



SUMTER COUNTY PRIMARY SCHOOL

Dr. Renee Mays, Principal
Mr. Jeffery Boges, Assistant Principal
Mrs. Brandi Roland, Counselor
Mrs. Felisa Parrott, Counselor

Home of the Panther C.U.B.S.

26-27 Pre-K Registration

- ★ You may pick up registration packets and drop off documents Monday-Friday at the Primary School's bus ramp from **8:00am-12:00pm**.
- ★ If you have any questions please feel free to contact Ms. Jaela Clemons at 229-931-8884 or by email at jclemons@sumterschools.org

Documents required to register for Pre-K:

- Completed Pre-K Registration Packet
- Birth Certificate
- Social Security Card
- Certificate of Immunization (Form 3231)
- Current Certificate of Vision, Hearing, Dental, and Nutrition Screening (Form 3300)
- Proof of Residency: (This document must have one of the parent's names from the birth certificate or guardianship papers, if applicable.)
 - Current lease
 - Property tax notice
 - Homeowner insurance bill
 - Mortgage statement
 - Current vehicle registration form
 - Utility bill- **Light Bill or Water Bill only.**
- If you reside with someone else and do not have one of the documents above in your name, please ask for a Residency Affidavit form.
- Category One Documentation:** Supplemental Nutrition Assistance Program (SNAP), SSI (Supplemental Security Income), Medicaid, Temporary Assistance to Needy Families (TANF), or Child and Parent Services (CAPS) program.

***** We will not accept registration until all five documents, along with the completed registration packet are turned in. We will not hold slots for incomplete applications.**

You can ENROLL in school!

Even if you have:

- Uncertain housing
- A temporary address
- No permanent physical address



You are guaranteed enrollment in school by the federal McKinney-Vento Act and Georgia state law if you live:

- In a shelter (family, domestic violence, or youth shelter or transitional living program)
- In a motel, hotel, or weekly rate housing
- In a house or apartment with more than one family because of economic hardship or loss
- In an abandoned building, in a car, at a campground, or on the street
- In temporary foster care or with an adult who is not your parent or guardian
- In substandard housing (without electricity, water, or heat)
- With friends or family because you are a runaway or an unaccompanied youth



To enroll in or attend school if you live under any of these conditions, you do NOT need to provide:

- Proof of residency
- Immunization records or tuberculosis skin-test results
- School records
- Legal guardianship papers



You may:

- Participate fully in all school activities and programs for which you are eligible.
- Continue to attend the school in which you were last enrolled even if you have moved away from that school's attendance zone or district.
- Receive transportation from your current residence back to your school of origin.
- Qualify automatically for child nutrition programs (free and reduced-price lunches and other district food programs)

Contact the district liaison to resolve any disputes that arise during the enrollment process.



Parents' responsibilities are to:

- Make sure your child attends school regularly and completes homework and projects on time.
- Attend parent/teacher conferences, Back-to-School Nights, and other school-related activities
- Stay informed of school rules, regulations, and activities
- Participate in school advisory decision-making activities



For questions about enrolling in school or for assistance with school enrollment, contact:

Your county liaison for the homeless:

Dr. Adrienne Davis
Homeless Education
615-669-9375
adavis@summerschools.org



Sumter County Schools

Residency Questionnaire

This form is intended to address the requirements of the McKinney-Vento Act (Title IX, Part A of the Every Student Succeeds Act). The questions below will assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

WHERE DOES THE STUDENT STAY AT NIGHT? (CHECK ONE BOX)

- In a shelter In a hotel / motel In a car At a campsite
- In another location that is not appropriate for people (e.g., an abandoned building)
- Temporarily with more than one family in a house, mobile home, or apartment (Doubled-up, but not by choice. Would not have a place to stay if not doubled-up.)
- Alone
- Other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices)

Please describe:

Choices above do not apply.

If you checked this box, you do not need to complete the remainder of this form. Submit to school personnel.

STUDENT INFORMATION

Name: _____ Gender: Female Male
School Attending: _____ Date of Birth: _____

PARENT / GUARDIAN INFORMATION

Parent / Guardian Name(s): _____

Address: _____ City: _____ Zip: _____

Home Phone (or the number of a contact person that can reach you): _____

PLEASE SIGN BELOW

I am verifying that the above student(s) listed have not had a fixed, regular, or adequate nighttime residence.

Parent/Guardian Signature _____

Date _____

SCHOOL USE ONLY / BUILDING COPY

Date Received: _____ Homeless NOT Homeless
Reporting School: _____

Homeless liaison Signature _____



Other children in the home (Ages 0 – 18):

Name: _____ Gender: Female Male
School Attending: _____ Date of Birth: _____

Name: _____ Gender: Female Male
School Attending: _____ Date of Birth: _____

Name: _____ Gender: Female Male
School Attending: _____ Date of Birth: _____

Name: _____ Gender: Female Male
School Attending: _____ Date of Birth: _____



Sumter County Schools Attendance Protocol Chart

By September 1 of each school year or 30 days after enrollment of the student (Students under 16 years of age), the parent(s) will receive a copy of the Georgia Compulsory Attendance Law.

Issuance of parent notification letter explaining attendance expectation and possible penalties/consequences of unexcused absences. A form requires the signature of parent/guardian and student (ages 10 and up) by September 1 of each school year.
(Student Handbook)

2 Absences	A phone call to parents.
3 Absences	Notification letter sent to the parent(s)/guardian(s) reminding of possible penalties/consequences of absences as well as explaining attendance expectations.
5 Unexcused Absences	<ul style="list-style-type: none"> ➤ AST meeting held. The purpose of the meeting is to identify and implement strategies to deter continued absenteeism. ➤ Referral to School Social Worker. The SSW will contact or make a home visit reminding parents of possible penalties/consequences of misdemeanor violation. The school social worker will assess attendance problem, increase the intensity of strategies, and refer to community agencies including, but the SSW is not limited to the options listed above.
6 Unexcused Absences	Truancy complaint is completed by the Counselor or designee and delivered to the truancy officer by the attendance officer.
7 Absences	Notification letter sent to parent(s)/guardian(s) reminding of possible penalties/consequences of absences as well as explaining attendance exceptions.
10 Unexcused Absences	Criminal Warrant is filed with the Magistrate Court for violation of Georgia's Compulsory Attendance Law.
	Parent Signature: _____ Date: _____



**Georgia Dept
of Early Care
and Learning**
BRIGHT FROM THE START

Georgia's Pre-K Program Student Social Security Number Information Form

Today's Date: _____

The Georgia Department of Early Care and Learning (DECAL) requests families provide Social Security Numbers for children attending Pre-K. DECAL uses Social Security Numbers to insure accurate enrollment information, to help prevent fraudulent student attendance reporting, and to obtain a unique 10-digit identifier (GTID) for your child from the Georgia Department of Education. This GTID number will be associated with your child for the remainder of their schooling years instead of their Social Security Number. Social Security Numbers are not used by DECAL for any other purpose. The Social Security Numbers are not shared with any other vendors or third parties and, for security reasons, they are encrypted in our database.

While a Social Security Number is not required to attend Georgia's Pre-K Program, it is beneficial to both you and your child to provide this information. If a Social Security Number is not given for a child, DECAL requires that you specify a reason below to explain why the information is not being provided.

I, _____, as parent/legal guardian of _____,
am not able/willing at this time to provide DECAL with a Social Security Number because:

- I need help obtaining an SSN.
- I need help replacing a lost SSN.
- I am awaiting a replacement SSN and will provide it when it arrives.
- I forgot to bring the SSN and will provide within 30 days.
- I choose not to provide the SSN because _____

Parent/Guardian Signature

Pre-K Programs: Please keep this form in student file in lieu of SS Card Copy.

CHILD MAINTENANCE

CHILD'S LIVING ARRANGEMENTS: BOTH PARENTS MOTHER FATHER OTHER
CHILD'S LEGAL GUARDIAN: BOTH PARENTS MOTHER FATHER OTHER

THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

NAME	ADDRESS	RELATIONSHIP	CELL PHONE
1.			
2.			
3.			
4.			

CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____
DATE OF LAST FULL HEALTH SCREENING: _____ PHONE: () _____

MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):

THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:

MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:

GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

SIGNATURE (Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child, _____, by photograph and/or videotape in connection with daily Pre-K activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

PRE-K PROVIDER NAME/ADDRESS: _____

SIGNATURE (Parent/Guardian): _____

DATE: _____

This form is to be completed after school starts, not at the time of registration. **Please clearly print the name as it appears on the birth certificate.**

TODAY'S DATE (M/D/Y): / /		
CHILD INFORMATION:		
Legal First Name:	Name Suffix (Jr, II, III):	
Legal Middle Name:	Name Child is Called:	
Legal Last Name:		
Child's Social Security #	DOB (M/D/Y):	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Choose Not to Provide SSN <input type="checkbox"/>	Date enrolled in Pre-K (M/D/Y):	
PARENT/GUARDIAN INFORMATION:		
Last Name:	First Name:	
Relationship: Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/>
Email Address:	Zip Code:	

1. Identify your child's ethnicity, regardless of race, by selecting one of the below options.

- Hispanic/Latino Not Hispanic/Latino
- Decline to Answer

Select **ONE OR MORE** of the following races regardless of how you answered question one.

2. Is your child:

- a. **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- b. **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- c. **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- d. **Black or African American** – A person having origins in any of the Black racial groups of Africa.
- e. **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America including Central America, who maintains a tribal affiliation or community attachment.
- f. **Decline to Answer**

3. What is your child's primary language?

- English
- A language other than English

3.a. Which language is spoken in the child's home (other than English)? _____

4. Was your child born as a:

- Single Birth (1)
- Twin (2)
- Triplet (3)
- Quadruplet (4)
- Quintuplet (5)

5. Does your child receive Special Education Services?

- Yes No

5.a. If Yes, indicate which of the following Special Education Services your child receives.

- Individual Education Program (IEP) (Part B, Section 619, IDEA)
- 504 Plan/Individual Accommodation Plan (IAP) (Section 504 of the Rehabilitation Act of 1973)

6. Does your child receive any of the following services?

- Childcare and Parent Services (CAPS)
- Child and Adult Care Food Program (CACFP)
- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- Temporary Assistance for Needy Families (TANF)
- Foster Care

7. Will the Pre-K center be providing transportation for your child?

- Yes No

Parent/Guardian Signature _____

Date _____

STUDENT REGISTRATION FORM

Sumter County Schools Americus, Georgia

This information you are about to provide is very important and must be as accurate as possible. If you do not understand any section of this form or are not sure what information should be entered, please ask a school official before moving to the next question.

Student Legal Last Name	Student Legal First Name	Student Legal Middle Name	Called Name-Nick Name
Student Date of Birth / /		Age	Student SSN - -
		Gender (Circle One) Male / Female	

Is Student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.) **NO, not Hispanic/Latino** **YES, Hispanic/Latino**

What is the student's race? (Check all that apply)

	American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
	Asian (A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
	Black or African American (A person having origins in any of the black racial groups of Africa.)
	Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
	White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Will this student ride a school bus? Yes No AM Bus # _____ PM Bus # _____

Car rider? Yes No Walker? Yes No

Physical Address of Primary Household Information

House #	Street Name (include Ave, St, Rd, Cir, Dr, etc.)	Apartment # or Lot #
City	State	Zip
Home Phone Number (with Area Code)		

Mailing Address Information (If different than Physical Address)

House #	Street Name (include Ave, St, Rd, Cir, Dr, etc.)	Apartment # or Lot #	P.O. Box
City		State	Zip

Head of Household

(These Guardians are the ones with whom this student lives primarily at address above)

Female Guardian Last Name	Female Guardian First Name	Middle Name
Female Guardian Date of Birth	Female Guardian SSN	Relationship to Student
Home Phone (Include Area Code)	Cell Phone (Include Area Code)	Work Phone (Include Area Code)
Employer	Occupation	Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
Should this Person Receive School Mailings, Emails and Phone Calls about this Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Should this Person have access to the Parent Portal for grades, attendance, etc. for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address		
Home Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please indicate)		

Male Guardian Last Name	Male Guardian First Name	Middle Name
Male Guardian Date of Birth	Male Guardian SSN	Relationship to Student
Home Phone (Include Area Code)	Cell Phone (Include Area Code)	Work Phone (Include Area Code)
Employer	Occupation	Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
Should this Person Receive School Mailings, Emails and Phone Calls about this Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Should this Person have access to the Parent Portal for grades, attendance, etc. for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address		
Home Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please indicate)		
Marital Status of Parent: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other (explain)		
Legal Custody of Student: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Care <input type="checkbox"/> Other (explain)		
Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Care <input type="checkbox"/> Other (explain)		

Secondary Household

(Shared parenting Responsibility - Second Mailing Information and Other Guardian Information)

Female Guardian Last Name	Female Guardian First Name	Middle Name
Female Guardian Date of Birth	Female Guardian SSN	Relationship to Student

Home Phone (Include Area Code)	Cell Phone (Include Area Code)	Work Phone (Include Area Code)
---------------------------------------	---------------------------------------	---------------------------------------

Employer	Occupation	Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	-------------------	--

Should this Person Receive School Mailings, Emails and Phone Calls about this Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Should this Person have access to the Parent Portal for grades, attendance, etc. for this student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Email Address

Home Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please indicate)
--

House #	Street Name (include Ave, St, Rd, Cir, Dr, etc.)	Apartment # or Lot #	P.O. Box
----------------	---	-----------------------------	-----------------

City	State	Zip
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Male Guardian Last Name	Male Guardian First Name	Middle Name
Male Guardian Date of Birth	Male Guardian SSN	Relationship to Student

Home Phone (Include Area Code)	Cell Phone (Include Area Code)	Work Phone (Include Area Code)
---------------------------------------	---------------------------------------	---------------------------------------

Employer	Occupation	Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	-------------------	--

Should this Person Receive School Mailings, Emails and Phone Calls about this Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Should this Person have access to the Parent Portal for grades, attendance, etc. for this student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Email Address

Home Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please indicate)
--

House #	Street Name (include Ave, St, Rd, Cir, Dr, etc.)	Apartment # or Lot #	P.O. Box
----------------	---	-----------------------------	-----------------

City	State	Zip
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Other Info

Country of Birth	City of Birth	State of Birth	County of Birth
Date First Entered USA School if not born in USA		Date Entered Ninth Grade First Time (High Schools Only)	
First Language Learned	Language Spoken Most Often	Language Spoken at Home	

Last School Attended:	In what state?	Year(s) attended:	Dates attended:
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Has student received 504 Accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> NO	If "yes", when?
---	-----------------

Has student attended a Special Education program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", when?
--	-----------------

Has student attended Limited English Proficiency Program? <input type="checkbox"/> Yes <input type="checkbox"/> NO	If "yes", when?
--	-----------------

Students who live in this household and attend Sumter County Schools:

Last Name	First Name	Birth Date	Gender	School	Relationship to Student

Emergency Contact (other than Parent)	Emergency Contact Phone (include Area Code)	Relationship to Student

List below the person/persons you give permission to pick up this student from school in case a Parent/Guardian can't pick up this student.

Name: _____ Relationship: _____ Phone: _____

List all names that we should know about, that should have NO contact with this student? Supporting Legal Documentation must be provided to the school.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Reason: _____

Sumter County School District

STUDENT HEALTH HISTORY FORM – School Year _____

To be completed by a parent/guardian for students each year

Student Name _____ Date of Birth _____

Gender _____ Current Grade _____ Teacher _____

Child Lives with (Circle One): Mother Farther Both

Guardian/Other _____

Contact Information

Please make sure that you notify us of all phone number changes including your child's emergency contact person.

Child's Home Address _____

Mother's Name _____ Home Phone _____

Mother's Address _____

Mother's Employer _____ Work Phone _____

Father's Name _____ Home Phone _____

Father's Address _____

Father's Employer _____ Work Phone _____

Emergency Contacts: Please list names, relationships, and phone numbers of persons to contact in case we cannot reach the parents. These persons will be asked to pick up your child from school if we cannot reach you.

NAME	RELATIONSHIP	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please fill out the back of these forms

CONSENT FOR MEDICAL TREATMENT

_____ YES, I give permission for my child to be seen by the school nurse for any health problem or complaint that may arise at school.

_____ NO, I do not wish for my child to be seen by the school nurse for any health problem or complaint that may arise at school.

If needed, I am authorizing the school nurse to give: (Please check)

_____ Children's Tylenol/ Midol (Headache, Fever, Pain/Menstrual Cramps)

_____ Antacids: Children's Pepto/Tums (Stomachache, Heartburn)

_____ Antibiotic Ointment (Cuts and scrapes)

_____ Cough Drops/Lozenges (Sore throat, cough)

_____ Eye Drops, Saline (Irrigation)

_____ Anbesol/Orajel (Toothache and Mouth Sores)

_____ Anti-Itch Cream or Calamine Lotion (Itching, bug-bites, skin irritations)

_____ Vision/Hearing/Nutrition (BMI) screenings

_____ Cough Syrup

It is not the usual practice of the school's health office to treat seasonal allergies. It is our recommendation to contact your child's primary healthcare provider for medication(s) that can be taken at home to control allergy symptoms. Antihistamines, such as Benadryl, are however provided in cases of severe life threatening allergies (anaphylaxis).

Parents are expected to arrive within thirty minutes of being called for pick up. If this is not possible, please make the health office or front office staff aware. In the event that no one can be reached, the school will contact other emergency services such as 911, DFACS, or law enforcement. Fees for services to transport a student to the hospital and hospital emergency fees are the responsibility of the parent/guardian. In case of serious illness/injury, the school will render first aid as prescribed by the School Board regulations while contacting the parent or designated other. If neither the parent nor the designee can be reached and the situation is very serious, the school will telephone the County Medical Emergency Unit (911) for immediate transportation to an emergency treatment hospital. Fees for services will be the responsibility of the parent/guardian.

Student Medical/Health History

Does your child have any of the following diseases or disorders? (Check all that apply):

<p>1. Endocrine Disorders: Diabetes* Requires Insulin Does not require insulin Kidney Issues Bladder Issues Other _____</p>	<p>6. Heart Conditions: High Blood Pressure Irregular Heart Rhythm Heart Murmur Other _____</p>
<p>2. Lung Respiratory Disorders: Asthma* Requires rescue inhaler Other _____</p>	<p>7. Brain Disorders Tourette's Hydrocephalic VP Shunt Seizures/Epilepsy</p>
<p>3. Allergies: Life-Threatening* Bees/Insects Food(s) _____ Requires Epi Pen Non-Life Threatening Seasonal/Environmental Lactose Intolerance* Other _____</p>	<p>8. Psychological/Neurological: Autism/Asperger Syndrome Cerebral Palsy Headaches/Migraines Fainting Spells Depression ADD/ADHD Depression Other _____</p>
<p>8. Hearing: Hearing Impaired Cochlear Implants Hearing Aids Other _____</p>	<p>9. Gastrointestinal: Reflux Feeding Tube Type Size Feeding Other _____</p>
<p>9. Vision: Blindness Vision Impaired Glasses Contacts Prosthetic Eye ○ Right ○ Left</p>	<p>10. Sickle Cell Disease Sickle Cell Trait</p> <p>11. Blood Disorder Anemia Other _____</p> <p>12. Menstrual Cramps Yes No</p>
<p>13. Bone/Joint/Muscular: Type _____</p>	<p>14. Cancer: Type _____ Treatment</p>

MY CHILD DOES NOT HAVE ANY MEDICAL ISSUES

Health Office Staff Use Only

- | | | |
|--|-------------|------------------|
| <input type="checkbox"/> Medication Authorization Form given | Date: _____ | Follow Up: _____ |
| <input type="checkbox"/> Diet Order Form given* | Date: _____ | Follow Up: _____ |
| <input type="checkbox"/> Emergency Action Plan given* | Date: _____ | Follow Up: _____ |
| <input type="checkbox"/> No EAP/Med. Auth. Needed | Date: _____ | Follow Up: _____ |
| <input type="checkbox"/> Other _____ | | |

Health Office Staff Signature

Date: _____

Other conditions/concerns/considerations that would be helpful for the health office staff to be aware of?

Is your child on any medications that will need to be given at school? No Yes (Please List Medications): _____

***If YES, a Medication Authorization form must be completed and signed by the healthcare provider for each medication. A new form is required each school term, or when medication or medication dosage changes.**

Physician Information:

Primary Health Care Provider:	Office Number

Dentist	Office Number

Specialist	Office Number

Other	Office Number

PLEASE READ CAREFULLY AND SIGN BELOW

The school's health office staff works to promote good health among students and staff. Our goal is to help your child have a healthy and successful school year. The health office has guidelines to follow. Medications will be given by the healthcare provider's written direction with parent permission. No behavior medications will be accepted into the health office without the physician's written consent. Students with life threatening allergies to bee stings, food(s), latex will need his/her doctor to provide written authorization for the injectable medicine (Epi-Pen) to be stored at school. However, should a student have a sudden, undiagnosed, serious life threatening reaction (anaphylaxis), 911 and the parent/guardian will be notified. To assure optimal student performance at school, hearing, vision, and nutritional screenings are completed for 2nd, 4th and 6th grade students. To opt out of any health screenings, do not place a check beside the screening options previously listed.

To provide optimal care for my child, I authorize the Sumter County Health office staff to communicate with the healthcare providers listed above as allowed by HIPPA/FERPA during the school year.

Parent/Guardian Signature _____ Date _____