

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.