20	22-2023 Lafayette County	Emergency	Informatio	on and Medical Update	Grade:	
				e school be able to reach the student m carefully and correctly. Please use		
			[inst:		Middle	
1	Last Name:	Gender: Ma	First:	Primary Phone:	Middle:	Race:
<u>i</u>	Date of Birth: / / Student's Physical Address	Genuer. Ma		Student's Mailing Address (If Di	fferent)	Race
Student Information					lierenty	
ť	City, State, Zip			City, State, Zip		
pu		egal Docume	ntation must	be on file in the student's cumul	ative record	d.)
	Both Parents Moth	er GFather		nt Aunt/Uncle Legal Guardia		
	Who Does the Student Live Wi			-		
	Both Parents Moth	er Father	] Grandpare	nt Aunt/Uncle Legal Guardia	an 🗌 Other:	
an						
rdia	Last Name:		<u> </u>	First Name:		
Эца	Home Address (If Different that	n student)		Work Phone:		· · ·
er/(				Email:		
Mother/Guardian	City, State, Zip			Cell Phone:		
2				Home Phone:		
c						
Father/Guardian	Last Name:			First Name:		·
Bua	Home Address (If Different that	n student)		Work Phone:		
er/			•	Email:	,	· ·
ath	City, State, Zip			Cell Phone:		
ш				Home Phone:		
ts	List the n	ames of pe	ersons that	may pick up and check ou	t your stu	dent.
Contacts	Name	2		Relationship		Phone Number
l S			·			
Emergency		· · · · · · · · · · · · · · · · · · ·				
ш	· · · · · · · · · · · · · · · · · · ·	·				
	On a TYPICAL day,	how will your	student arri	ve to school? **Written Notice is	s needed fo	r bus changes.
5	Car Dropof	f 🔲 Walk	Ride	School Bus AM Bus	) Drive	(High School Student) .
Transportation	Attend OF			n (Program/Daycare:		)
	On a TYPICAL day			ave school? **Written Notice is		
l ä	Car Dropof	f 🗋 Walk	K LI Ride	School Bus PM Bus	) Drive	(High School Studet) .
F		,		ram (Program/Daycare:		
L				orogram (Program:	)	
	Plea	ise list any si	bling(s) who	currently attend Lafayette Coun	ty Schools	
6	First and Last Name			School		Grade Level
Sibling(s)	<b></b>					<u></u>
Sibl			<u> </u>			
ľ						
L						
	Military Activity: A parent (define	d as natural pa	arent or appoir YES	nted legal guardian) of this student is <b>NO</b>	s an Active N	nember of our Armed Forces.
Γ			Release of	f Information		
	l agree	e that my stud	dent's name	and photo may be released for	the followin	g:
	Press for Recognition Yes	No Military F	Recruiters (hi	igh school only) Yes No Yearbo	ok? Yes N	o Social Media Yes No

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etc. (Check ALL that apply)         Asthma       If checked, does the student use an inhaler?         Seizures       If checked, is the student on daily medication?         Diabetes       If checked, is the student insulin dependent?         Diabetes       If checked, is the student insulin dependent?         Diabetes       If checked, is the student insulin dependent?         Other Medical/Mental Health Diagnoses/Concerns (Describe):         Descrify:       Specify:         Specify:       Specify:         Does your child wear? Check all that apply.       Glasses         Confidential manner. You must notify the school nurse in writing if you do NOT want your student to receive basic or to participate in one or more of the activities listed below.         School Health Screenings are part of the School Health Services Plan. Nursing assessments and health counseling are the scheduled screenings. A student may be referred by a parent or school staff at any time for the screenings listed below.<	ce Name: ce Address (City, State) ect the student's progress in school, sports	Physician's Office Name:       Physician's Office Name:         Physician's Office Number:       Physician's Office Address (City, State)         Please check or list any medical/mental health diagnoses/concerns which may effect the student's progress in school, sports, etc. (Check ALL that apply)         Asthma       If checked, list be student of adily medication?         Biszures       If checked, is the student daily medication?         Diabetes       If checked, is the student insulin dependent?         Context       Diaby Meds         Recent Illness/Hospitalization/Surgery (Describe):         Other Medical/Mental Health Diagnoses/Concerns (Describe):         Other Medical/Mental Health Diagnoses/Concerns (Describe):         Specify:       Specify:         Specify:       Specify:         Does your child wear? Check all that apply.       Glasses         Does your child wear? Check all that apply.       Glasses         Cohool Nurse will assist parents/guardians in obtaining medical help for their student(s). Health problems will be treated in a nifidential manner. You must notfy the school nurse in writing if you do NOT want your student to receive basic first ald or to participate in one or more of the activities listed below.         Grade K       Grade 1       Grade 3       Grade 6       Grade 6       Igive permission to DOH Lafayette School Health Services staff and health counseling are a part of the school only are in molta information, as needed, in order
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etc. (Check ALL that apply)         Asthma       If checked, does the student use an inhaler?         Seizures       If checked, is the student on daily medication?         Diabetes       If checked, is the student insulin dependent?         Diabetes       If checked, is the student insulin dependent?         Diabetes       If checked, is the student insulin dependent?         Other Medical/Mental Health Diagnoses/Concerns (Describe):         Does your child wear? Check all that apply.       Glasses         Specify:       Descript:         Does your child wear? Check all that apply.       Glasses         Contacts       Hearing Aids         The School Nurse will assist parents/guardians in obtaining medical help for their student(s). Health problems will be treat confidential manner. You must notify the school nurse in writing if you do NOT want your student to receive basic or to participate in one or more of the activities listed below.         School Heal	Image:	etc. (Check ALL that apply)         Asthma       If checked, does the student use an inhaler?       Ires[No]       Daily Meds         Diabetes       If checked, is the student on daily medication?       Ires[No]       Daily Meds         Diabetes       If checked, is the student insulin dependent?       Ires[No]       Daily Meds         Recent Illness/Hospitalization/Surgery (Describe):       Ires[No]       Daily Meds         Other Medical/Mental Health Diagnoses/Concerns (Describe):       Ires[No]       Daily Meds         Mild or       Severe Allergies. If Checked, please check the type below:       EpiPen Benadryl         Food/Environmental       Insect Stings/Bites:       Medicines/Drugs:       Allergies Require:         Specify:       Specify:       Specify:       Desnadryl         Other:       Contacts       Hearing Alds         hes School Nurse will assist parents/guardians in obtaining medical help for their student(s). Health problems will be treated in a unifidential manner. You must notify the school nurse in writing if you do NOT want your student to receive basic first aid or to participate in one or more of the activities listed below.         Grade K       Grade 1       Grade 3       Same as Grade 1       Igve permission to DOH Lafayette School Health Services staff and Lafayette County School District staff to share medical information, as needed, in order to better serve my student. I understand individuals under the strue and correct. I will noti
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