This form must be completed and turned in at registration. Form B

Morrisonville CUSD#1

Student Registration, Health Information and Emergency Treatment Permission Statement

Student's Name ______________________________________ Grade____________

Last Name / First Name / Full Middle Name

Birth Date	Sex ☐Male ☐Female	Race/ Ethnicity	☐ Amer. Indian ☐ Asian ☐ Multi	☐ Hispanic ☐ Black ☐ White

Birth City	Birth County	Birth State	Soc. Sec. #

Homeless: Yes ☐ No ☐

PARENT INFORMATION	☐Mother ☐Step-Mother ☐Guardian	☐Father ☐Step-Father ☐Guardian
Name: First (Maiden) Last		
Street Address		
Mailing Address (if different)		
City/State/Zip		
Home Phone Number		
Cell Phone Number		
Place of Employment		
Work Phone Number		
Email Address		
Custody (if separated or divorced)	☐Yes☐No	☐Yes☐No

Siblings in this school district: **List names and grade.**	

It is your responsibility to make arrangements for proper care in case your child should have an accident or become ill while attending school. Should you be away from home, the following will help you and your child in receiving proper care and notification.

1.) Designate a neighbor or relative to care for your child in their home until you can be reached.
2.) Inform designated persons that you have used their names and advise them of their responsibilities.
3.) If any information should change during the school year please notify the Building Principal or Secretary

IF MY CHILD BECOMES ILL AND I CANNOT BE REACHED, PLEASE NOTIFY:

	Name	Relationship	Daytime Phone	Cell Phone
First Contact				
Second Contact				

This form is two-sided, please complete both sides.

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HOME LANGUAGE SURVEY

	Is a language other than English spoken in your home? ☐Yes☐No If yes, what language: ___________________________
	Does your child speak a language other than English? ☐Yes☐No If yes, what language: ___________________________

HEALTH INFORMATION (If medication is to be given at school, please complete & attach required consent form.)

✓	Medical Condition (Check all that apply)	Give Details of Condition – Treatment/Medication/Dosage Instructions
☐	ADD/ADHD	
☐	Allergies-Food/Medicine/Insects	Epi-Pen? ☐Yes☐No
☐	Asthma	Inhaler? ☐Yes☐No
☐	Diabetes	Insulin? ☐Yes☐No
☐	Ear Infections/Hearing Problems	Hearing Device? ☐Yes☐No Last Exam Date:
☐	Heart Condition or ailment	
☐	Pneumonia	
☐	Rheumatic Fever	
☐	Scarlet Fever	
☐	Tonsilitis	
☐	Vision Problems	Glasses/Contact Lenses? ☐Yes☐No Last Exam Date:
☐	Epilepsy or Seizure Disorder	
☐	Other Serious Illness/Injury (Describe)	
☐	Check here if more medical information is provided below.	

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