STUDENT INFORMATION

Last:	First:	Middle:	Date of Birth:	Gender:	Grade:
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	05

School Name:	ID No.:	Teacher or Counselor:	Bus # (AM):	Bus # (PM):
CHESTERBROOK ELEMENTARY	[redacted]	GUINN, CARLY		

Siblings attending the same school (complete if applicable).

Name(s) _____

Name(s) _____

Primary Internet access in the home for this student is

[ ] Cellular [ ] Broadband [ ] Other [ ] None [ ] Declined

Do you have a device for this student to use that meets their educational needs?

[X] Yes [ ] No [ ] Declined

CURRENT HEALTH CONDITIONS

Below check any current health condition(s) that EMS or an emergency room physician should know about health of your student. **Also complete and submit Health Information form SS/SE-71 if your child has a health condition(s) that require(s) attention during the school day. See below for medical alert information currently on file.**

[ ] allergies (be specific)

[ ] foods _____

[ ] medicines _____

[ ] bee sting or insect bite _____

[ ] other _____

[ ] asthma

[ ] cancer

[ ] diabetes

[ ] hearing problems [ ] hearing aid(s)

[ ] heart problems (be specific) _____

_____

List all medications and dosages your child receives on a continual basis:

_____

[ ] hemophilia [ ] sickle cell anemia

[ ] physical disability (be specific) _____

_____

[ ] respiratory (be specific) _____

_____

[ ] seizures

[ ] vision problems(be specific) _____

[ ] glasses [ ] contacts

[ ] other (be specific) _____

_____

_____

MEDICAL ALERT INFORMATION ON FILE

PHYSICIAN INFORMATION

My child's medical care is provided by: DR. [redacted] 703-[redacted]

(name of doctor, clinic or HMO) (telephone)

Does your child have health insurance: [ ] Yes [ ] No

If yes, medical coverage is provided by: _____ _____

(health insurance company, assistance program, HMO, etc.) (telephone)

First aid and emergency treatment will be provided to students in accordance with the current version of FCPS Regulation 2102 or in accordance with the student's individualized health plan.

ENROLLING PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____