



**NORTHWEST HIGH SCHOOL
 PETTIS COUNTY R-V SCHOOL DISTRICT
 ENROLLMENT/EMERGENCY INFORMATION
 2018 – 2019**

Student's Full Name _____ Grade _____ Current Date _____
 Date of Birth ____/____/____ Age _____ Male Female Social Security _____-_____-_____
 Address _____ City _____ State _____ Zip _____ Phone _____
 Cell Phone Numbers: _____ (Mom's) _____ (Dad's) _____ (Student's)
 E-Mail Address: _____

Please complete the information below for ADULT MEMBERS of your household.

Name _____ Place of Employment _____ Work Phone _____
 Relationship to student (father, mother, step-father, step-mother, grandparent, guardian, none, other _____)

Name _____ Place of Employment _____ Work Phone _____
 Relationship to student (father, mother, step-father, step-mother, grandparent, guardian, none, other _____)

Please list the first and last names and ages of any other children living in your household.

Please list two individuals who may be contacted in the event we are unable to reach a parent/guardian at the above phone numbers in case of an emergency or illness.

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Is English the primary language spoken by the student? Yes No

If no, what language _____

In the event of an emergency early dismissal (weather, etc.) where do you want your child to go?

PLEASE DO NOT ASK US TO CALL YOU! _____

Optional Question: Have you moved within the last three years to seek or obtain temporary or seasonal work in agriculture or a related food business? **Yes No**

I certify that I am the custodial parent or legal guardian of the above named child and live at the address shown. In the event of an emergency, if school staff members are unable to contact the adult members of my household, or any of the two contacts listed, I give permission for school staff to seek emergency treatment for my child. (This includes administration of first aid and also calling for an ambulance to take my child to the nearest hospital, if needed.)

I hereby acknowledge the receipt of a Student Handbook and Discipline Code, made available via the school website or a hard

copy that I obtained from the Principal's office. This handbook includes the statement on Communicable Disease Requiring Exclusion from School Policy.



 Parent/Guardian Signature

 Date

OVER

MEDICAL INFORMATION

Hospital preferred for emergency treatment: _____

Address/City _____ Phone _____

Doctor's name _____ Address/City _____ Phone _____

Has student received a physical exam in the past year? Yes _____ No _____

Dentist name _____ Address/City _____ Phone _____

Has student received a dental exam in the past year? Yes _____ No _____

HEALTH INSURANCE INFORMATION (PLEASE CIRCLE)

Private insurance School insurance (MC+ /Medicaid) None

DOES YOUR CHILD HAVE:

Bee Sting Allergy Yes _____ No _____ Describe reaction: _____
Any difficulty breathing? _____ Need emergency medication? _____

Allergies Yes _____ No _____ To drugs, food, pollen? Please list: _____
Has the allergy required emergency action in the past? _____

Asthma Yes _____ No _____ Triggered by: _____ Treatments: _____
Diagnosed by doctor? _____ Date diagnosed: _____

Diabetes Yes _____ No _____ Takes insulin? _____ Date diagnosed: _____

Epilepsy/Seizures Yes _____ No _____ Describe seizure: _____
Date of last seizure: _____ Medication _____

Heart condition Yes _____ No _____ Describe: _____
Any physical restrictions? _____ Medication _____

Bone/joint problem Yes _____ No _____ Describe: _____

ADD/ADHD Yes _____ No _____ Diagnosed by Dr.? _____ Medication: _____

Eyes Glasses Yes _____ No _____ Contacts Yes _____ No _____

Ears Frequent infection _____ Tubes _____ Hearing difficulty explain) _____

Childhood diseases, serious illnesses, surgeries, and injuries:

Does your child take medications on a regular basis? (Please list below)

Medications taken at home _____

Medications to be taken at school _____

CONTACT HEALTH OFFICE FOR MEDICATION PERMISSION FORMS

I give permission for my child to receive acetaminophen (Tylenol) from the school nurse as needed per nurse's discretion. The School Nurse will follow the age recommended dosage as stated on the label.

Yes _____ No _____



Parent/Guardian Signature

Date