



# WOBURN PUBLIC SCHOOLS WOBURN, MASSACHUSETTS

## PARENT/GUARDIAN CHECKLIST FOR INCOMING STUDENTS

***This cover page is for your reference only and does not need to be returned to the school.***

Attached is a registration packet with forms to be completed and returned to school. Before a student may attend any class, all necessary forms and health information must have been submitted.

- Original Birth Certificate** – the original certificate will not be retained by the school
- Visa (if not U.S. Citizen)**
- Proof of Residency:** These documents must be originals, not photocopied, and be pre-printed with the name and address of the student’s parent or legal guardian\*. If the three documents can not be provided to the school, you may meet with the principal to discuss your unique situation. If unable to provide the required documentation, you will need to complete the attached ‘affidavit supporting residency’ and ‘proof of residency’ forms. In some cases, you may also be referred to the Superintendent of School’s office.

All Applicants must submit at least one document from <u>each</u> of the following columns**:		
<b>Column A</b>	<b>Column B</b>	<b>Column C</b>
<ul style="list-style-type: none"> <li>• Copy of Deed <b>AND</b> record of most recent mortgage payment</li> <li>• Copy of Lease <b>AND</b> record of most recent payment</li> </ul>	<p><i>A utility bill or work order dated within the past 60 days, including:</i></p> <ul style="list-style-type: none"> <li>• Gas Bill</li> <li>• Oil Bill</li> <li>• Electric Bill</li> <li>• HOME Telephone bill (not cell phone)</li> <li>• Cable Bill</li> <li>• Water Bill</li> </ul>	<ul style="list-style-type: none"> <li>• Valid Driver’s license</li> <li>• Current vehicle registration</li> <li>• Valid Massachusetts photo Identification card</li> <li>• Valid passport</li> </ul> <p><i><b>Dated within past year:</b></i></p> <ul style="list-style-type: none"> <li>• W-2 Form</li> <li>• Excise (Vehicle tax bill)</li> <li>• Property tax bill</li> </ul> <p><i><b>Dated within the past 60 days:</b></i></p> <ul style="list-style-type: none"> <li>• Payroll stub</li> <li>• Bank or credit card statement</li> </ul>

\* Legal guardianship requires additional documentation from a court or agency.

\*\* Not all of these requirements pertain to homeless students. Please see the principal if you are in a homeless situation to learn about your rights under the McKinney-Vento Act.

## PARENT/GUARDIAN CHECKLIST FOR INCOMING STUDENTS

Page Two

- Student Registration form PreK-12**
- Home Language Survey**
- Signed Release of Records Form** (if applicable) – for students transferring from another school district
- Completed Immunization Record**
- Completed Current Physical Exam** – A physical exam done within the past year prior to entrance is acceptable.

Any parent/guardian wishing to volunteer in a school or participate in a field trip must complete a **CORI** form. These forms must be completed every three years. Please see your school's administrative assistant for further information.



**Woburn Public Schools**  
**Woburn, Massachusetts**

School: \_\_\_\_\_  
 School Year: \_\_\_\_\_

**Student Registration**  
**Form Prek-12**

*Welcome to the Woburn Public Schools.  
 To help make this transition a smooth  
 one for your child, please complete all  
 forms and provide all documents noted  
 on the registration requirements.*

**FOR SCHOOL PERSONNEL USE ONLY:**

*Verification of Date of Birth and Student Name*

- Original Birth Certificate
- Passport
- Visa (of not U.S. Citizen)

*Required School Forms*

- Proof of Residency
- Completed Health Record and Immunization
- Previous School Records (if applicable)
- Special Education Records (if applicable)

LASID #: \_\_\_\_\_

SASID #: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Enrollment Date:	Former School/School Address
Has student ever been enrolled in a Massachusetts school?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, where: _____
Has student ever been enrolled in Woburn?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, where: _____

Student Information	
First Name: _____	Middle Name: _____
Last Name: _____	
Address: _____	
City/Town and Zip: _____	
Home Telephone # _____	Place of Birth (City, State Country): _____
Is the student homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Gender: _____	Grade Entering: _____
Is the student currently on an <b>Individual Education Plan (IEP)</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student currently on a <b>504 Plan</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student a member of a <b>military connected</b> family? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician's Name: _____	Physician's Phone: _____
Dentist's Name: _____	Dentist's Phone: _____
<b>Ethnicity:</b> Is the student either Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Race</b> (check one or more below):	
<input type="checkbox"/> <b>White:</b> a person having origins in any of the original peoples of Europe, the Middle East or North Africa	
<input type="checkbox"/> <b>Black or African American:</b> a person having origins in any of the black racial groups of Africa	
<input type="checkbox"/> <b>Native Hawaiian or Pacific Islander:</b> a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands	
<input type="checkbox"/> <b>American Indian or Alaskan Native:</b> a person having origins in any of the original peoples of North and South America, and who maintains tribal affiliation or community attachment	
<input type="checkbox"/> <b>Asian:</b> a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)	

Brothers and Sisters in and out of school					
Name	Age	Grade	Name	Age	Grade

**Parent/Legal Guardian Information**

Parent/Guardian 1 Name: \_\_\_\_\_

Resides with:  Yes  No Relationship to child: \_\_\_\_\_

Parent/Guardian 1 Address (if different from child): \_\_\_\_\_

Parent/Guardian 1 Home Phone (if different from child): \_\_\_\_\_

Parent/Guardian 1 Cell Phone: \_\_\_\_\_

P/G 1 place of work: \_\_\_\_\_ P/G 1 Work Phone: \_\_\_\_\_

Parent/Guardian 1 email: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Resides with:  Yes  No Relationship to child: \_\_\_\_\_

Parent/Guardian 2 Address (if different from child): \_\_\_\_\_

Parent/Guardian 2 Home Phone (if different from child): \_\_\_\_\_

Parent/Guardian 2 Cell Phone: \_\_\_\_\_

P/G 2 place of work: \_\_\_\_\_ P/G 2 Work Phone: \_\_\_\_\_

Parent/Guardian 2 email: \_\_\_\_\_

May child be dismissed to either parent:  Yes  No

Are there any legal issues or dismissal restrictions that the school should be aware of?  
(If YES, a copy must be on file in the school office.)

Yes  No

**Emergency Contact People** (to be called if school office is unable to contact the parent/guardian listed above. These individuals should have transportation available).

Individual #1 Name: \_\_\_\_\_

Individual #1 Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Individual #2 Name: \_\_\_\_\_

Individual #2 Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Individual #3 Name: \_\_\_\_\_

Individual #3 Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**In case of an accident or serious illness**, and if school personnel are unable to reach me, I hereby authorize school personnel to make whatever arrangements seem necessary.

\_\_\_\_\_

Parent/Legal guardian signature Date

I am the undersigned and the parent OR legal guardian of the child being registered. This child resides with me and my place of residence is within the boundaries of the Woburn Public School District and the attendance area for this school. By my signature below, I am affirming that all information provided is accurate and truthful.

\_\_\_\_\_

Parent/Legal guardian signature Date

## Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

<b>Student Information</b>			
_____	_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Gender</b>
_____	_____/_____/_____	_____/_____/_____	
<b>Country of Birth</b>	<b>Date of Birth (mm/dd/yyyy)</b>	<b>Date first enrolled in ANY U.S. school (mm/dd/yyyy)</b>	
<b>School Information</b>			

_____/_____/20____	_____	_____
<b>Start Date in New School (mm/dd/yyyy)</b>	<b>Name of Former School and Town</b>	<b>Current Grade</b>

<b>Questions for Parents/Guardians</b>	
<b>What is the native language(s) of each parent/guardian? (circle one)</b>  _____ (mother / father / guardian) _____ (mother / father / guardian)	<b>Which language(s) are spoken with your child?</b> (include relatives -grandparents, uncles, aunts, etc. - and caregivers)  _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
<b>What language did your child first understand and speak?</b>	<b>Which language do you use most with your child?</b>
<b>Which other languages does your child know? (circle all that apply)</b>  _____ speak / read / write _____ speak / read / write	<b>Which languages does your child use? (circle one)</b>  _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
<b>Will you require written information from school in your native language?</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Will you require an interpreter/translator at Parent-Teacher meetings?</b>  Y <input type="checkbox"/> N <input type="checkbox"/>
<b>Parent/Guardian Signature:</b>  <b>X</b>	_____/_____/20____  <b>Today's Date:</b> (mm/dd/yyyy)



# WOBURN PUBLIC SCHOOLS

## Woburn, Massachusetts

### Student Record Release Form

State legislation makes it necessary for schools to obtain release forms from parents of students under age 15 before information on the student is sent to private or parochial schools, vocational schools, other public school systems, or any other third party. The following information will be forwarded on permission being granted by the parent:

- Name, address, and other identifying information
- School subjects taken
- Letter grades or evaluation for those subjects
- Objective test data
- Attendance record
- Health record
- Other temporary record information: i.e, core evaluation reports, psychological reports, etc.

With this in mind, please complete the appropriate statement:

1) **MOVING TO WOBURN:** I give permission for the \_\_\_\_\_  
(Old School Name, Address)

to forward school records for \_\_\_\_\_ to the Woburn Public Schools.  
(Student Name / Grade)

My child will be attending the \_\_\_\_\_.  
(New School Name)

2) **MOVING FROM WOBURN:** I give permission for the Woburn Public Schools to forward the

school records for \_\_\_\_\_ to the  
(Student Name / Grade / School Attended)

\_\_\_\_\_  
(New School Name / Address)

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number



# WOBURN PUBLIC SCHOOLS

## Woburn, Massachusetts

### Proof of Residency Form

Three forms of identification are required from the property owner and renter to verify residency. *The following two pages only need to be completed and notarized if the parent or homeowner cannot produce the three required forms, the Affidavit Supporting Residence and Proof of Residency forms.*

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Telephone Number: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

Telephone Number of Property Owner: \_\_\_\_\_

Date Student will Enter School: \_\_\_\_\_

The undersigned do hereby certify that \_\_\_\_\_ is living at \_\_\_\_\_ in Woburn, Massachusetts and that all records relating to the enrollment of \_\_\_\_\_ into the Woburn Public Schools are true. Any falsifying of this information will subject me, as parent or guardian, to full tuition payment for the number of days he/she was not a legal resident of the City of Woburn as well as removal of the student from the Woburn Public Schools.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Property Owner's Signature

The following documentation must be provided:

- 1) Copy of property owner's current real estate tax bill \_\_\_\_\_
- 2) Copy of current utility bill with either lessor or lessee's name \_\_\_\_\_  
    \*\* due within 30 days of actual residence
- 3) Proof of identification: Driver's license/Passport,etc. \_\_\_\_\_



# WOBURN PUBLIC SCHOOLS

## Woburn, Massachusetts

### AFFIDAVIT SUPPORTING RESIDENCE

***I certify that:***

\_\_\_\_\_  
Name of Parent(s) / Legal Guardian(s)

\_\_\_\_\_  
Name(s) of Child(ren):

Reside at: \_\_\_\_\_

in the Woburn Public School District, as of: \_\_\_\_\_  
(Date)

\*Property Owner or Lessor Signature: \_\_\_\_\_

(Relationship to Parent / Guardian:) \_\_\_\_\_

\_\_\_\_\_  
\*Parent / Guardian Signature: \_\_\_\_\_

Commonwealth of Massachusetts

County of Middlesex

Subscribed and sworn to me, a Notary Public, in and for said County and State,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public: \_\_\_\_\_

Printed Name of Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

***\*My signature confirms that the information above and supporting documentation I have provided the School District to prove residency are true. I understand that fraudulent claims constitute perjury, punishable by law, and can also result in the expulsion of the student from school and immediate demand for tuition by the School District.***



## Massachusetts Parental Notice for One Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits

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*School District Name and Code:* Woburn Public Schools [0347]

*School/District Contact:* Michael R. Baldassarre, mbaldassarre@woburnps.com 781-937-8233

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities in Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counseling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If you give the school district permission to share information with and request reimbursement from MassHealth:
  - a. This will not affect your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
  - b. Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
  - c. Your permission will not lead to any changes in your child's MassHealth rights; and
  - d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.
4. If you give permission, you have the right to change your mind and withdraw your permission at any time.
5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):

Add more children

## Early Childhood Education Experience Survey

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

Name of child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- My child did not have any formal early childhood program experience
- My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.
- My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.
- My child did not have formal early childhood program experience but participated in **BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP) services.**
- My child attended a Licensed Family Child Care Provider (indicate hours below)  
    \_\_\_ for less than 20 hours per week  
    \_\_\_ for 20+ hours per week
- My child attended a Center Based Program (indicate hours below)  
    \_\_\_ for less than 20 hours per week  
    \_\_\_ for 20+ hours per week
- My child attended **BOTH a Licensed Family Child Care Provider AND a Center Based Program (indicate hours below)**  
    \_\_\_ for less than 20 hours per week  
    \_\_\_ for 20+ hours per week



## Woburn Public Schools Health Services

Dear Parent/ Guardian,

During the Registration process, please bring a copy of the following medical records with you:

\_\_\_\_\_ Your child's immunization record/ history

\_\_\_\_\_ Lead paint test results (Pb) - Sometimes this is on the immunization record or physical exam form. If not, check with your doctor.

\_\_\_\_\_ Most recent physical exam, must be within last 12 months

\_\_\_\_\_ *(FOR KINDERGARTEN ENTRANCE)* Vision screening, including stereopsis, within last 12 months of school start date.

***This needs to be completed by the physician prior to Kindergarten Registration according to state regulations enacted in 2004.***

\_\_\_\_\_ Completed Current Health Status Form

# Woburn Public Schools Health Services

## Immunization Information

In accordance with Massachusetts State Law (MGL c76, ss15 and 15c, 105 CMR 220.000), no child shall be admitted to school except upon presentation of a physician's certificate stating that the child has been successfully immunized against diphtheria, pertussis, tetanus, polio, hepatitis B, measles, mumps, rubella, and varicella.

The Massachusetts Department of Public Health specifies that the following doses of immunizations are required for entry into kindergarten:

<b>DTaP/DTP</b>	<b>5 doses</b>	<b>MMR</b>	<b>2 doses</b>
<b>Polio</b>	<b>4 doses</b>	<b>Varicella</b>	<b>2 doses</b>
<b>Hepatitis B</b>	<b>3 doses</b>		

Additionally, according to the Massachusetts General Law 105 CMR 460.050E, if children have never been screened for lead poisoning, they must be screened at entry to kindergarten, and present evidence of such screening. If they have previously been screened for lead poisoning, they need not be screened again to fulfill kindergarten entry requirements, but must present evidence of previous screening.

As of 2011, the Massachusetts Department of Public Health requires physician certification of the following additional immunization for entry into 7<sup>th</sup> grade.

<b>Tdap</b>	<b>1 dose</b>	<b>Varicella</b>	<b>2 doses</b>
<b>MMR</b>	<b>2 doses</b>		

There are two situations in which children who are not appropriately immunized may be admitted to school:

- 1) a **medical exemption** is allowed if a physician submits documentation attesting that an immunization is medically contraindicated; and
- 2) a **religious exemption** is allowed if a parent or guardian submits a written statement that immunizations conflict with their sincere religious beliefs.

### Exclusion During Disease Outbreaks

In situations when one or more cases of a vaccine-preventable or any other communicable disease are present in a school, all susceptibles, **including those with medical or religious exemptions**, are subject to exclusion as described in the Reportable Diseases and Isolation and Quarantine Requirements (105 CMR 300.000).

For more information contact your school nurse, your health care provider or the Massachusetts Department of Public Health Immunization Program @ 888 658-2850.

## CERTIFICATE OF IMMUNIZATION

Name: \_\_\_\_\_

Date of Birth:    /    /

Sex: M F

If combination vaccine is administered, please indicate vaccine type (e.g., DTaP-Hib, etc.)

Vaccine	Date/Vaccine Type	Vaccine	Date/Vaccine Type	
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	1	Rotavirus (e.g., RV5: 3-dose series, RV1: 2-dose series)	1	
	2		2	
	3		3	
	4	Measles, Mumps, Rubella (MMR, MMRV)	1	
1	2			
Diphtheria, Tetanus, Pertussis (e.g., DTP, DTaP, DT, DTaP-Hib, Tdap, Td, DTaP-HepB-IPV, DTaP-IPV/Hib)	2	Varicella (Var, MMRV)	1	
	3		2	
	4	Meningococcal Conjugate (MCV4) or Polysaccharide (MPSV4)	1	
	5		2	
	6			
	Haemophilus influenzae type b (e.g., Hib, HepB-Hib, DTaP-Hib, DTaP-IPV/Hib)	7	Seasonal Influenza Inactivated ( <i>intramuscular</i> ) or Live ( <i>Intranasal</i> )	1
		1		2
2		3		
3		4		
Polio (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib)	4	H1N1 Influenza Inactivated ( <i>intramuscular</i> ) or Live ( <i>Intranasal</i> )	1	
	1		2	
	2			
	3	Hepatitis A (HepA, HepA-HepB)	1	
	4		2	
Pneumococcal Conjugate (PCV7)	5	Human Papillomavirus (HPV)	1	
	1		2	
	2		3	
	3	Other		
4				
Pneumococcal Polysaccharide(PPV23)	1			
	2			

Serologic Proof of Immunity		Check One	
Test (if done)	Date of Test	Positive	Negative
Measles	/ /		
Mumps	/ /		
Rubella	/ /		
Varicella*	/ /		
Hepatitis B	/ /		
* Must also check Chickenpox History box.			

Chickenpox History
<input type="checkbox"/> Check the box if this person has a physician-certified reliable history of chickenpox. Reliable history may be based on: * physician interpretation of parent/guardian description of chickenpox * physical diagnosis of chickenpox, or * serologic proof of immunity

I certify that this immunization information was transferred from the above-named individual's medical records.

Doctor or nurse's name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Facility name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

### Woburn Public Schools Current Health Status for Grades Pre-K-5

Student: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_  
Home Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent/Guardian #1: \_\_\_\_\_ Primary Care Physician:  
Work#: \_\_\_\_\_ Name: \_\_\_\_\_  
Cell#: \_\_\_\_\_ Phone# \_\_\_\_\_  
Parent/Guardian #2: \_\_\_\_\_ Health Insurance Company: \_\_\_\_\_  
Work#: \_\_\_\_\_  
Cell#: \_\_\_\_\_  
Emergency Contact: Name and Phone # \_\_\_\_\_

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Does your child have any long-term medical problems? Yes \_\_\_ No \_\_\_ If yes, please explain below.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Is your child allergic to any food or medicine? Yes \_\_\_ No \_\_\_ If yes, please explain below.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\*\* Is an Epi-pen required? Yes \_\_\_ No \_\_\_

Does your child take any medications, prescribed by a physician, on a long-term basis? Yes \_\_\_ No \_\_\_

If yes, please list them below.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Does your child use an inhaler for his/her asthma? Yes \_\_\_ No \_\_\_

Does your child wear glasses? Yes \_\_\_ No \_\_\_ Contact lenses? Yes \_\_\_ No \_\_\_ Fulltime \_\_\_ Part-time \_\_\_

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I give my permission for the school nurse to share with school personnel (i.e. classroom teacher) health information about my child. I know that I have the power to withdraw this consent at any time by sending written notice to the school nurse. I realize this information will only be shared with school personnel necessary to keep my child medically safe while at school.

Yes \_\_\_ No \_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*In the event of a medical emergency, we will attempt to notify you and, if necessary, your child will be transported by ambulance to a hospital Emergency Room.*

**IF YOUR CHILD'S HEALTH CHANGES DURING THE SCHOOL YEAR, PLEASE NOTIFY THE SCHOOL NURSE IN YOUR CHILD'S BUILDING.**