WCPS | Washington County Public Schools

Washington County Public Schools

Student Health/Family Information

Year: 2025-2026
Report: STU201

General Information

Student Name:	Perm ID:	Gender:	Grade:
State ID:		Preferred First Name (Nickname, if applicable):	
Birth Date:	Birth Place:	Leave Date:	Enter Date:
Home Phone:	Home Language:	Are you Hispanic or Latino? ☐ - Yes ☐ - No	
		Please check one or more race categories:	
		☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American	☐ Native Hawaiian or Other Pacific Islander ☐ White
Home Address:		Mailing Address:	

Bus Routes: AM Bus
PM Bus _
AM K bus to home ____________________
PM K bus to school ____________________
Day Care ______________________

Custodial Information

Is either parent/legal guardian active or reserve U. S. Military? ☐ Yes ☐ No

Did you move within the past 3 years for employment as a migratory agricultural worker or migratory fisher? ☐ Yes ☐ No

:	Employer:	Lives With Has Custody	Contact With Student Allowed Ed. Rights		Mailings Allowed Release To
Address		E-Mail:			
Phone Type:	Phone:	Extension:	Primary	Not Listed Phone	Contact
Phone Type:	Phone:	Extension:	Primary	Not Listed Phone	Contact

:	Employer:	Lives With Has Custody	Contact With Student Allowed Ed. Rights		Mailings Allowed Release To
Address		E-Mail:			
Phone Type:	Phone:	Extension:	Primary	Not Listed Phone	Contact
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:	Employer:	Lives With Has Custody	Contact With Student Allowed Ed. Rights		Mailings Allowed Release To
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Address		E-Mail:			
Phone Type:	Phone:	Extension:	Primary	Not Listed Phone	Contact
Phone Type:	Phone:	Extension:	Primary	Not Listed Phone	Contact

Internet Access

Do you have internet access at home?	☐ Yes	☐ No	

Sibling Information

Name of Sibling	Male/Female	Date of Birth	School

Emergency/Temporary Care Contact Information:

List a minimum of three adults who may assume temporary care of your child without your further consent, in the event of an emergency, illness or accident when you cannot be reached. In the event of a non-emergency circumstance, such as an appointment, a parent/guardian must provide the school with additional written consent to identify the adult who has permission to pick up the student, for each occasion. PLEASE IDENTIFY CHILDCARE PROVIDER.

Name	Relation	Home Number	Work Number	Mobile Number	Other Number

Health Care Information

Health Care Provider/Physician:	Phone:
Dentist:	Phone:

Health Insurance Information

Does the student have health insurance coverage? ☐ Yes ☐ No
If yes, please select one of the following:
- ☐ Private insurance Name of Company _____
- ☐ Maryland Children's Health Program (MCHP)
- ☐ Other Specify: _____

Does the student have dental insurance coverage? ☐ Yes ☐ No

Student's Medical History

Check all that apply:

- ☐ Allergies
  - ☐ Seasonal/environmental List allergen(s): _____
  - ☐ Food List allergen(s): _____
  - ☐ Bee Stings
  - ☐ Other Specify: _____
- ☐ Anaphylaxis history / Life-threatening Allergy List allergen(s): _____
- ☐ Anxiety
- ☐ Asthma
- ☐ Attention Deficit Disorder
- ☐ Attention Deficit Hyperactivity Disorder
- ☐ Chronic orthopedic impairment (e.g., cerebral palsy, spina bifida, etc.)
- ☐ Depression
- ☐ Diabetes – Type 1
- ☐ Diabetes – Type 2
- ☐ Epilepsy/Seizure Disorder
- ☐ Hearing impairment
- ☐ Heart condition: Specify: _____
- ☐ Sickle Cell Disease
- ☐ Vision impairment
- ☐ Other: _____

Will your child require medications during the school day? ☐ Yes ☐ No
If yes, list name of medication(s):
_____

Release of Information: **The Family Educational Rights and Privacy Act (FERPA) require that WCPS obtain the written consent of parents/guardians, prior to the disclosure of personal, identifiable information from the student's record.**

High School Students: Release of Information to Military Recruiters
Under Federal Law, public school districts must release the names, addresses, and telephone numbers of 9th through 12th grade students to U.S. military recruiters. The student or parent has the right to request in writing that this information NOT be released. If you do not want this information released, please check box. ☐ DO NOT release information to MILITARY RECRUITERS

Media Access
In the course of school activities, WCPS staff and/or the news media occasionally wish to interview, photograph, or capture video of students, display their work, or publish their names. Unless otherwise informed in writing, WCPS will assume permission has been granted to do so. (WCPS cannot control media coverage of events that are open to the public.) ☐ DO NOT release information about or allow media access to my child.

Directory Information: Certain information that is not considered harmful or an invasion of privacy is referred to as Directory Information and may be disclosed to outside organizations without parent/guardian consent, unless the parent/guardian indicates to the contrary. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. Parents/guardians who do not want Directory Information released to outside organizations must complete the *Restriction of Access to Directory Information Annual Parental Opt-Out Form* available at each Washington County public school and return it within 10 days from the first day of school or within 10 days of initial enrollment. (See WCPS Handbook and Guide for information.)

I authorize the release of confidential medical student information, including medical and psychological records concerning my child, to the Washington County Board of Education, its authorized representatives, my child's health care provider and to state and local governmental agencies such as the health department. ☐ DO NOT release information except as allowed by law without permission.

Language to Home (if other than English):
Indicate the language you prefer to receive communication from the school, if other than English: _____

School officials will administer first aid and/or accompany your child to the hospital by ambulance for emergency treatment in the event it appears necessary when parents/guardians or other emergency contacts noted on this form cannot be contacted. (The rescue squad will be used and deemed necessary in emergency situations.)

By providing your mobile phone number, you are giving consent to receive text messages from Washington County Public Schools. Any information collected will not be shared with third parties or affiliates. You may opt-out at any time by texting *STOP*.

Parent/Guardian Signature _____ Date: _____