



# PERSPECTIVE STUDENT ENROLLMENT FORM

<b>Date:</b>
<b>School Year:</b>
<b>Student ID:</b>

New  Re-enrolling

Ringgold Elem North (K-4)     Ringgold Elem South (K-4)     Ringgold Middle School (5-8)     Ringgold High School (9-12)

**Child Information:**

Child Legal Last Name			Legal First Name		Legal Middle Name		Suffix	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street Address			City						
Grade Level	DOB (MM/DD/YYYY)		Birthplace City, State			Birth Certificate #			

**To obtain a certified copy of a Pennsylvania birth certificate, go to: [www.mycertificates.health.pa.gov](http://www.mycertificates.health.pa.gov)**  
**For an out-of-state birth certificate, contact your birth state or territory's vital records office**

**Ethnicity/Race Survey:** The U.S. Department of Education (USDE) requires school districts to collect ethnicity/race data from students by asking the following two questions to satisfy the USDE audit requirements.

1. What is the child's <b>Ethnicity</b> ?	2. What is the child's <b>Race</b> ? Select all that apply	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Non-Hispanic or Non-Latino	<input type="checkbox"/> Black	<input type="checkbox"/> Middle Eastern or North African
	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White

**Home Language Survey:** All registering children regardless of race, nationality, or language origin MUST complete this survey. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which children are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained in this and other forms associated with the identification process.

1. Is a language other than English spoken in the child's home?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what language?
2. Does your child communicate in a language other than English?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what language?
3. What is the language that your child first learned to speak?		
Interpreter Provided	<input type="checkbox"/> No <input type="checkbox"/> Yes	

**Signer Initials >**

**Birth Information:** Birth-related information is collected and reported to the Pennsylvania Department of Education (PDE) using the Pennsylvania Information Management System (PIMS) as per the requirements set forth by the PDE. Please answer the following questions:

1. If the child was NOT born in Pennsylvania, on what date did the child enter the state of PA?	
2. If the child was NOT born in Pennsylvania, in what state was the child born?	
3. If the child was NOT born in the United States, on what date did the child enter the U.S.?	
4. If the child was NOT born in the United States, in which country was the child born?	
5. If the child was NOT born in the United States, on what date did the child first enroll in a U.S. school?	
6. Has the child ever been enrolled in an English as a Second Language (ESL) program?	<input type="checkbox"/> No <input type="checkbox"/> Yes    When?

**PARENT/LEGAL GUARDIAN INFORMATION:** Registering parent/legal guardian should be #1 and the other parent/step-parents should be listed as #2, #3, and #4. **NOTE: If the child is living with a resident adult other than a parent/legal guardian, the resident adult should be #1. The resident adult must also complete Form 13-1302 by scheduling an in-person appointment with the Enrollment Coordinator – Email [enrollment@ringgold.org](mailto:enrollment@ringgold.org) – Phone (724)258-9329 Ext. 1120 or Ext. 1134.**

<b>#1</b>				<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other Relation _____	
<input type="checkbox"/> Ms.		<input type="checkbox"/> Mrs.		<input type="checkbox"/> Miss		<input type="checkbox"/> Mr.		<input type="checkbox"/> Dr.		
<input type="checkbox"/> Sole Custody			<input type="checkbox"/> Shared/Joint Custody			<input type="checkbox"/> Guardian/Caretaker		<input type="checkbox"/> Other		
Last Name					First Name					
Street Address					City		State		Zip Code	
Cell Phone			Home Phone			Work Phone				
Email										

<b>#2</b>				<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Boyfriend	<input type="checkbox"/> Girlfriend	<input type="checkbox"/> Other
<input type="checkbox"/> Ms.		<input type="checkbox"/> Mrs.		<input type="checkbox"/> Miss		<input type="checkbox"/> Mr.		<input type="checkbox"/> Dr.		<input type="checkbox"/> Other	
<input type="checkbox"/> Sole Custody			<input type="checkbox"/> Shared/Joint Custody			<input type="checkbox"/> Guardian/Caretaker		<input type="checkbox"/> Other			
Last Name					First Name						
Street Address					City		State		Zip Code		
Cell Phone			Home Phone			Work Phone					
Email											
Does this person have the authority to pick up the child from school? <input type="checkbox"/> No <input type="checkbox"/> Yes											

<b>#3</b>				<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Boyfriend	<input type="checkbox"/> Girlfriend	<input type="checkbox"/> Other
<input type="checkbox"/> Ms.		<input type="checkbox"/> Mrs.		<input type="checkbox"/> Miss		<input type="checkbox"/> Mr.		<input type="checkbox"/> Dr.		<input type="checkbox"/> Other	
<input type="checkbox"/> Sole Custody			<input type="checkbox"/> Shared/Joint Custody			<input type="checkbox"/> Guardian/Caretaker		<input type="checkbox"/> Other			
Last Name					First Name						
Street Address					City		State		Zip Code		
Cell Phone			Home Phone			Work Phone					
Email											
Does this person have the authority to pick up the child from school? <input type="checkbox"/> No <input type="checkbox"/> Yes											

<b>#4</b>				<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Boyfriend	<input type="checkbox"/> Girlfriend	<input type="checkbox"/> Other
<input type="checkbox"/> Ms.		<input type="checkbox"/> Mrs.		<input type="checkbox"/> Miss		<input type="checkbox"/> Mr.		<input type="checkbox"/> Dr.		<input type="checkbox"/> Other	
<input type="checkbox"/> Sole Custody			<input type="checkbox"/> Shared/Joint Custody			<input type="checkbox"/> Guardian/Caretaker		<input type="checkbox"/> Other			
Last Name					First Name						
Street Address					City		State		Zip Code		
Cell Phone			Home Phone			Work Phone					
Email											
Does this person have the authority to pick up the child from school? <input type="checkbox"/> No <input type="checkbox"/> Yes											

**CUSTODY OR GUARDIANSHIP INFORMATION: Important, registering parent/legal guardian must answer all questions below.**

<b>Child PRIMARILY lives with&gt;&gt;&gt;</b>	e.g. Mother, Father, Stepmother, Stepfather, Legal Guardian, Other (specify)		
1. Is there any Court Order barring either parent from removing the child from school? If yes, provide copy of most current Court Order signed by a judge.	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>2. If divorced or separated:</b>			
<b>2a.</b> Do parents have shared (or joint) parental rights and responsibilities? If no, provide copy of Court Order signed by a judge that limits either parent's parental rights or responsibilities regarding the child.	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>2b.</b> Does either parent have final decision-making authority regarding education decisions for the child? If yes, provide copy of Court Order signed by a judge stating that one parent has final parental decision-making authority regarding education.	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>2c.</b> Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other Court Order that restricts or impacts access to the child by anyone, including a parent? If yes, please provide copy of the most current Court Order signed by the judge.	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<b>Without a copy of a Court Order, the School District cannot and will not assume and enforce the provisions in the Court Order.</b>			

**EMERGENCY CONTACTS:** In case of emergency, we will always attempt to contact parents or guardians first. Please list people, other than yourself, who have agreed to care for and provide transportation for the child in case of illness or other emergency.

<b>Emergency Contact #1</b>	Name:	Relationship to Child:
Primary Phone:	Work Phone:	Other Phone:
<b>Emergency Contact #2</b>	Name:	Relationship to Child:
Primary Phone:	Work Phone:	Other Phone:

**Pennsylvania's Education for Children & Youth Experiencing Homelessness Program (McKinney-Vento):** This program is to make sure homeless youth have access to free and appropriate public education while removing barriers that homeless children face. Its goal is to have the educational process continue as uninterrupted as possible while the children are in homeless situations.

<b>1. Are you and the child temporarily living in any of the following situations:</b>
<input type="checkbox"/> Sharing housing of other persons due to loss of housing, economic hardship, or similar reason
<input type="checkbox"/> In an emergency or transitional shelter
<input type="checkbox"/> In a motel, hotel, campsite, or car due to lack of alternative adequate accommodations
<input type="checkbox"/> In a park, public space, abandoned building, substandard housing, bus or train station, or similar setting
<input type="checkbox"/> Other places not designated for or ordinarily used as regular sleeping accommodations for human beings
<input type="checkbox"/> None of the above

**Parental Registration Statement:** Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a child shall, upon registration state whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

1. Is this child presently under suspension or expulsion from another school or school system?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Was this child under suspension or expulsion from another school or school system?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. If yes to #1 or #2, please check applicable: <input type="checkbox"/> Suspension <input type="checkbox"/> Expulsion	Date(s):	School:
4. Please explain the incident causing suspension or expulsion:		
5. Has this child ever been arrested and charged?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: Charge(s):
6. Is this child currently under Juvenile system actions?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Please explain:
7. Is this child currently serving Community Service?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Please explain:
8. Has this child been referred for corresponding mental health services by a school district for the disclosures above?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Please explain:

**I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained above are true and correct to the best of my knowledge, information, and belief.**

**Signer Initials >**

**Special Services:**

1. Has the child ever qualified for or been enrolled in a Special Education class?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
2. Does the child currently have an IEP?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please provide the IEP and reason for the IEP>>>
3. Does the child currently have a GIEP for Gifted Services?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please provide the GIEP
4. Does the child currently have a 504 Service Plan?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please provide the 504 and reason for the 504>>>

**Please list all previous schools the child has attended, including Ringgold School District:**

Name of School District	Name of School	City, State	Dates (MM/YY) – From/To	Grade Levels Attended

**Other Siblings/Children in the Family:**

Child's Name	Gender (M/F)	DOB (MM/DD/YYYY)	Grade Level	Name of School, if enrolled

**Other:**

<b>INTERNET</b> – Do you have broadband Internet access at home? (i.e. Cable, DSL, Wireless/Satellite, Cellular, Dialup)	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>MILITARY</b> – Is the parent/legal guardian an active-duty member of a branch of the United States Armed Forces? (Army, Navy, Air Force, Marine Corp, or Coast Guard including full-time National Guard)	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Required Enrollment Documentation (except if the child is Homeless or in Foster Care):**

**1. Proof of Child's Age (provide 1 document)**

- a. Birth Certificate
- b. Notarized copy of Birth Certificate
- c. Baptismal Certificate
- d. Copy of the Record of Baptism (notarized or duly certified and showing the date of birth)
- e. Notarized statement from the parents or another relative indicating the date of birth
- f. Valid Passport
- g. Prior school record indicating the date of birth

**2. Immunizations (provide 1 document)**

- a. Child's immunization record
- b. Written statement from the former school district or a medical office that the required immunizations have been administered or that a required series is in progress
- c. Verbal assurances from the former school district or a medical office that the required immunizations have been completed with records to follow

**3. Proof of Residency (provide 2 documents)**

- a. Deed (must include 1 current utility bill)
- b. Current Mortgage Statement (must include 1 current utility bill)
- c. Lease (must include Landlord's name and phone)
- d. Current Utility bill (electric, gas, water, sewage, sanitation)
- e. Current Phone bill (landline only)
- f. Current Cable/Internet bill
- g. Current Credit Card bill
- h. Property Tax Bill (must include 1 current utility bill)
- i. Vehicle Registration
- j. Car Insurance bill
- k. Driver's License or Department of Transportation ID card

**Required enrollment documentation must be submitted in person by scheduling an appointment with the Enrollment Coordinator – Email [enrollment@ringgold.org](mailto:enrollment@ringgold.org) – Phone (724)258-9329 Ext. 1134 or Ext. 1120.**

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE YOU SIGN**

This is to certify that all information on this Perspective Student Enrollment Form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed enrollment. Per 24 P.S. §13-1302, a person who knowingly provides false information to enroll a child in a school district for which the child is not eligible commits a summary offense and shall, upon conviction for such violation, be sentenced to pay a fine of no more than three hundred dollars (\$300) for the benefit of the school district in which the person resides or to perform up to two hundred forty (240) hours of community service, or both. In addition, the person shall pay all court costs and shall be liable to the school district for an amount equal to the cost of tuition calculated per \$2561 during the period of enrollment.

I understand that I must schedule an in-person appointment with the Enrollment Coordinator – Email [enrollment@ringgold.org](mailto:enrollment@ringgold.org) or Phone (724)258-9329 Ext. 1134 or Ext. 1120 to submit the required enrollment documentation of proof of the child's age, immunizations, and residency for this enrollment to be considered complete and for the child to be assigned a homeroom and schedule (except for Homeless and Foster Care children).

I understand that I must be a resident living within the boundaries of the Ringgold School District to register the child for enrollment in the Ringgold School District. Through my signature, I grant the Ringgold School District permission to investigate the information I have presented in this Perspective Student Enrollment Form by discussing the presented information with all appropriate parties as necessary to confirm the factual accuracy. If the child and/or myself move from the residence stated herein, I will notify the Ringgold School District within 5 days of when the decision to move has been made, or the move has occurred, whichever comes first, and new proof of residency must be submitted if I am still residing within the Ringgold School District. If this information is found to be incorrect now or in the future, I fully understand that I will be liable for reimbursing the Ringgold School District the cost of the child's education and the child may be removed from the Ringgold School District unless permitted under Board Policy #202. Tuition is subject to change each school year.

Signature of Parent/Legal Guardian	Relationship to Child	Date



**Ringgold School District**  
 New Eagle, PA 15067  
 (724)258-9329 Ext. 1134 or Ext. 1120

## CONSENT TO OBTAIN CONFIDENTIAL INFORMATION RECORDS RELEASE

<b>Child Last Name</b>	<b>First Name</b>	Date of Birth	Date of Enrollment	Official Start Date
Previous School District	Previous School	School City, State	School Fax#	

**Please release all school records including:**

<input type="checkbox"/>	Academic/Permanent Record	<input type="checkbox"/>	Attendance (School and Class)
<input type="checkbox"/>	Discipline Files	<input type="checkbox"/>	Grades/Report Cards/Transcripts
<input type="checkbox"/>	Health/Medical Records	<input type="checkbox"/>	Test/Assessment Scores
<input type="checkbox"/>	Immunization Record	<input type="checkbox"/>	Special Education Records & Psychological/Psychiatric Reports
<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	504 Service Plan
<input type="checkbox"/>	GIEP (Gifted Services)	<input type="checkbox"/>	School Personnel Observations & Rating Scales

**Please send records to:**

<input type="checkbox"/> <b>Ringgold High School</b> 1 Ram Drive Monongahela, PA 15063 Fax: (724)258-7289 Email: <a href="mailto:rhsrecords@ringgold.org">rhsrecords@ringgold.org</a>	<input type="checkbox"/> <b>Ringgold Middle School</b> 2 Ram Drive Monongahela, PA 15063 Fax: (724)258-2050 Email: <a href="mailto:rmsrecords@ringgold.org">rmsrecords@ringgold.org</a>
<input type="checkbox"/> <b>Ringgold Elem School North</b> 3685 Finleyville-Elrama Rd Finleyville, PA 15332 Fax: (724)348-8839 Email: <a href="mailto:resnrecords@ringgold.org">resnrecords@ringgold.org</a>	<input type="checkbox"/> <b>Ringgold Elem School South</b> 120 Alexander Ave Monongahela, PA 15063 Fax: (724)258-7050 Email: <a href="mailto:ressrecords@ringgold.org">ressrecords@ringgold.org</a>

**Please send Special Education Records, Psychological/Psychiatric Reports, 504 Service Plan, or GIEP to:**

<input type="checkbox"/> <b>Ringgold School District</b> <b>Pupil Services Office</b> 400 Main St New Eagle, PA 15067 Fax: (724)258-5070 Email: <a href="mailto:aharrison@ringgold.org">aharrison@ringgold.org</a> <b>Or transfer records via IEP Writer</b>
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I hereby authorize the release of all educational records requested above to the Ringgold School District.

Signature of Parent/Legal Guardian	Relationship to Child	Date

# Ringgold Health Services

Ringgold High School  
(724)258-2200  
School Nurse Ext. 2311

Ringgold Middle School  
(724)258-2211  
School Nurse Ext. 3009

Ringgold Elementary North  
(724)348-7205  
School Nurse Ext. 4116

Ringgold Elementary South  
(724)258-8454  
School Nurse Ext. 8007

## **Immunizations can be faxed directly to:**

Ringgold Elementary North 724-348-8839  
Ringgold Elementary South 724-258-7050  
Ringgold High School 724-258-7360  
Ringgold Middle School 724-258-2050

## **The PA Department of Health mandates the following grade-level exams:**

- Grade K/1:** Physical Exam, Dental Exam
- Grade 3:** Dental Exam
- Grade 6:** Physical Exam, Scoliosis Screen
- Grade 7:** Dental Exam, Scoliosis Screen
- Grade 11:** Physical Exam

The Department of Health encourages the family physician and dentist to conduct the examinations since they are aware of the child's health status and history. These examinations are at the parents' expense. If possible, private examinations should be done over the summer to have the forms completed before **SEPTEMBER**. Physical and dental examinations done up to one year before grade entry will be accepted.

Results of private exams **must** be recorded on the official forms. Forms can be found on the district website ([www.ringgold.org](http://www.ringgold.org)) under Departments> Health Services and click on Health Forms.

An appointment may be scheduled with the school physician and/or school dentist for any child whose form is not returned to school. **Parents/legal guardians will be notified of the examination date and must submit signed permission to schedule an exam.** These examinations are free of cost.

## **These are the current Pennsylvania immunization requirements for children entering school (all immunizations must be properly spaced):**

- 4 doses of Diphtheria and Tetanus (given as DTP, DTaP, DT or Td) including one dose administered on or after the 4<sup>th</sup> birthday
- 3 doses of Polio vaccine (given as OPV or IPV)
- 2 doses of Measles Mumps and Rubella (usually given together as MMR)
- 3 doses of Hepatitis B
- 2 doses of Varicella (chicken pox) or history of having the disease
- 1 dose each MCV and TDAP by first day of school -**7<sup>th</sup> Grade**
- 1 dose MCV if earlier dose was given before 16 years of age – **12<sup>th</sup> grade**

These requirements allow for exemptions due to medical reasons or religious beliefs. If you wish for your child to be exempt from immunization, please call the school nurse. You will need to submit the exemption in writing. If your child is exempt from immunization, he/she may be removed from school during an outbreak for his/her own safety and wellbeing.

**Thank you in advance for your cooperation and please call the School Nurse at the phone number listed above if you have any questions.**

# Ringgold Health Services Form

		Date of Birth:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
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**Child Last Name** **First Name**

All medication taken at school (prescription or over the counter) must be taken directly to the office and have a signed medication permit on file with the school health office. Parents are encouraged to bring in the medication themselves or call the school if sent with child. Medication will NOT be sent home with the child. A doctor's note must be on file for a child to carry inhalers, diabetic medicine, or emergency drugs for allergic reactions. These policies are to ensure safety.

## **ALLERGIES**

Please list and explain any allergies (food, medication, latex, seasonal, bee stings, etc.):


## **CURRENT AND PAST MEDICAL HISTORY (check those that apply)**

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Activity Restrictions	<input type="checkbox"/> Concussion/Head Injury	<input type="checkbox"/> Immune Disorder
<input type="checkbox"/> Anemia (including sickle cell)	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Nosebleeds
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression	<input type="checkbox"/> Psychiatric Disorder
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diet Restrictions	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Skin Condition
<input type="checkbox"/> Back/Neck Problem	<input type="checkbox"/> Headaches/Migraine	<input type="checkbox"/> Speech Problem
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Hearing Deficit	<input type="checkbox"/> Surgery
<input type="checkbox"/> Blood/Clotting Disorder	<input type="checkbox"/> Heart Problem	<input type="checkbox"/> Vision Problem
<input type="checkbox"/> Bone/Joint Problems	<input type="checkbox"/> Hepatitis	Other: _____
<input type="checkbox"/> Cancer/Leukemia	<input type="checkbox"/> Hernia	Other: _____

Please explain if any of the above have been checked, give dates and/or age of occurrence. Any other problems not listed above, please list/explain:


## **HEARING** (Ear Problems: Frequent infections, Tubes, Hearing loss, Aides, etc.) Please list physician and any problems.

Any problems? Please explain:	Name of Audiologist:
Date of Last Exam:	

## **VISION** (Vision Problems: Amblyopia, Strabismus, Lazy eye, Color-blind, Surgery, etc.)

Glasses? <input type="checkbox"/> YES <input type="checkbox"/> NO	Contact Lenses? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Optometrist:
Date of Last Exam:		

## **DENTAL**

Braces? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Dentist/Orthodontist:	Date of Last Exam:
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## **MEDICATION**

Is child taking medication at home? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Medication(s):	Dose:
Will child require medication at school? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Medication(s):	Dose:

**MEDICAL**

Is child currently under medical care? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Last Exam:
Name of Physician:	Phone:

**ADDITIONAL INFORMATION**

- Any restrictions for Physical Education?  YES  NO
- Any serious illness or injury requiring hospitalization?  YES  NO
- Is the child toilet trained?  YES  NO
- Any other problems we should be aware of?  YES  NO

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Health concerns such as diabetes, seizures, asthma, or severe allergic reactions will need additional health care plans. Please contact your school nurse as soon as possible to complete this information.

To ensure the care of the child, I read and agree that pertinent health information may be provided to appropriate school staff. I agree that the school nurse should consult with the child’s doctor about the above medical conditions. I agree to alert the school nurse and the child’s teacher to any changes in medication and/or health status of the child. I will furnish the school with current phone number and address in case of an emergency.

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please do not send the child to school when he/she is not feeling well. The health of a child affects his/her ability to learn. Children, no matter what age, need a good night’s sleep and a good breakfast to help them do their best in school each day.*

To protect the child and prevent the spread of illness to other classmates, **please do not send the child to school** if they are experiencing any of the following symptoms within 24 hours of the start of school:

<ul style="list-style-type: none"> <li>• Vomiting or diarrhea</li> </ul>	<ul style="list-style-type: none"> <li>• Yellowish drainage from the eye (contagious conjunctivitis – pink eye)</li> </ul>
<ul style="list-style-type: none"> <li>• Temperature of 100 degrees or higher</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of lice. Please call and notify the school nurse immediately so appropriate classroom cleaning and assessment can be done.</li> </ul>
<ul style="list-style-type: none"> <li>• Continuous coughing or sneezing</li> </ul>	<ul style="list-style-type: none"> <li>• Thick dark yellow or yellow-greenish drainage from the nose</li> </ul>
<ul style="list-style-type: none"> <li>• Unexplained and/or contagious rash</li> </ul>	