



# Newton County School System

## Student Registration Packet

### CLINIC INFORMATION CARD

Gender:  Male  Female      Student's Name: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ HmRm Teacher \_\_\_\_\_  
mm dd yyyy

Name of siblings enrolled in this school: \_\_\_\_\_

### HEALTH HISTORY (If yes, please explain)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies (LIST ALL)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney Problem
<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Migraine Headache
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Handicaps
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skin Condition
<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Problems
<input type="checkbox"/> Yes <input type="checkbox"/> No	Menstrual		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Allergies/Reaction		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other		
<input type="checkbox"/> Yes <input type="checkbox"/> No	My child needs an inhaler/nebulizer available at school (if YES, provide medication to keep at school)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	My child requires an Epi-Pen for severe allergic reaction (if YES, provide Epi-Pen to keep at school)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	My child received immunizations this past year If YES list type and date:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	My child takes prescribed medications routinely/occasionally If YES please list:		

### EMERGENCY INFORMATION

Parent/Guardian #1: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Residence Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Residence Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

If parents cannot be reached, list two (2) Emergency Contacts who will assume care of your child:

Emerg. Contact #1: \_\_\_\_\_ Relationship \_\_\_\_\_ Ph: \_\_\_\_\_  
 Emerg. Contact #2: \_\_\_\_\_ Relationship \_\_\_\_\_ Ph: \_\_\_\_\_

<b>Please Note</b>	In the event that Emergency Medical care is deemed necessary, the school will immediately attempt to make contact using phone numbers provided on the clinic card and will contact Emergency Medical Services (911) to respond to the school for evaluation and possible transport.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical information, as indicated above, may be shared with appropriate staff as needed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	In an <b>emergency</b> , I give the principal, or designee, permission to administer Tylenol or Benadryl in the event the parent or contact person cannot be reached.
<input type="checkbox"/> Yes <input type="checkbox"/> No	In non-emergency health concerns I authorize the school nurse/school personnel to utilize the following medications: anti-itch medication (caladryl, cortisone cream/lotion), antiseptic sprays, cough drops or the generic of these. I understand that it is the <b>parents'</b> responsibility to provide non-prescription medications to have available at school such as Motrin, Tylenol, Benadryl, etc. All medication must be labeled and <b>must be</b> in the original container. School Nurses are prohibited by their license restrictions to dispense prescription medication without the prescribing doctor's signature.

Should there be a need for school personnel to dispense prescription/nonprescription medication to my child, I will contact the school for the appropriate medication form that must accompany medication. I understand that **all medication must be provided by the parent/guardian** and that no personnel can dispense without parent/guardian signature.

\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_

Date



