



# 09. FFCS STUDENT INFORMATION

(page one of three) 2017-2018

Office Use Only  
Reviewed by:

School Nurse/Date

This information is needed to keep your child healthy and safe while at school. If your child has a life threatening health condition, it is the parent/guardian's responsibility to notify the school nurse PRIOR to school beginning so that an appropriate plan of care is developed. Both page 1 and page 2 are to be carefully completed by the parent/guardian and returned to the school office with your completed registration packet.

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ M or F 2017/18 Grade: \_\_\_\_\_

**HAS YOUR CHILD BEEN DIAGNOSED BY A LICENSED HEALTHCARE PROVIDER WITH ANY OF THE FOLLOWING? Check yes or no and explain all "yes" answers.**

	YES	NO	EXPLANATION
Allergies (drugs, food, latex, insects)			
Attention Deficit Disorder			
Attention Deficit Hyperactivity Disorder			
Asthma			
Autism/Asperger's Syndrome			
Bladder/Bowel Concerns			
Blood Disorder			
Cancer			
Cerebral Palsy			
Depression			
Diabetes			
Ear or Hearing Concerns			
Eating Disorder			
Emotional or Psychological Concerns			
Eye or Vision Concerns			
Heart Problems			
Migraine or Severe Headaches			
Orthopedic Conditions			
Seizures			
Skin Concerns			
Spina Bifida			
Other			

**HAS YOUR CHILD EVER HAD ANY OF THE FOLLOWING? Check yes or no and explain all "yes" answers.**

	YES	NO	EXPLANATION
Serious illness			
Serious injury			
Surgery			
Hospitalization			



## 09. STUDENT INFORMATION

(page two of three) 2017-2018

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ M or F 2017/18 Grade: \_\_\_\_\_

**DOES YOUR CHILD? Check yes or no and explain all "yes" answers.**

	YES	NO	EXPLANATION
Wear glasses			for distance <input type="checkbox"/> for reading <input type="checkbox"/>
Wear contacts			for distance <input type="checkbox"/> for reading <input type="checkbox"/>
Wear hearing aids			left ear <input type="checkbox"/> right ear <input type="checkbox"/>
Have ear ventilation tubes			
Use special medical equipment			
Require special medical procedures/treatments at school <input type="checkbox"/> and/or at home <input type="checkbox"/>			
Have any physical or medical limitations			
Have a condition that prevents full participation in PE			

### HEALTH

Concerns: \_\_\_\_\_

Medication taken: \_\_\_\_\_

Washington State law requires written authorization from a licensed healthcare provider and parent before any medication (prescription or over-the-counter—this includes cough drops with menthol) may be taken at school. A form is available from the school nurse.

Washington State law also requires an updated "Certificate of Immunization Status" form with all required immunizations completed and on file BEFORE school begins.

	YES	NO	MEDICATION
Is medication needed at home?			
Is medication needed at school?			

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic: \_\_\_\_\_

Date of last well-child exam: \_\_\_\_\_ Preferred hospital in case of an emergency: \_\_\_\_\_

If you would like more information regarding any health issue concerning your child, please feel free to contact the school nurse.

I understand that the information above will be shared in a confidential manner with appropriate school staff who need to know in order to provide for the health and safety of my student. I will keep the school informed throughout the year regarding any changes in health status and/or contact information. If parents/guardians or authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment of school authorities, I authorize and direct the school authorities to request emergency medical services (911). I understand that I may be responsible for the payment of any services rendered.

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



## 09. STUDENT INFORMATION

(page three of three) 2017-2018

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ M or F 2017/18 Grade: \_\_\_\_\_

### AUTHORIZATION

Do you grant permission for your children to be photographed for brochures, newspaper articles, the FFCS website, video and slide productions? ☐ Yes ☐ No

Do you grant permission for your children to attend scheduled field trips with FFCS? ☐ Yes ☐ No

### RESTRICTIONS

DO NOT release my child to:

***A court order prohibiting such release must be on file before staff members can enforce this request.***

### ETHNIC BACKGROUND (optional):

☐ Asian or Pacific Islander ☐ American Indian or Alaska Native  
☐ Black, not of Hispanic origin ☐ White, not of Hispanic origin  
☐ Hispanic ☐ Other

Is English the primary language spoken at home? ☐ Yes ☐ No

If no, please indicate what language \_\_\_\_\_

### Pre-K and Kindergarten only

If you have a student in preschool and/or Kindergarten, please select the day/time preference by circling one:

Pre-K

3/4 AM

4/5 AM

4/5 PM

4/5 PM

Kindergarten

M/W every other Friday

T/Th every other Friday

### IF STUDENT IS IN HIGH SCHOOL AND WILL BE DRIVING:

Student Automobile Make \_\_\_\_\_

Student Automobile Model \_\_\_\_\_

Student Automobile License \_\_\_\_\_

Student Drivers License \_\_\_\_\_

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

### STATEMENT OF NONDISCRIMINATION

"Firm Foundation Christian School admits students of any sex, race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. FFCS does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs."