

Waimea Elementary 21st Century

(This form needs to be completed every school year.)

Father's ID No. _____
 Mother's ID No. _____

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: M F Birthdate

Month	Day	Year			

Home Address _____ Apt. No. _____ City _____ Zip Code _____

Child resides with _____

Mailing Address _____ Zip Code _____

Father's/ Legal Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ E-mail Address _____	Mother's/ Legal Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ E-mail Address _____
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EMERGENCY CONTACTS In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Phone
1. _____			
2. _____			

Family Physician _____ Phone _____ Dentist _____ Phone _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

 Parent's/Legal Guardian's Signature

To assure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.

My child has health insurance: Yes No If YES, check: QUEST Medicaid **OR** Private
 If private, check your plan: HMSA Kaiser Tri-Care Other

- My child receives regular care for the following medical conditions:
 - No medical condition
 - Yes. **Please check below:**
 - Asthma Chronic Cough/Wheezing Heart Disease JRA Arthritis Sickle Cell Anemia
 - Behavioral Problems Diabetes Hemophilia Rheumatic Heart Skin Problems
 - Cancer/Leukemia Hearing Problems Hypertension Seizures Vision Problems
 - Allergies:** Bee Sting Food Medications Other _____
 - Date and type of last reaction _____
 - Other Health Concerns: _____
- Takes medications (LIST) _____

• Other children:

	Name	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____