Student Health/Family Information

For the health and safety of your child, please verify and update information.

WCPS | Washington County Public Schools

School:					
HR. Teacher:		Locker #:	☐ Yes ☐ No	Bus # (AM):	
1st PD. Teacher:		Walker:	☐ Yes ☐ No	Bus # (PM):	
Student ID#:		Bus Rider:		Bus # (Alt.):	

[redacted]

I. Student Information

Last Name:	First:	MI:	Grade:

Social Security Number:

Home Address:						Gender		
Mailing Address:						Male		
Telephone:			Listed		Unlisted	Female		
* Please indicate if above address has changed	Address:			Birth Date:		Month	Day	Year

If a change of address has occurred, a new proof of residency must be attached to this form before the address can be updated in the computer. Call your school to see what documentation is needed to complete the process.

What kind of dwelling do you live in?
☐ Single-family, detached home ☐ Townhouse or Attached home ☐ Apartment or Condo ☐ Mobile Home

Primary Language – Used by Student:	Primary Language Used in the Home:

II. Parent Information (Primary)

Mr./Ms./Mrs.:			Relationship:
Phone(H):	(W):	(Cell):	
E-mail:		Employer:	

III. Parent Information (Secondary)

Mr./Ms./Mrs.:			Relationship:
Phone(H):	(W):	(Cell):	
Address:			
E-mail:		Employer:	

IV. Emergency/Temporary Care Contact Information:

List up to four nearby 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. PLEASE IDENTIFY CHILDCARE PROVIDER. Parents/guardians of elementary students will be asked to provide additional information on a separate form for those adults who may pick up or assume temporary care of the student.

Name	Relationship	Address	Emergency Contact #s
			(H)
			(W)
E-mail			(C)
			(H)
			(W)
E-mail			(C)
			(H)
			(W)
E-mail			(C)
			(H)
			(W)
E-mail			(C)

Siblings

Name	School	Date of Birth
1		
2		
3		

Washington County Public Schools
Student Health/Family Information (continued)

Student's Name:	Grade:	School:	Birth Date:

V. Release of Information: The Family Educational Rights and Privacy Act (FERPA) requires 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 the federal No Child Left Behind Act, public school districts must release the names, addresses, and telephone numbers of 11th and 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 below.
☐ DO NOT release to MILITARY RECRUITERS.

Media Access
In the course of school activities, WCPS staff and/or the news media occasionally wish to interview, photograph, or videotape students, display their work, or publish their names. Unless indicated otherwise below, WCPS will assume permission 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 by September 5, 2012 or within 10 days of enrollment. (See WCPS *Handbook and Guide for information.*)

VI. Health Care Information

Health Care Provider Physician:	Phone:
Dentist:	Phone:
Health Insurance Company:	

Check if your child has any of the following:

Medication(s)		Allergies	
Check those that apply.	Indicate name of medication.	Check those that apply.	Describe allergic reaction.
☐ Asthma	Medication:	☐ Bee Sting	
☐ Attention Deficit	Medication:	☐ Chemicals	
☐ Diabetes	Medication:	☐ Environmental	
☐ Heart Problems	Medication:	☐ Food	
☐ Migraines	Medication:	☐ Insect Bites	
☐ Mental Health	Medication:	☐ Latex	
☐ Seizure Disorder	Medication:	☐ Medicines	
☐ Other	Medication:		
Is medication administered at school? ☐ Yes ☐ No		Is epi-pen used? ☐ Yes ☐ No	
Is medication administered at home? ☐ Yes ☐ No		Has breathing been affected? ☐ Yes ☐ No	

Student's Medical History

☐ Anorexia/Bulimia (Eating Disorder)	☐ Headaches – Frequent	☐ Sore Throats – Frequent
☐ Dental Problem	☐ Hearing Problem – Wears Aids	☐ Speech Problems
☐ Disability – Physical	☐ Heart Condition	☐ Stomachaches – Frequent
☐ Earaches – Frequent	☐ Kidney/Bladder Problems	☐ Vision Problem – Wears Glasses/Contacts
☐ Eczema (Skin Disorder)	☐ Menstrual Problems	☐ Other: _____
☐ Fainting Spells	☐ Orthopedic Condition	☐ Other: _____
☐ Gastrointestinal Disorder	☐ Seizure Disorder	

List any other information regarding your child's health that will help the school staff to better understand and work with your child

☐ In the event my child requires medical treatment, I authorize the Washington County Board of Education and its authorized representatives to provide medical treatment.

Parent/Guardian Signature _____ Date _____

Check whether above information can be shared with staff working with your child. ☐ Yes ☐ No

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