Tribe   |
| <input type="checkbox"/> Muckleshoot Indian Tribe                              | <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington                         |
| <input type="checkbox"/> Nisqually Indian Tribe                                | <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation               |
| <input type="checkbox"/> Nooksack Indian Tribe                                 | <input type="checkbox"/> Swinomish Indian Tribal Community                                    |
|  | <input type="checkbox"/> Tulalip Tribes of Washington   |

### Asian:

- |   |   |                                      |   |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Asian Indian     | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Bhutanese                      |
| <input type="checkbox"/> Burmese/ Myanmar | <input type="checkbox"/> Cambodian/ Khmer | <input type="checkbox"/> Chinese     | <input type="checkbox"/> Filipino                       |
| <input type="checkbox"/> Hmong            | <input type="checkbox"/> Indonesian       | <input type="checkbox"/> Korean      | <input type="checkbox"/> Lao                            |
| <input type="checkbox"/> Malaysian        | <input type="checkbox"/> Mien             | <input type="checkbox"/> Nepali      | <input type="checkbox"/> Okinawan                       |
| <input type="checkbox"/> Pakistani        | <input type="checkbox"/> Punjabi          | <input type="checkbox"/> Sri Lankan  | <input type="checkbox"/> Taiwanese                      |
| <input type="checkbox"/> Thai             | <input type="checkbox"/> Tibetan          | <input type="checkbox"/> Vietnamese  | <input type="checkbox"/> Asian Write-in <u>Write-in</u> |

### Native Hawaiian or Other Pacific Islander:

- |   |                                     |  |                                      |                                     |
|---|-------------------------------------|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Carolinian                                 | <input type="checkbox"/> Chamorro   | <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander | <input type="checkbox"/> Chuukese    | <input type="checkbox"/> Fijian     |
| <input type="checkbox"/> i-Kiribati/ Gilbertese                     | <input type="checkbox"/> Kosraean   | <input type="checkbox"/> Maori                                   | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Ni-Vanuatu |
| <input type="checkbox"/> Native Hawaiian                            | <input type="checkbox"/> Ni-Vanuatu | <input type="checkbox"/> Palauan                                 | <input type="checkbox"/> Papuan      | <input type="checkbox"/> Samoan     |
| <input type="checkbox"/> Pohpeian                                   | <input type="checkbox"/> Samoan     | <input type="checkbox"/> Solomon Islander                        | <input type="checkbox"/> Tahitian    | <input type="checkbox"/> Tongan     |
| <input type="checkbox"/> Tokelauan                                  | <input type="checkbox"/> Tongan     | <input type="checkbox"/> Tuvaluan                                | <input type="checkbox"/> Yapese      |                                     |
| <input type="checkbox"/> Pacific Islander Write-in: <u>Write-in</u> |                                     |  |                                      |                                     |

### White:

- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> White | <input type="checkbox"/> White Write-in: <u>Write-in</u> |
|--------------------------------|--|

### Eastern European:

- |                                   |  |   |
|-----------------------------------|--|---|
| <input type="checkbox"/> Bosnian  | <input type="checkbox"/> Herzegovinian | <input type="checkbox"/> Polish                                     |
| <input type="checkbox"/> Romanian | <input type="checkbox"/> Ukrainian     | <input type="checkbox"/> Eastern European Write-in: <u>Write-in</u> |

### Middle Eastern and North African:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Assyrian                                 | <input type="checkbox"/> Algerian                                | <input type="checkbox"/> Amazigh or Berber | <input type="checkbox"/> Arab or Arabic |
| <input type="checkbox"/> Druze                                    | <input type="checkbox"/> Bedouin                                 | <input type="checkbox"/> Chaldean          | <input type="checkbox"/> Copt           |
| <input type="checkbox"/> Israeli                                  | <input type="checkbox"/> Emirati                                 | <input type="checkbox"/> Iranian           | <input type="checkbox"/> Iraqi          |
| <input type="checkbox"/> Moroccan                                 | <input type="checkbox"/> Kurdish Kuwaiti                         | <input type="checkbox"/> Lebanese          | <input type="checkbox"/> Libyan         |
| <input type="checkbox"/> Syrian                                   | <input type="checkbox"/> Palestinian                             | <input type="checkbox"/> Qatari            | <input type="checkbox"/> Saudi Arabian  |
| <input type="checkbox"/> Middle Eastern Write-in: <u>Write-in</u> | <input type="checkbox"/> Yemeni                                  |  |   |
|   | <input type="checkbox"/> North African Write-in: <u>Write-in</u> |  |   |



# Touchet School District Student Registration Form

## Race and Ethnicity: Part 2 (continued)

What race(s) do you consider your child? You may check categories and use write-in (check all that apply)

<b>Black or African American:</b>	<input type="checkbox"/> Black Write-in: <u>Write-in</u>	<input type="checkbox"/> Black/ African American	<input type="checkbox"/> African American	<input type="checkbox"/> African Canadian
<b>Caribbean:</b> <input type="checkbox"/> Barthélemois/ Barthélemoises (Saint Barthélemy) <input type="checkbox"/> Dutch Antillean (Netherlands Antilles) <input type="checkbox"/> Martiniquais/ Martiniquaise	<input type="checkbox"/> Anguillian <input type="checkbox"/> British Virgin Islander <input type="checkbox"/> Grenadian <input type="checkbox"/> Montserratian	<input type="checkbox"/> Antiguan <input type="checkbox"/> Caymanian (Cayman Island) <input type="checkbox"/> Guadeloupian <input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Bahamian <input type="checkbox"/> Cuba Dominican <input type="checkbox"/> Haitian <input type="checkbox"/> Caribbean Write in: <u>Write-in</u>	<input type="checkbox"/> Barbadian <input type="checkbox"/> Dominican (Dominican Republic) <input type="checkbox"/> Jamaican
<b>Central African:</b> <input type="checkbox"/> Congolese (Republic of the Congo) <input type="checkbox"/> Principe	<input type="checkbox"/> Angolan <input type="checkbox"/> Congolese (Democratic Republic of the Congo) <input type="checkbox"/> Central African Write in: <u>Write-in</u>	<input type="checkbox"/> Cameroonian <input type="checkbox"/> Equatorial Guinean	<input type="checkbox"/> Central African (Central African Republic) <input type="checkbox"/> Gabonese	<input type="checkbox"/> Chadian <input type="checkbox"/> São Toméan
<b>East African:</b> <input type="checkbox"/> Ethiopian <input type="checkbox"/> Mahoran (Mayotte) <input type="checkbox"/> Somali <input type="checkbox"/> Zambian	<input type="checkbox"/> Burundian <input type="checkbox"/> Kenyan <input type="checkbox"/> Mozambican <input type="checkbox"/> South Sudanese <input type="checkbox"/> Zimbabwean	<input type="checkbox"/> Comoran <input type="checkbox"/> Malagasy (Madagascar) <input type="checkbox"/> Reunionese <input type="checkbox"/> Sudanese <input type="checkbox"/> East African Write in: <u>Write-in</u>	<input type="checkbox"/> Djiboutian <input type="checkbox"/> Malawian <input type="checkbox"/> Rwandan <input type="checkbox"/> Ugandan	<input type="checkbox"/> Eritrean <input type="checkbox"/> Mauritian (Mauritius) <input type="checkbox"/> Seychellois/ Seychelloise <input type="checkbox"/> Tanzanian (United Republic of Tanzania)
<b>Latin American:</b> <input type="checkbox"/> Chilean <input type="checkbox"/> Falkland Islander <input type="checkbox"/> Mexican <input type="checkbox"/> South Georgia and the South Sandwich Islands	<input type="checkbox"/> Argentine <input type="checkbox"/> Colombian <input type="checkbox"/> French Guianese <input type="checkbox"/> Nicaraguan <input type="checkbox"/> Surinamese	<input type="checkbox"/> Belizean <input type="checkbox"/> Costa Rican <input type="checkbox"/> Guatemalan <input type="checkbox"/> Panamanian <input type="checkbox"/> Uruguayan	<input type="checkbox"/> Bolivian <input type="checkbox"/> Ecuadorian <input type="checkbox"/> Guyanese <input type="checkbox"/> Paraguayan <input type="checkbox"/> Venezuelan	<input type="checkbox"/> Brazilian <input type="checkbox"/> El Salvadoran <input type="checkbox"/> Honduran <input type="checkbox"/> Peruvian <input type="checkbox"/> Latin American Write in: <u>Write-in</u>
<b>South African:</b> <input type="checkbox"/> South African	<input type="checkbox"/> Botswanan <input type="checkbox"/> Swazi	<input type="checkbox"/> Mosotho (Lesotho) <input type="checkbox"/> South African Write in: <u>Write-in</u>	<input type="checkbox"/> Namibian	
<b>West African:</b> <input type="checkbox"/> Ivorian (Cote d'Ivoire) <input type="checkbox"/> Mauritanian <input type="checkbox"/> Sierra Leonean	<input type="checkbox"/> Beninese <input type="checkbox"/> Gambian <input type="checkbox"/> Nigerien (Niger) <input type="checkbox"/> Togolese	<input type="checkbox"/> Bissau-Guinean <input type="checkbox"/> Ghanaian <input type="checkbox"/> Nigerian (Nigeria) <input type="checkbox"/> West African Write in: <u>Write-in</u>	<input type="checkbox"/> Burkinabé (Burkina Faso) <input type="checkbox"/> Liberian <input type="checkbox"/> Saint Helenian	<input type="checkbox"/> Cabo Verdean <input type="checkbox"/> Malian <input type="checkbox"/> Senegalese

Please note: these race and ethnicity categories are provided by the State of Washington and the Touchet School District is mandated to collect this information for every student under applicable State and Federal laws. If you do not self-identify, you will be contacted by the school who needs to collect this information for every student under applicable State and Federal laws. By law, a student (or the parent/guardian on behalf of the student) is not required to identify their race and/or ethnicity on school forms. However, if a student (or parent/guardian on behalf of the student) does not complete the two-part question on race and ethnicity, by law, school personnel must use 'observer identification' to select the race and ethnicity of the student.

## Language

What language did your child learn first? Language

What language does your child use the most at home? Language

What is the primary language used in the home, regardless of the language spoken by your child? Language

Has your child received English language development support in a previous school? Yes ☐ No ☐

## Media Consent



## Touchet School District Student Registration Form

Throughout the school year, students may be highlighted in efforts to promote our school/ district's activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.

This is with the understanding that neither the school/ district nor its representatives will reproduce any of the media for any item of commercial value or receive monetary gain for use of any reproduction/ broadcast of said photograph or likeness. I also understand that I will not receive any monetary compensation for my child's participation.

I further release and relieve the school/ district, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

☐ I, as parent or guardian **DO GIVE** the school/ district and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, and any other electronic digital and printed media.

☐ I, as parent or guardian **DO NOT GIVE** the school/ district and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, and any other electronic digital and printed media.

**Please understand that failure to return this release form with ten (10) school days from the first day of school will constitute approval of the above requests.**

**Parent Full Name (Print):** P/G Name Printed

**Parent/ Guardian Signature:** \_\_\_\_\_

**P/G Signature Date:** Date

### Electronic Network

Your child has the opportunity to receive access to an electronic network. Through this network, your child will be able to communicate within our schools, organizations, and individuals around the world. With this educational opportunity also comes responsibility. **INNAPROPRIATE USE WILL RESULT IN LOSS OF PRIVILAGES.**

The school district has established procedures and rules requiring the information for which students may search the network. In addition, the system that Touchet School District uses limits access to some information on the electronic network, but you need to be aware that these are materials and communications on the network that you might consider to be inappropriate. We will teach your child to search for only educational information. We encourage you to discuss this issue with your child.

I have read the above information and have discussed access to an electronic network with my child. **I DO NOT OBJECT** to my child's participation and **DO** give my child permission to use the electronic network.

**Student Signature (Grades 6-12):** Student Signature **Date:** Date

**Parent/ Guardian Signature:** P/G Signature **Date:** Date

### Health Information



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<b>Legal Last Name:</b> Legal Last Name	<b>Legal First:</b> Legal First	<b>Middle Initial:</b> Middle Initial
<b>Birthdate:</b> Birthdate		<b>Grade:</b> Grade
<b>Emergency Contact:</b> Emergency Contact Name		<b>Phone Number:</b> EC Phone
<b>Medical Information</b>		

**Physician:** Physician **Office Phone Number:** Physician Phone Number

**Medical Insurance:** ☐ Yes ☐ No **Provider:** Medical Insurance Provider

**Dentist:** Dentist **Office Phone Number:** Dentist Phone Number

**Dental Insurance:** ☐ Yes ☐ No **Provider:** Dental Insurance Provider

**Hospital:** Hospital **Phone Number:** Hospital Phone Number

**Serious Health Conditions (check box below):**

- ☐ My child DOES NOT have any SERIOUS health conditions that will affect them at school.
- ☐ My child has the following SERIOUS health condition(s) – Check that apply:
- ☐ **Allergy** - Life threatening requires an epinephrine prescription such as Epi Pen: Allergic to:
  - ☐ **Asthma** – Will your child require a rescue inhaler at school? ☐ Yes ☐ No
  - ☐ **Heart Condition** – Considered serious by physician, physical activity limited: Restrictions, if any.
  - ☐ **Diabetes** – ☐ Insulin Pump ☐ Insulin Pen ☐ Insulin via syringe
  - ☐ **Seizure Disorder** – Type: Type of seizures Rescue Medication: ☐ Yes ☐ No
  - ☐ **Other** - List any SERIOUS condition not listed above: Other SERIOUS health condition

*You will be given additional paperwork for you and your physician to fill out prior to attending school. State Law (RCW 28A.210.320) says medication, medical orders, and a health care plan must be in place before the start of school.*

**Other Health Conditions (check box below):**

- ☐ My child DOES NOT have any other health conditions that will affect them at school.
- ☐ **Allergy** – Non-life threatening: Non-life threatening allergies Reactions: Non-life threatening allergies
- ☐ **Concussions** – Diagnosed by a physician
- ☐ **Emotional/ Mental** health concerns: List concerns
- ☐ **Nose Bleeds**
- ☐ **Other** – Other health conditions

**Hearing/ Vision/ Speech**

- Do you have any concerns about your child's hearing? ☐ Yes ☐ No
- Does your child wear hearing aids? ☐ Yes ☐ No
- Do you have any concerns about your child's vision? ☐ Yes ☐ No
- Does your child wear glasses? ☐ Yes ☐ No
- Does your child wear contacts? ☐ Yes ☐ No
- Do you have any concerns about your child's speech and/or language? ☐ Yes ☐ No
- Do others have difficulty understanding your child? ☐ Yes ☐ No
- Speech comments: Speech comments

**Medications - prescriptions, supplements, over-the-counter (pills, eye drops, ointments, etc.):**

Does your child need to take medication every day at school? ☐ Yes ☐ No

Does your child need to take medication sometimes at school? ☐ Yes ☐ No

*If your student has a serious health condition or if they need to take medication at school, the school will give you additional paperwork for you and your physician to fill out prior to attending school. State Law (RCW 28A.210.320) says medication, medical orders, and a health care plan must be in place before the start of school. If a medication or treatment order and supplies/equipment are not provided, the principal of the school is required to exclude the child until such order has been provided. Our exclusion procedures are in accordance with the rules (WACs) of the State Board of Education.*

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

*I understand that the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand that I will assume full responsibility for payment of any transport or emergency medical services rendered.*

**Parent/ Guardian Signature:** \_\_\_\_\_ **P/G Signature Date:** \_\_\_\_\_ **Date** \_\_\_\_\_