## WASHINGTON COUNTY PUBLIC SCHOOLS

## STUDENT REGISTRATION FORM EMERGENCY AND MEDICAL INFORMATION

Student's Legal Name (Last,	First, Middle)			Gend	ler S	tudent	Date of Birth	
Social Security #: (optional)		 Studer	nt ID# (assigned by Da	te Entry	Grade (2017-2018)			
Home Street/911 Address, C	ity, State, Zip Code	:						
Mailing Address if different f	rom above with Ci	ty, State, Zip	) Code					
Ethnicity: Hispanic or Latino Race (check all that apply):	White:		or African American: tive Native Ha				nder	
Primary Phone	Bus Driver	's Name		Bus Nu	——– mber			
Child lives with: both parent	ts mother	father	other; please sp	ecify				
Custody:			it legal documents for th					
Father/guardian's name	Military <b>Y N</b> _ H		Place of Employmen	nt	Work Ph	none	Cell Phone	
Father/Guardian's Address			Father/Guardian's E-N					
Mother/guardian's name	Military <b>Y N</b> _ H	ome Phone	Place of Employmer	nt	Work F	hone	Cell Phone	
Mother/Guardian's Address		Mother/Guardian's E-Mail Address						
Please list below anyone who h you cannot be reached <u>in the o</u>	-		d at any time including i	nstances w	here he/sh	e becom	es sick or injur	
1								
Name		Relationship to child Da		Daytime	Daytime phone		ell phone	
2								
Name		Relationship to child D		Daytime phone		C	ell phone	
3								
Name		Relationship to child Da		Davtime	e phone Cell phone		ell phone	

(Please complete the reverse side)

Please list any allergies and reaction to the allergies that y	our child has:	
Allergy	reaction	
Allergy	reaction	
Allergy	reaction	
Chronic health problems:		
Daily medications:		
List any operations, serious injuries, or major illnesses this	child had/has and give dates:	
List other children who live in the same household. <u>Name</u>	Relationship to above	<u>Grade</u>
School health services are provided by the Washington C participate in the school health services program, you must not desire for your child on the letter you submit.		
In case of accident or serious illness during the school day give the school permission for my child to be transported necessary treatment. I understand that I will be responsible I understand that it is the parent's/guardian's responsibility the school year.	I by Emergency Medical Services to the ho ole for any and all related charges.	spital and give the
Parent/Guardian Signature	Date	<u> </u>