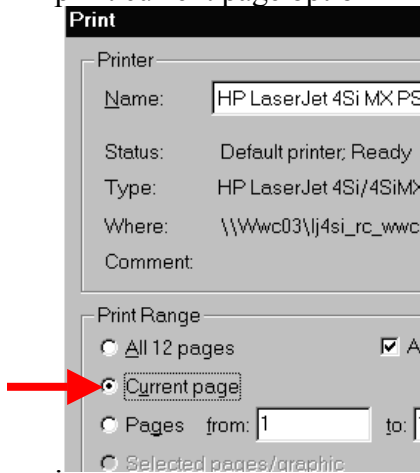


For students enrolling or re-enrolling in Fairfax County Public Schools

This form bundle allows you to enter data once and to have it appear in multiple locations. If you have more than one student, you can use the RESET button to clear out ALL student related information while keeping all of the parent data. The RESET button operates on ALL pages at once!

If you are using the free Acrobat Reader you can save the empty form for use later but not the data you enter in the fields. If you have the full Acrobat software version (5 or later) you can save the file with all of your data for use later.

To make sure you are printing only the pages you need, we recommend you review each page to make sure it is complete and accurate and then print that page by choosing the print current page option



The forms included in this package are:

<b>All enrolling (re-enrolling) students</b>
Student Registration
Emergency Care Information
Health Information (two pages)
Acceptable use for Network Access (two pages)
Home Language Survey
State Health Form MCH-213 (four pages)
Request for Student Records

<b>Use Only if needed</b>
Guidance and Counseling Notice to Parents
Medication Authorization
Epi -Pen Authorization
Inhaler Authorization
Administration of Medication Information

## HEALTH INFORMATION

Complete this form annually to inform us about your student's health condition that affects his or her school day

This form is necessary to inform the Public Health Nurse (PHN) of your child's health status and to plan for health needs that may impact his/her school day. Information is only shared with required school staff as needed. Information provided on this form is protected by the Family Educational Rights and Privacy Act (FERPA) as part of the student's educational record and is securely stored in the health room. For any changes to your student's health condition during the school year or questions regarding this form, please contact the PHN through the health room at your child's school. Contact your child's school front office staff and ask to be connected with the health room.

### Section A: Demographics

Student Name: Last		First	Middle	Date of Birth
School Year	School Name	Grade	Teacher	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Legal Guardian Name		Home Phone Number	Cell Phone Number	Work Phone Number
Parent/Legal Guardian Name		Home Phone Number	Cell Phone Number	Work Phone Number

### Section B: Life Threatening Health Conditions

Does your child have a potentially life threatening health condition to include any of the following?

Diabetes, Type 1       Seizures requiring rescue medication       Allergy requiring epinephrine       Severe Asthma

### Section C: Current Health Conditions

Condition	Check if Yes	Comment
<b>ADD/ADHD</b>		Provider Diagnosed: <input type="checkbox"/> Yes <input type="checkbox"/> No      Under Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Allergies</b>		<b>NOTE: Medication allergies are listed ONLY on Emergency Care Form</b>
• <b>Food</b>		Foods _____ Epinephrine <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, Date received _____
• <b>Food Intolerance</b>		Foods _____ Gastrointestinal/Digestive Distress <input type="checkbox"/> Yes <input type="checkbox"/> No      Dietary Restriction/Preference <input type="checkbox"/> Yes <input type="checkbox"/> No
• <b>Bee Sting- symptoms other than local redness/swelling</b>		Epinephrine <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, Date received _____
• <b>Latex</b>		
<b>Anxiety</b>		Provider Diagnosed <input type="checkbox"/> Yes <input type="checkbox"/> No      Under Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Blood Disorder</b>		
<b>Cancer</b>		Currently Immunocompromised <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Dental/Oral Health Condition</b>		
<b>Depression</b>		Provider Diagnosed <input type="checkbox"/> Yes <input type="checkbox"/> No      Under Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Diabetes</b>		Method of Insulin Administration: <input type="checkbox"/> Syringe <input type="checkbox"/> Pen <input type="checkbox"/> Pump
<b>Eating Disorders</b>		Provider Diagnosed <input type="checkbox"/> Yes <input type="checkbox"/> No      Under Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Heart</b>		
<b>Kidney/Urinary Tract Disorders</b>		
<b>Migraines</b>		

## HEALTH INFORMATION

Complete this form annually to inform us about your student's health condition that affects his or her school day

<b>Last Name</b> _____	<b>First Name</b> _____	<b>Date of Birth</b> _____
<b>Section C: Current Health Conditions Continued</b>		
Condition	Check if Yes	Comment
Muscle/Bone/Joint		
Respiratory		Triggers: <input type="checkbox"/> Exercise <input type="checkbox"/> Environmental <input type="checkbox"/> Other _____
• Asthma		Number of Emergency Room (ER) Visits in the last calendar year: _____
• Cystic Fibrosis		
• Lung Disease (other than Asthma)		Type _____ Date of last episode _____
Seizure/Neurological		
Skin Condition		<input type="checkbox"/> Eczema <input type="checkbox"/> Other _____
Stomach/Bowels (IBS, Crohn's etc.)		
Other Health Concerns		
Vision Conditions:		<input type="checkbox"/> Contacts/Glasses <input type="checkbox"/> Non-correctable <input type="checkbox"/> Other _____
Hearing Conditions:		<input type="checkbox"/> Hearing Aid(s) <input type="checkbox"/> Other _____
<b>Section D. Health Procedures</b>		
<p>If your child has a health condition, does your child require any health procedures or need any special equipment during the school day?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes, please describe _____		
<p><b>Parent or guardian is responsible for providing the school with any medication, special food, equipment that the student may require during the day. Medication, Procedure Authorization, and Physical Education (PE) forms may be found at <a href="https://www.fcps.edu/registration/forms">https://www.fcps.edu/registration/forms</a> or obtained in the school Health Room.</b></p>		
Parental Consent: I agree to allow my child's healthcare provider(s) to discuss information contained in this form with FCPS staff and Public Health Nurse. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare Provider Name _____		Healthcare Provider Phone _____
Parent/Guardian Name (Print or Type) _____		Parent/Guardian Signature _____ Date _____
<b>Public Health Nurse Use Only Below this Line</b>		
<input type="checkbox"/> HIF Reviewed <input type="checkbox"/> Follow Protocol <input type="checkbox"/> Health Conditions List (Medical Flag) <input type="checkbox"/> Action Plan/Health Plan or Procedure (SH Care Emerg.-Temp. Care Guidelines)		
Notes		
Public Health Nurse Name _____		Public Health Nurse Signature _____ Date _____



## EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.

Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION					
Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade:
School Name:	ID No.:	Teacher or Counselor :		Bus # (AM):	Bus # (PM):
<input type="checkbox"/> Student has medical alert information on file. See page 2 for details.			Student Cell _____		

### PARENT/GUARDIAN CONTACT INFORMATION

This form is to be completed by the enrolling parent. The enrolling parent is the natural or adoptive parent or legal guardian with whom the student lives the preponderance of the school week and who enrolled the student in school.

<b>Enrolling Parent</b>			Last:		First:		Middle:		Telephone	
									Home:	
Number:		Street:			Apt.#:		Work:			
City:			State:			Zip:		Cell:		
Relationship:			Language:		E-mail:					
<input type="checkbox"/> Mother		<input type="checkbox"/> Father		<input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Resides with				
<input type="checkbox"/> Foster Parent		<input type="checkbox"/> Self								

<b>Other Parent</b>			Last:		First:		Middle:		Telephone	
									Home:	
Number:		Street:			Apt.#:		Work:			
City:			State:			Zip:		Cell:		
Relationship:			Language:		E-mail:					
		<input type="checkbox"/> Resides with								

<b>Other Parent</b>			Last:		First:		Middle:		Telephone	
									Home:	
Number:		Street:			Apt.#:		Work:			
City:			State:			Zip:		Cell:		
Relationship:			Language:		E-mail:					
		<input type="checkbox"/> Resides with								

<b>Other Parent</b>			Last:		First:		Middle:		Telephone	
									Home:	
Number:		Street:			Apt.#:		Work:			
City:			State:			Zip:		Cell:		
Relationship:			Language:		E-mail:					
		<input type="checkbox"/> Resides with								

### OTHER CONTACT INFORMATION

Please list at least two people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick your child up from school during the school day.

Name of Person	Relationship	Language	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* Please remember to sign page 2.



## EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.  
Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION					
Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade:
School Name:	ID No.:	Teacher or Counselor:		Bus # (AM):	Bus # (PM):
Siblings attending the same school (complete if applicable). Name(s): _____ Name(s): _____			Primary Internet access in the home for this student is <input type="checkbox"/> Cellular <input type="checkbox"/> Broadband <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Declined Do you have a device for this student to use that meets their educational needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined		

CURRENT HEALTH CONDITIONS	
Below check any current health condition(s) that EMS or an emergency room physician should know about health of your student. <b>Also complete and submit Health Information form SS/SE-71 if your child has a health condition(s) that require(s) attention during the school day. See below for medical alert information currently on file.</b>	
<input type="checkbox"/> allergies (be specific) <input type="checkbox"/> foods _____ <input type="checkbox"/> medicines _____ <input type="checkbox"/> bee sting or insect bite _____ <input type="checkbox"/> other _____  <input type="checkbox"/> asthma <input type="checkbox"/> cancer <input type="checkbox"/> diabetes <input type="checkbox"/> hearing problems <input type="checkbox"/> hearing aid(s) <input type="checkbox"/> heart problems (be specific) _____ _____  List all medications and dosages your child receives on a continual basis: _____ _____ _____	<input type="checkbox"/> hemophilia <input type="checkbox"/> sickle cell anemia <input type="checkbox"/> physical disability (be specific) _____  <input type="checkbox"/> respiratory (be specific) _____ _____  <input type="checkbox"/> seizures <input type="checkbox"/> vision problems (be specific) _____ <input type="checkbox"/> glasses <input type="checkbox"/> contacts <input type="checkbox"/> other (be specific) _____ _____ _____

MEDICAL ALERT INFORMATION ON FILE

PHYSICIAN INFORMATION	
My child's medical care is provided by: _____ <small>(name of doctor, clinic, or HMO)</small>	_____ <small>(telephone)</small>
Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, medical coverage is provided by: _____ <small>(health insurance company, assistance program, HMO, etc.)</small>	_____ <small>(telephone)</small>

First aid and emergency treatment will be provided to students in accordance with the current version of FCPS Regulation 2102 or in accordance with the student's individualized health plan.

ENROLLING PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## Parent Information About the Emergency Care Information Form

### What is the Emergency Care Information form used for?

School staff rely on the Emergency Care Information form to provide them with information needed to (1) contact a parent or other responsible adult in the event of an emergency concerning the student; (2) assist school staff or emergency medical services in the event the student requires medical services for illness or injury; (3) respond to requests to release of the student during the school day in nonemergency situations.

### Who is responsible for completing the Emergency Care Information form?

This form should be completed by the enrolling parent. The enrolling parent is the natural parent, adoptive or legal guardian with whom the student lives the preponderance of the school week and who enrolled the student in school.

### Who else should be listed in the Parent/Guardian Contact Information section of the form?

The Parent/Guardian Contact Information section has space for a student's other natural or adoptive parent or legal guardian to be listed. A parent's contact information should be listed in the second box if the parent shares legal custody of the child with the enrolling parent. School staff will share information about the student and will release the student to a parent who has legal custody of the child. A stepparent that resides with the child may also be listed in the Parent/Guardian Contact Information section of the form.

### Who should be listed in the Other Contact Information section of the form?

It is very important that school staff have contact information for at least two responsible adults who can be contacted in the event of an emergency when the parents cannot be reached. Other adult family members or friends should be listed in the Other Contact Information section of the form.

Please also note that school staff will allow any person you list on this form in the Other Contact Information section to pick up the child from school during the school day in both emergency and nonemergency situations.

### In the event of an emergency, who will the school notify?

In the event of an emergency, school staff members will attempt to contact the enrolling parent first. If the enrolling parent cannot be reached, school staff will then attempt to reach the parent/guardian, if any. If neither the enrolling nor other parent/guardian listed can be reached, school staff shall contact the people listed in the Other Contact Information section on the Emergency Care Information form. Once a parent or designated contact is reached, staff will provide him or her with information about the student and the emergency situation and will release the student to him or her, as appropriate.

A noncustodial parent may be provided with information about the child, but staff will not release the student to him or her without the written consent of the custodial parent (Regulation 2240, III.B, and IV.F).

### What should I do if I need to update the information on this form?

It is extremely important that school staff have the most up to date and accurate information about your child. The enrolling parent may update information on this form at any time by either contacting the school or accessing [weCare@school](mailto:weCare@school) in the FCPS 24-7 website ([fcps.blackboard.com](http://fcps.blackboard.com)).

### Where can I find more information about FCPS's procedures regarding the emergency care information form and first aid and emergency treatment for students?

Please refer to FCPS Regulation 2240, Parent Participation and Decision-making and FCPS Regulation 2102, First Aid, Emergency Treatment, and Administration of Medication for Students for additional information.

### How do I change the phone number used for attendance and non-emergency calls?

Changes to the phone number used for attendance and non-emergency calls can only be made by contacting your child's school directly and specifying that you wish to have the student home phone number changed.



# Identification of Military Connected Students

In accordance with the Code of Virginia (§22.1-287.04), local school divisions are required to identify students who have a parent in the United States uniformed services. Completing this form allows Virginia localities to maintain reliable and accurate data for potential grant funding and to receive services to meet the needs of uniformed services- connected students.

Student Name \_\_\_\_\_ Student Date of Birth \_\_\_\_\_

### Definition of Military Connected:

- **United States Active Component:** Includes Army, Navy, Air Force, Marine Corps, Coast Guard, the Commissioned Corps of the National Oceanic and Atmospheric Administration, or the Commissioned Corps of the U.S. Public Health Services.
- **United States Reserve Component:** Includes Army, Navy, Air Force, Marine Corps, or Coast Guard.
- **National Guard:** Includes active or reserve duty.

**Continuing FCPS students:** Has the parent’s military connected status changed in the last school year since you previously completed this form?

- No** If NO, stop here. You do not need to return this form.
- Yes** If YES, please indicate current status and return this form.

**CHECK ONE:**

- Parent is a member of a United States Active Component.
- Parent is a member of a United States Reserve Component.
- Parent is a member of the National Guard.
- Parent is no longer a member of the United States uniformed services.

**Newly enrolling students:** Does the student have a parent in the United States uniformed services?

- No** If NO, stop here. You do not need to return this form.
- Yes** If YES, please indicate current status and return this form.

**CHECK ONE:**

- Parent is a member of a United States Active Component.
- Parent is a member of a United States Reserve Component.
- Parent is a member of the National Guard.

Parent/Legal Guardian Name \_\_\_\_\_

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