

TILLAMOOK School District #9

Teacher: _____ Grade: _____

HEALTH QUESTIONNAIRE

STUDENT'S NAME: _____ BIRTHDATE: _____ COUNTRY OF BIRTH: _____

STUDENT'S ADDRESS: _____ PHONE: _____ CELL: _____

 MY CHILD HAS A MEDICAL CONDITION WHICH MAY REQUIRE ATTENTION AT SCHOOL (MEDIC ALERT)**DOES YOUR CHILD HAVE ANY OF THE FOLLOWING?****CIRCLE ONE****Hearing Problem** NO YES**Speech Problem** NO YES**Dental Problem** NO YES

_____ Has your child been seen by a dentist or dental hygienist in the past 12 months? NO YES

Vision Problem NO YES

_____ Has your child been prescribed Glasses or contact lens? NO YES

Allergies Environmental (dust, etc.) Insect Allergy NO YES Food Allergy _____ Medicine Allergy _____ Severe allergic reaction, that a doctor/nurse practitioner

_____ has prescribed an Epipen or Epipen Jr? NO YES

Diabetes (if yes, please circle) Type 1 Type 2 Other NO YES**Digestive Problems** (Ulcer, Colitis, Vomiting, etc.) NO YES**Heart Condition** NO YES

_____ If yes, what is the medical diagnosis?

Asthma or Other type of breathing problem NO YES**Epilepsy or Seizure Disorder** NO YES

_____ If yes, what kind of seizures?

Cancer – has your child ever been diagnosed with cancer? NO YES

_____ If yes, what type of cancer? Is your child still being treated for cancer? YES NO

Headaches which are frequent or severe? NO YES

_____ If yes, what helps your child when a headache occurs?

Has your child had one or more previous head injuries or concussions? NO YES

_____ If yes, when did this occur?

Blood Disorder (Anemia, Hemophilia, Bleeding Disorder) NO YES**Cerebral Palsy** NO YES**Orthopedic (Bone) Problem** NO YES**Bowel or Bladder Problem** NO YES**Kidney Problem** NO YES**Skin Problem** (eczema, hives, etc.) NO YES

_____ If yes what type of skin problem?

Special Diet NO YES

If yes, type of diet: _____ Only students with the appropriate medical documentation on file at school can have food substitutions in the school breakfast/lunch program.

Learning Difficulties NO YES

_____ If yes, please describe:

Attention Deficit Disorder or ADHD NO YES**Does your child have any other health concerns not listed above?** NO YES

_____ If yes, please describe:

****A medication form must be filled out for all medication taken during school.******To protect your child, this information will be shared with school staff working with your child.**

If you would like to speak to the health nurse regarding any special health needs your child may have, please leave a message at the school office or call the Tillamook Health Department at 503-842-3900.

Parent/Guardian Signature _____ **Date:** _____ **NO MEDICAL CONCERNS**



TILLAMOOK SCHOOL DISTRICT NO. 9
2510 – 1st Street
Tillamook, Oregon 97141

PARENT CUSTODY NOTIFICATION

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children **UNLESS** a parent has a court order that indicates which parent has custody of the child/children.

The school **MUST HAVE A COPY OF THE COURT ORDER** on file, otherwise, either parent may check the child out of the school with proper identification.

If a parent comes in with a court order stating current custody over the enrolling parent, they may take the child/children after documents are verified, as needed, and after every effort has been made to reach the enrolling parent by phone.

I have read the above statement of the law.

Student's Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent/Guardian

Date

TILLAMOOK SCHOOL DISTRICT 9

Student Residency Questionnaire

Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, and/or Federal McKinney-Vento Education Act. Eligibility can be determined by completing this questionnaire.

1. Are you and/or your family in any of the following situations? Check if true

A. Student staying with friends or couch surfing **and** not living with parent/guardian

B. Staying in a shelter or transitional housing

C. Sharing housing with others due to loss of housing, money difficulties or similar reason

D. Living in a car, park, campground, RV, public space, abandoned building, or housing not appropriate for your family

E. Temporarily living in a motel or hotel

2. Have you moved across school districts in the past 3 years to seek or obtain temporary or seasonal work in any type of fishing, agriculture, forestry or dairy?

Yes

STOP

If you did not check any boxes, stop and do not continue. Turn the form in with the rest of your registration packet.

If you did check any of the boxes in section 1 or 2 above, please continue filling out the form.

3. Student Name			M/F	D.O.B.	Grade	School Name
First	Middle	Last				

4. Are there other children in the home?

(Check one) Yes No How many? _____

Print Parent/Guardian Name Signature Date

Phone number where you can be reached

Please submit this form with your registration packet.

For District Use Only: If parent has checked boxes in #1 or #2, make copy for school counselor.
Return original form to the District Office, Office of Student Success.

**Transportation/Emergency Form 2016-2017 - East Elementary
Tillamook School District #9
(All information is strictly confidential)**

Student's Name:			
Circle Grade: 4 5 6			Teacher:
	Home Street Address:		Home Phone:
	Mother/Guardians Name:	Father/Guardians Name:	
	Mother's Cell:	Father's Cell:	
	Mother/Guardians Work Phone:	Father/Guardians Work Phone:	

Regular Transportation Schedule			
Monday	<input type="checkbox"/> Pick Up <input type="checkbox"/> Walk <input type="checkbox"/> Bus Rt # _____	Name & Address	Phone #
Tuesday	<input type="checkbox"/> Pick Up <input type="checkbox"/> Walk <input type="checkbox"/> Bus Rt # _____	Name & Address	Phone #
Wednesday	<input type="checkbox"/> Pick Up <input type="checkbox"/> Walk <input type="checkbox"/> Bus Rt # _____	Name & Address	Phone #
Thursday	<input type="checkbox"/> Pick Up <input type="checkbox"/> Walk <input type="checkbox"/> Bus Rt # _____	Name & Address	Phone #
Friday	<input type="checkbox"/> Pick Up <input type="checkbox"/> Walk <input type="checkbox"/> Bus Rt # _____	Name & Address	Phone #

EMERGENCY RELEASE			
If school releases early or there is a school closure, my child should follow the plan below: **PLEASE CHOOSE ONLY ONE OPTION BELOW **			
Emergency or Early Release	<input type="checkbox"/> Pick Up <input type="checkbox"/> Walk <input type="checkbox"/> Bus Rt # _____	Name & Address	Phone #

Parent/Guardian's Signature _____

_____ Date

Student Name: _____

Teacher: _____

- | |
|--|
| <input type="checkbox"/> Liberty
<input type="checkbox"/> SPrairie
<input type="checkbox"/> East |
|--|

TILLAMOOK SCHOOL DISTRICT #9
Field Trip Permission Slip
2016-2017

Dear Parent,

This permission slip will allow your child to attend local activities without having to get a new permission slip signed by you each and every time. You will be notified of all off campus activities via the school newsletter and/or teacher information flyers. Any out-of-town field trips will require a specific permission slip to be signed by you prior to your child attending.

Local field trips include but are not limited to such activities as:

- Performances at the High School
- Bowling
- Farm Festival
- Field Trips to local businesses
- Activities at other schools
- Library

Parent Name (Please Print)

Parent Signature

Date

King Fluoride Tablet Program 2016-2017

The King Fluoride Program is given in your child's school through the Oral Health Section of the Department of Human Services, Office of Family Health. The program has two ways for the teachers/nurses to give fluoride. The American Dental Association and The American Academy of Pediatrics recommend both programs. The programs are for areas that do not have the right amount of fluoride in their drinking water to help fight cavities. The programs are the *Daily Tablet Program* and the *Weekly Rinse Program*. Both programs can help fight cavities.

Your teacher/nurse has chosen to use the *Daily Tablet Program*. Every school day, school children who take part in the Daily Tablet Program will be given a fluoride tablet. Each child chews this tablet for 30 seconds, swishes the mixture for 30 seconds, and then swallows.

If your child is already taking daily fluoride tablets or home fluoride given by your dentist, **do not enroll** them in this program. Home use is a better way to take fluoride because your child can take it on weekends, holidays and vacations. Tablets should be taken every day. If your child is not taking fluoride tablets at home, the school program is a good way to get started.

Do not enroll your child in the Tablet Program if the drinking water source for your home has fluoride in it. You can find this out by calling the number on your water bill. If your drinking water comes from a private well, you can have your well water tested for fluoride.

There is **no cost** for this voluntary program. Your child must be at least 3 years old and must **return this signed permission slip**.

For any questions please contact: Laurie Johnson, Prevention Specialist at 971-673-0339.

King Fluoride Tablet Program Permission Slip

Child's Name _____ (Please print)

Teacher's Name _____ room _____ Grade _____

- Yes. My child is age three or older and I want my child to take part in the daily Fluoride Tablet Program.
- No. I do not want my child to take part in the Fluoride Tablet Program.

Parent/Guardian Signature

Date