Marion Elementary School 2011-2012		Tea	Teacher's Name				
		Date	2	Rm#	Bus #	am	pm
Student's Soc. Sec.#		Student's	Name				
	(optional) • often spoken in your home?						
	nish Other (identify)		Sex: Gra	de:	Birthday:		
• • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • •	•••••	Circle Ethnicity:	Hispar	nic Non-Hi	spanic	
Address:	Apt. Complex Name	_	If Non-Hispanic,	-		-	
		_	Am. Indian or	Alaskan Nat	ive 🗌 Asian	Black	
Stree	et Address		□Native Hawaiia		_		
City	State Zip		Phone #_(1			• •	phone
Mailing address, if	different from street add	lress H	ow will your child				
	NOTICE! ringly gives a false residen	-4-1	ride busrid	^		•	
Any person who know address for purposes of	of public school enrollmen	ntial –	drive self to sch	.0018	school district p	bays to trans	port
guilty of a misdemeand	or and subject to a fine not	t to	Av child will ride the	bus to:			
	6-18-202) The Marion So	chool	Ay child will ride the	st	reetaddress	city	
addresses.	those who present false		If your child go	es to a da	y care center	or babysit	ter,
Child lives with:			please enter the				
Father & Stepmo	otherInstitution	n					
Mother & Stepfa		ardian	Has your child e	wonhoonor	nollod from and	thomashaala	
Fatheronly	Mother C	Only		-	-		r
Grandparents	Both Par	rents	is there an expu	ision procee	aing: yes		
Other(identify)	Both Pare		Vehicle Tag#				
Does your child have one of (please check any that app	or more of the following disability)		e-mail addres	s:			
	hearing impaired		Mother's Nome	(Emang	an av Conto at	#1)	
Down Syndrome crutches	implant-nead		Mother's Name Name	, U	·	,	
	mental retardation		Address				
wheelchair	developmental delay		Address(if	different from	m child's address)	_
visual impaired	other (identify) ur child have now or ever had any of t		Place of employr	nent			
Medical History. Does you	ar child have now or ever had any of t	the following	work phone#(or	home pho	ne#)()		-
Yes No	Yes No		cell phone#())		•
*Allergies	Asthma	a	Father's Name:				-
Diabetes	Seizure Ear Pro	es oblems	Name				
Allergies Diabetes Fainting Eye Problem Headaches High Blood	ms Ear Pro	Problems	Address				
Headaches	Other(describe)	Address(if d	ifferent fron	n child's address)		_
High Blood	Pressure		Place of employr				
*Please identify any allergies or chronic illnesses.			work phone# (or	home pho	ne#)()		-
There is a physician's car	re plan on file with the schoo	ol	cell phone#(Emergency Cor	ntact#3:			_
for the condition listed a	above. <u>yes</u> no	0	Name				
Medications that your child takes regularly:			Place of employm	ent			
Name of medication			work phone# (or home phone#)()				
Dosage			cell phone#()				
			Information from l	birth certific	ate:		
Doctor's name			city of birth				
			state of birth				
			birth certificate #				
Health Ins. Co		— i	*If your child will t				te a
	ID#	1	medication adminis				
Medicaid#			tions must be admi	nistered thro	ough the office		

Child's Name_

Authorization for Medical Treatment:

If parent, guardian, or person designated cannot be reached, Marion School District has authority to give consent for emergency medical treatment. The school district is in no way financially responsible for medical treatment. Parent's or guardian's signature indicates permission for the school nurse or principal of the school to follow the directions above. **Permission is also given for my child to take aceteminophen** (**Tylenol**) **in case of fever, headache, etc. Tylenol will only be given if temp is 101 degrees and parent cannot be reached.**

Field Trip Permission:

I give my permission for my child to go on any field trip related to school activities. I hereby waive and release the school from any and all possible claims for injury to person or property which might arise in connection with my child's participation in these activities.

My child is in good physical condition and has had no serious illness or operation since his/her last health examination. I will notify my child's teacher of any health condition that might need to be monitored on any field trip.

Permission to use name/picture:

I give permission for my child's name and/or picture (either as an individual or as part of a group) to appear in articles relating to school in school newsletters, on the school website, and/or in area newspapers.

Authorization to pick up child from school:

The following people have permission to pick up my child from school. I will call or write a note if one of these persons will pick up my child, or if there is any change in the usual way he/she goes home from school. I understand that only the people listed below will be allowed to pick up my child.

Parent's or Guardian's Signate	ure Date
Relationship to Child (if any)	PhoneNumber
any way? ent court yes, we must a certified rmined by the	thers and sisters in the home: Age
	Relationship to Child (if any) Relationship to Child (if any) Image: second se