

INDIVIDUAL STUDENT INFORMATION SHEET

Student's **FULL** Name _____ Sex _____ Date of Birth _____ Grade _____

Circle any health conditions your child may have: Diabetes Asthma Seizure Disorder Ulcer Nervous Disorder Frequent Ear Infections Strep Infections Bronchitis Heart Condition Other _____

Please list any allergy and reactions: Food _____ Latex _____ Insect Sting _____

Other _____ Does your child wear: Contacts? _____ Glasses _____ For Distance _____ For Reading _____

Does your child have any problems with hearing? _____

Is your child on Medication? Please list type and dosage _____

Do you plan to keep medication in the school? If so what medications? _____

Has your child had any serious illness, injury/operations? Please list: _____

Is he/she still under treatment? _____

Does your child have any disabilities, limitations or need special attention due to health issues? _____

_____ Does your child have medical insurance? Private _____ Medicaid/CHP _____

TYLENOL, COUGH DROPS, CALAMINE/ANTIBIOTIC OINTMENT PERMISSION: I give my permission for my student to be given Acetaminophen (Tylenol) in the age appropriate dosage, one time during the school day if needed. Calamine lotion for minor rashes, skin irritation, and insect bites if needed. Antibiotic ointment for minor scrapes and scratches and cough drop for cough and sore throat.

Yes _____ No _____ If yes, please sign. **Signature of Parent/Guardian** _____ **Date** _____

In the event of a medical emergency Dolores Schools will render emergency aid and/or transportation to a medical facility as needed. Medical information on this form may be passed to medical personnel in an emergency. Costs incurred are at the expense of the family. Every effort will be made to contact the family in such a situation.

Insurance is required for students to participate in sports. The School District does not provide insurance for students. Contact the High School/Middle School Office or the Athletic Director for information.

Is this student Hispanic/Latino? Yes _____ No _____ Mark the one or more that describes the student's race. White _____ Asian _____ American Indian/Alaska Native _____ Black/African American _____ Hawaiian/Pacific Islander _____ What language did your child first learn to speak? _____ What language is most frequently used at home? _____ _____ What language do you use most frequently when speaking to your child? _____ Name of the language most often spoken by adults at home _____.
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List any issues the school should be aware of: Above or below grade level in Math or Reading, meeting with a specialist or have an intervention plan. _____

Is your student on a learning plan: IEP _____ 504 _____ RTI(Behavior) _____ READ PLAN _____ GT or ALP PLAN _____ Safety Plan _____ Please list an emotional or behavioral needs we should be aware of: _____

If you did NOT attend Dolores Schools last semester please list prior schools attended with most recent first. Otherwise skip this part.

Name of School	Location: City/State	Reason for Leaving	Dates: From/To
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IMMUNIZATION REGISTRY NOTICE: Your child's shot information is being entered in the Colorado Immunization Information System (CIIS), a confidential, statewide immunization record tracking system. You can choose to exclude your child's shot information from CIIS at any time. Please ask your school nurse or your health care provider for further information.

I verify that I have legal guardianship of the child. YES _____ NO _____ (If relevant, proof is required)
Has your child been expelled from another school in the last 12 months or engaged in behavior that was detrimental to the safety or welfare of other students or school personnel? YES _____ NO _____ Attach a written explanation of the circumstances if yes.

I verify that the information provided at the time of my child's enrollment is to the best of my knowledge, complete and truthful. I understand that my child is being enrolled based on the condition that I provided accurate and truthful information. I further understand that my child may be withdrawn from enrollment if any information proves to be false.

Signature of Parent/Guardian _____ **Date** _____