

Student Grade: _____

WILLIAM FLOYD SCHOOL DISTRICT

William Paca Middle School – RETURN TO TEACHER OR NURSE A.S.A.P.

Students Name: _____

D.O.B.: _____

Address: _____

Email: _____

Town: _____ Zip: _____

Home Phone: _____

Name	Relationship to Student	Employer	Business Hours	Cell and/or Work#

The following individuals have permission to pick up my child in case of emergency (must be 18 years of age or older), if I cannot be reached. I understand that all previously submitted emergency release names will be deleted when the nurse is provided with new information.

Relationship to Student	Name	Address	Telephone#	Cell #

My child may not be released to _____, who is the non-custodial parent.

Papers must be on file with the school.

***** PLEASE NOTIFY SCHOOL NURSE OF ANY CHANGES IN YOUR CHILD’S HEALTH*****

All students in grade K, 2, 4, 7, and 10 and all students new to the district are required to have a physical examination. If the results of your child's examination have not been received from your family physician within 30 days of beginning school, the school physician will examine your child.

Special Alerts: _____

Health History:

1. Name of Student's Physician _____ Telephone No.: _____

2. Has your child, during the past summer, had any illness, injury, or surgery? Yes / No (circle one)

Specify: _____

3. Has your child received any immunizations not previously reported? Yes / No (circle one)

Specify Type and Date if yes, (please submit M.D. Signed Statement) _____

4. Is your child taking any medication? Yes / No (circle one)

Specify: _____

5. Does your child have a hearing problem? Yes / No (circle one) _____

6. Please list all allergies: _____

7. Is there any information concerning the general health of your child that the school Nurse should be aware of? Yes / No

Explain any restrictions? _____

8. Does your child have any siblings in other district buildings? Yes / No (circle one)

Parent Signature: _____ Date: _____