SCHOOL YEAR		GRA	DE	sc	CHOOL]	номен	ROOM_			
STUDENT INFORMATION SHEET GAINESVILLE CITY SCHOOLS												
Student Last Name	Student Last Name						Father/Male Guardian					
First Name		Work Place	e									
Date of Birth Home Address					Phone # Alt. Phone #							
Zip Code					Email Address							
Primary Phone #		Mother/Female Guardian										
Alternate Phone #Bottom Bottom	Father	Work Place Phone #										
Ot		Alt. Phone #										
Transportation		Email Address										
AM Bus #	M Bus # AM Car Rider M Bus # PM Car Rider						Special Custody Concerns					
After School Program		(Make sure office has court papers)										
J	MEDICAL	INFORMATION										
Check Y or N; if Y, please provide additional information in space provided												
\Box Y \Box N Asthma: Inhaler prescribed? \Box Y \Box N; Is inhaler needed at school?												
□ Y□ N Thyroid problems:												
□ Y□ N Heart Conditions:												
□ Y□ N Seizures: Date of last seizure Medications:												
□ Y□ N Allergies: Please list												
Check if this medication is prescribed for the above allergy? Benadryl Epi-Pen Other												
Diabetes: Type 1 Type 2 Comments:												
\Box Y \Box N Glasses/Contacts \Box Y \Box N Hearing aids \Box Y \Box N Migraines \Box Y \Box N Nosebleeds												
List any medical conditions not listed that the school nurse should be aware of:												
List past surgeries:												
If a student needs daily medication to be taken during school hours, the parent must provide the medication in an original container (prescription or non- prescription) along with the "Authorization to Give Medication at School" form.												
If after the school nurse assesses my child and determines that giving one of the medications below could provide symptomatic relief, I give the nurse permission to administer the medication to the student: If a child requires this medication, more than <u>2 times</u> , the parent must furnish the medicine for their child. Please mark out any medications listed below you DO NOT want your child to receive.												
NURSE USE ONLY	Dose Route		-	-		Dose	Route	Date	Time	Nurse Signature		
Acetaminophen/Tylenol	Dose Route	Date	THIC	Truise 51	gliature	Dose	Route	Date	Time	Nuise Signature		
Ibuprofen/Advil/Motrin												
Tums												
Gainesville City School District has partnered with Dr. David Hocker to administer the lifesaving medication, Epinephrine in the event of a previously undiagnosed life threatening allergic reaction occurs. Designated school staff is trained to assess, call 911, and administer Epinephrine if available. When Epinephrine is administered, the student will be transported to the emergency department for evaluation and further treatment if needed.												
I understand that in the event of an emergency, the school will take the appropriate action, including calling 911. Fees for transportation and medical services will be the responsibility of the parent/guardian. I also give permission to the hospital's emergency room staff to treat the student unless I am present and make other request. I understand that it is my responsibility to return this completed form as a process of enrolling my child in school. I understand that I need to notify the school with any changes to this form throughout the school year . By signing below, I acknowledge this information is correct and give consent for the school nurse to administer the above medication(s).												
Parent/Guardian Signature					Date							
			~		T SUPPO	RTS						
Occupational Survey (requ	uired by GaDO	E; checl	k all tha		Please che		urrent liv	ing situat	tion:			
1. Has anyone in your house	\Box Rent or											
county, or state, in the last three (3) years? Yes No									doubled-u	p) due to loss of housing,		
2. Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three					economic hardship, or similar reason							
(3) years? Yes No						□ In a motel, hotel, campground or similar setting due to lack of alternative adequate housing						
• Planting/Picking vegetables (tomatoes, squash, onions, etc.) or						-	r transitio	nal shelte	r			
fruits (grapes, strawberries, blueberries, etc.)						 ☐ In an emergency or transitional shelter ☐ In a car, park, public space, abandoned building, substandard housing, bus 						
• Planting, growing, cutting, processing trees (pulpwood), or raking pine straw						or train station or similar setting						
 Processing/Packing agricultural products Dairy/Poultry/Livestock 						Unaccompanied youth not living with a legal parent/guardian in one of the						
 Packing/Processing meats (beef, poultry, or seafood) 						sitional cir						
Commercial fishing or												