



**Instructional/Support Data:**

**Does this student have medication needs related to capacity to learn?** None or If yes, explain:

Has this student been receiving **Special Education Services, Health Plan or 504 Plan?** Yes \_\_\_\_ No \_\_\_\_

**Emergency Information**

In case of an emergency or illness and the parent/guardian cannot be reached, does the school have permission to contact a doctor? Yes \_\_\_\_ No \_\_\_\_

**Emergency Contacts other than parent/guardian:**

I authorize the school to contact regarding or release my child to the following individual(s)

Name (Please Print)	Relationship	Telephone Number
Name (Please Print)	Relationship	Telephone Number

If the parent/guardian and emergency contacts cannot be reached, the Sheriff's Department will be contacted.

Does the student have: Hearing Difficulty  Diabetes  Seizures  Allergies  Asthma  Heart Problems   
Is this student under medical supervision and/or medication for a health problem? No\_\_ Yes\_\_ (please describe)

Can medical information be shared with school staff involved with your child? Yes\_\_ No\_\_

**If, in the judgment of the school authorities, emergency treatment is required, I authorize my child to be transported by ambulance to a hospital for treatment. I also understand that the ambulance does reserve the right to convey the patient to the nearest definitive care hospital should they deem it necessary. I hereby authorize the physician(s) at the hospital to give emergency treatment to my child.**

Is either parent or guardian on active duty in the military? Yes  No

Is either parent or guardian a traditional member of the Guard or Reserve? Yes  No

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? Yes  No

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Transfer Student Data**

School Transferred From \_\_\_\_\_  
School Name and/or Telephone Number City State

*I affirm that this student is not involved in a current expulsion.*

\_\_\_\_\_  
Parent Signature & Date

**Non-Custodial Parent(s) If Applicable**

Mother/Guardian Name \_\_\_\_\_  
First Middle Last

Work Number \_\_\_\_\_ Home Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_  
First Middle Last

Work Number \_\_\_\_\_ Home Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

Physical Address \_\_\_\_\_  
Street or Fire Number City/State/Zip Code