

Please print student's last name _____

EMERGENCY INFORMATION

Bus # _____

*In order to provide immediate and safe care for your child and carry out your wishes in case of injury or illness at school, we require the following information. Please fill out completely. **Please Print.***

Student Name _____ Birth date _____ Grad Year _____
Last First Initial

Home Address _____ City _____ Zip _____ Home Phone _____

Mailing Address if different from home address: _____ City _____ Zip _____

Lives with Parents Mother only Mother/Stepfather
 Guardian Father only Father/Stepmother Other _____

Parent/Guardian Name 1. _____ E-mail Address _____

Place of business _____ Work Phone _____ Cell Phone/Pager _____

Parent/Guardian Name 2. _____ E-mail Address _____

Place of business _____ Work Phone _____ Cell Phone/Pager _____

Primary language spoken at home English Spanish Other _____

Day Care Provider (if applicable) _____ Phone _____

Please complete the following if student has a non custodial parent who can make emergency decisions for the student and receive copies of records involving this student, including newsletters, grade reports, correspondence, etc.

Home Address _____ City _____ Zip _____ Home Phone _____

Parent/Guardian Name 1. _____ E-mail Address _____

Place of business _____ Work Phone _____ Cell Phone/Pager _____

Parent/Guardian Name 2. _____ E-mail Address _____

Place of business _____ Work Phone _____ Cell Phone/Pager _____

In addition to the parent/guardian, if you cannot be reached, the school may call and release your child to any of the following:

- | | | | |
|------|----------|--------------------|------------------|
| Name | 1. _____ | Relationship _____ | Phone _____ |
| | | Work Phone _____ | Cell Phone _____ |
| | 2. _____ | Relationship _____ | Phone _____ |
| | | Work Phone _____ | Cell Phone _____ |
| | 3. _____ | Relationship _____ | Phone _____ |
| | | Work Phone _____ | Cell Phone _____ |

Please list all children in Snohomish School District this year. (Please list students in this school first.)

Last Name	First Name	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I give... do not give... the district permission to take photographs of my child for use in publications and/or for media stories.

Signature of Parent or Legal Guardian _____ Date _____

Please check here if any information on this form is new.

******THIS FORM MUST BE RETURNED AT REGISTRATION**

Over →

Health History

To be completed by parent/guardian

Name of student: _____ Birth date: _____ Sex: M F Grade: _____

This information is needed to plan an appropriate program for your student and to prepare for any emergency situation if one should arise. Your building nurse will contact you if there are any additional questions.

MEDICAL HISTORY (check all that apply) OR no health concerns at this time (please sign form).

Congenital Conditions

A_ Please List _____

Hematology (Blood)

BB Hemophilia _____
 BC Sickle Cell Anemia _____
 BD Other Blood Condition _____

Cardiovascular/Heart Conditions

C_ Please List: _____

Endocrine, Allergy, Immune System, Metabolic, and Nutritional

ED Allergy - Food _____
 EE Allergy - Insect _____
 E_ Other Allergy _____
 EG Anaphylactic Condition (Epi-pen) _____
 EJ Cystic Fibrosis _____
 EKL Diabetes Type I Diabetes Type II _____
 EN Eating Disorder _____
 EU Thyroid Disorder _____
 E_ Other _____

Gastro-Intestinal, Dental, and Oral Conditions

GA/JJ Celiac Disease Crohns Irritable Bowel
 K _____
 GH/L Gastroesophageal Reflux Lactose Intolerance
 GI Other _____
 GM Liver Disease _____
 GD Dental Condition _____
 GN Oral Condition _____

Musculoskeletal and Connective Tissue

MC Juvenile Rheumatoid Arthritis _____
 MD Muscular Dystrophy _____
 MF Osgood-Schlatter _____
 MH Scoliosis _____
 M_ Other _____

Nervous System

NAC Asperger's Syndrome Autism
 NB ADHD/ADD diagnosed by _____
 NE Cerebral Palsy _____
 NF Developmental Delay _____
 NH/IJ Migraines Headaches Shunt
 NL Mental Retardation _____
 NN Paralysis _____
 NP Seizure Disorder _____
 NQ Sensory Condition _____
 NS Spina Bifida _____
 NT Spinal Cord Injury _____
 NU Traumatic Brain Injury _____

Mental or Behavioral Health Conditions

PH Sleep Disorder _____
 PI Tourette's Syndrome _____
 P_ Other _____

Respiratory

RA Asthma - Exercise Induced _____
 RB/C/D Asthma - Mild Moderate Severe Inhaler
 RE Reactive Airway Disease _____
 RF Other _____

Skin and Subcutaneous Tissue

SB Contact Dermatitis (Eczema) _____
 S_ Other _____

Neoplasms (Cancer/Tumors)

Please List _____

Renal and Genitourinary

UB/U_ Chronic Urinary Tract Infection Urinary Reflux
 UC Dysmenorrhea (painful periods) _____
 U_ Other _____

Eye and Ear

YA Chronic Ear Infections _____
 YB Hearing Impaired _____
 YC Ear Condition _____
 YD Visually Impaired _____
 YE Eye Condition _____

Hospital Preference _____
 Health Insurance No Yes
 Name of Company _____
 Dental Insurance No Yes
 Name of Company _____

Family Doctor _____	Phone _____	Date of last physical exam _____
Specialist _____	Phone _____	Date of last exam _____
Dentist _____	Phone _____	Date of last dental exam _____
Orthodontist _____	Phone _____	Date of last vision exam _____

Is medication needed at home? No Yes please list _____
 Is medication needed at school? No Yes please list _____

State law requires written permission from parent and/or a health care provider before any medications, prescription or over-the-counter medication may be taken at school. Forms are available from the school health rooms or school office.

If parent/guardian or authorized emergency contact cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment of school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most accessible. I understand that I will assume full responsibility for the payment of any services rendered. I understand that the information given above will be shared with appropriate school staff who need to know in order to provide for the health and safety of my student.

Date _____ Signature _____ Relationship _____ Phone () _____