



**SIBLINGS** Please list all brothers, sisters, half & step, CURRENTLY in your household:

_____	_____	_____	_____	_____
Name	Relationship	Age	DOB	School
_____	_____	_____	_____	_____
Name	Relationship	Age	DOB	School
_____	_____	_____	_____	_____
Name	Relationship	Age	DOB	School
_____	_____	_____	_____	_____
Name	Relationship	Age	DOB	School

**IN CASE OF ACCIDENT/EMERGENCY, AND PARENTS ARE NOT AVAILABLE, WE SHOULD CALL:**

(ONLY people listed below may transport your child home if you cannot be reached.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Place of Employment \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_  Living With Student

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Place of Employment \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_  Living With Student

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Place of Employment \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_  Living With Student

**MEDICAL NOTE:** Medication must be supplied by parent and sent in the ORIGINAL container with the doctor's orders. Parent must also provide a written request to administer the medication.

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
 Do you carry Health/Accident Insurance?  Yes  No Insurance Provider's Name \_\_\_\_\_  
 Bee/Wasp Allergy:  Yes  No Asthma:  Yes  No Food/Drug Allergies \_\_\_\_\_  
 EpiPen:  Yes  No Inhaler:  Yes  No Medicine/Drugs Taken at School?  Yes  No  
 Does student have life threatening health concerns?  Yes  No List Health Concerns \_\_\_\_\_

**Emergency Medical:** I hereby give permission for my student to receive emergency medical care, routine health screening, and screening for communicable diseases. Information on this document may be made available to school and health department authorities.

 Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_

**PLEASE RESPOND TO THE FOLLOWING FIVE ITEMS:**

- Your student has permission to access the Internet at school for instructional purposes:**  Yes  No  
(See District's Acceptable Use Policy)
- Release of Directory Information:** Examples of the release of directory information include, but are not limited to, media publication of honor roll students, winners of academic competitions, and sports articles. Directory information may include, but is not limited to, the student's name, grade level, address, telephone listing, electronic mail address, photograph, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended.  
**\* If you do not want directory information released on your child, please notify the school in writing within 10 days of enrollment.**
- Armed Forces Directory Information Release:** A high school student or the parent of the student may request that the student's name, address, and telephone listing not be released without prior written parental consent.  
**\* I consent to the release of directory information to armed forces recruiters:**  Yes  No
- By providing an email address, I understand that I may receive communications from the school electronically (i.e. newsletters, flyers, notifications).**
- By signing below, I attest the information here is accurate and complete. I understand false swearing to a public agency is unlawful. (ORS 162.075)**

 Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_