

School Year: 20____ - 20____

Today's Date: _____

**ADIRONDACK CSD
STUDENT HEALTH INFORMATION FORM**

Please PRINT all information using blue or black ink.

~~~~~  
**STUDENT INFORMATION:**    Male    Female   Grade \_\_\_\_\_   Teacher (Elementary Only): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Bus Number: a.m. run \_\_\_\_\_ p.m. run \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

911 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

~~~~~  
PARENT/GUARDIAN INFORMATION:

Child Lives With: Mother Father Both Parents Other, please specify: _____

Child's Legal Guardian: Mother Father Shared Custody Other, please specify: _____

Parent's Current Marital Status: Married Divorced Single Widowed Remarried Separated

Father/Guardian: (If you'd like more than 2 parents listed, please use a separate sheet of paper):

Name: _____ Relation to Student: _____

Residential Address: _____ City: _____ Zip: _____

Parent Mailing Address: _____ City: _____ Zip: _____

Phone Numbers: Home _____ Cell: _____ Work: _____ Receive Mailings? Yes No

Employer: _____

E-Mail _____ Are you allowed to pick up student? Yes No

Military No Yes (active/reserves/retired) *please circle one*

Base/Location _____

Mother/Guardian:

Name: _____ Relation to Student: _____

Residential Address: _____ City: _____ Zip: _____

Parent Mailing Address: _____ City: _____ Zip: _____

Phone Numbers: Home _____ Cell: _____ Work: _____ Receive Mailings? Yes No

Employer: _____

E-Mail _____ Are you allowed to pick up student? Yes No

Military No Yes (active/reserves/retired) *please circle one*

Base/Location _____

~~~~~  
**PERMISSION TO SIGN OUT:**

A student may be released to either parent unless a custodial parent supplies the school principal with a certified copy of a court order or divorce decree to the contrary. No student may be released from school to anyone other than the parent/guardian unless the parent/guardian has informed the school with a note. ***Our automated call system is used during emergency situations such as but not limited to: early dismissal, snow days, snow delays, etc. Please check whether you'd like to be notified by this system.***

**EMERGENCY CONTACT INFORMATION - Those designated below are authorized to pick up student in case of an emergency. Please use an additional sheet of paper if you'd like to include more contacts.**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_ **Automated Call System Notification**    Yes    No

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_ **Automated Call System Notification**    Yes    No

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_ **Automated Call System Notification**    Yes    No

~~~~~  
Names of Brothers and Sisters (If more space is needed, please use a separate sheet of paper):

Sibling 1: Name: _____ Date of Birth ___/___/___ Grade: ___
Address (if not the same) _____ City: _____ State: _____ Zip: _____
Sibling 2: Name: _____ Date of Birth ___/___/___ Grade: ___
Address (if not the same) _____ City: _____ State: _____ Zip: _____
Sibling 3: Name: _____ Date of Birth ___/___/___ Grade: ___
Address (if not the same) _____ City: _____ State: _____ Zip: _____

~~~~~  
**MEDICAL / PHYSICIAN INFORMATION**

Please indicate any health conditions which may affect classroom performance, attendance, or limit physical activity.

Explanation: \_\_\_\_\_  
List child's allergies or medical conditions: \_\_\_\_\_  
Medication(s) student is currently taking: \_\_\_\_\_  
Reason for taking medication: \_\_\_\_\_

**I would like school personnel to be aware of his/her medical condition:**     **Yes**     **No**

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital preference \_\_\_\_\_

~~~~~  
Is there anything we should be aware of that may affect your child's performance in school, such as a death in the family or separation?

By signing below:

1. I understand that the Adirondack Central School District will release my child to his/her other parent/guardian without my consent, unless I provide the District with a court order or other legally binding document that restricts the other parent/guardian's authority to obtain the release of my child.
2. I understand that the Adirondack Central School District does not have the power to independently gather court orders or other legally binding documents that affect the custody of my child. Therefore, it is my responsibility to provide the District with the most recent court order or other legally binding document that affects the custody of my child.
3. I authorize the District to release my child to the people listed above in the Emergency Contact Information section of this document and/or to contact them in case of an emergency.
4. All of the information contained here is needed as a permanent school record of your child and will be used by school personnel. This is to certify the above information is correct. I, the undersigned, do hereby authorize officials of the school to contact directly the person named on this form, and do authorize the above named physician to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event the physician, other person named on the form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

~~~~~  
**LIVING SITUATION:**

Complete this section only if it reflects your child's current living condition or if you are a youth not living with a parent or guardian. Your answer will help school personnel accurately report data and may enable the student to receive additional services according to the McKinney-Vento Homeless Assistance Act of 2002. Check one box if you are living:

- |                                                             |                                                                                                     |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> In a shelter                       | <input type="checkbox"/> Temporarily housed in a shelter awaiting a DCFS permanent foster placement |
| <input type="checkbox"/> In a park or a car                 | <input type="checkbox"/> With relatives or others due to lack of housing                            |
| <input type="checkbox"/> In an abandoned apartment/building | <input type="checkbox"/> In a camp ground, or other situation due to the lack of adequate housing   |

~~~~~  
Please fill out one form for each student and return **as soon as possible** to the main office.

Contact the building secretary immediately if any information changes.

Revised NOV/2018