

**WILLIAM FLOYD SCHOOL DISTRICT**  
**THIS FORM MUST BE COMPLETED AND RETURNED TO YOUR CHILD'S TEACHER OR NURSE A.S.A.P.**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Family Name: \_\_\_\_\_ Address: \_\_\_\_\_ Home Telephone # \_\_\_\_\_

E-mail address: \_\_\_\_\_ Student ID # \_\_\_\_\_

Name of Adults in Household	Relationship	Employer / Work Hours	Cell or Work #

My child MAY  or MAY NOT  be released to the non-custodial parent. Name \_\_\_\_\_

The following individuals have permission to pick up my child in case of emergency 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.

Name	Relationship	Address	Telephone #

All students in grade PK or K, 1,3,5,7,9,11 and all students new to the district are required to have a physical examination. **All students who have not submitted a physical from a private physician within 30 days of beginning school will be examined by the school physician.**

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

Special Alerts: \_\_\_\_\_

\_\_\_\_\_  
Date

**\*\*\*PLEASE NOTIFY YOUR CHILD'S SCHOOL NURSE IF THERE IS ANY CHANGE IN HIS/HER HEALTH STATUS \*\*\***

102-RV11

Last Name First Name \_\_\_\_\_

1. Name of student's physician \_\_\_\_\_ Telephone \_\_\_\_\_

2. Has your child, during the past summer, had any illness, injury or surgery?  
Specify \_\_\_\_\_

3. Has your child received any immunizations not previously reported? \_\_\_\_\_  
Specify type and date (please submit M.D. signed statement) \_\_\_\_\_

4. Is your child taking any medication? \_\_\_\_\_  
Specify \_\_\_\_\_

5. Does your child have any hearing problem? \_\_\_\_\_

6. Does your child wear eyeglasses? \_\_\_\_\_

7. Please list all allergies \_\_\_\_\_

8. Is there any information concerning the general health of your child that the school nurse should be aware of? \_\_\_\_\_ Any restrictions? \_\_\_\_\_

9. Does your child have any siblings in other district buildings? \_\_\_\_\_ Please list below:

Name \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_