



ADDITIONAL EMERGENCY CONTACTS—other than parent/guardians (In emergency, parent/guardians on page one will be called 1 <sup>st</sup> & 2 <sup>nd</sup> unless otherwise shown below.)			
60. EMERGENCY CONTACT LAST NAME	61. FIRST NAME	62. RELATIONSHIP	66. CALL: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th
64. HOME PHONE NO. ( )	65. WORK PHONE NO. ( )	66. CELL PHONE NO. ( )	67. CAN THIS PERSON PICK UP STUDENT AT SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO
68. EMERGENCY CONTACT LAST NAME	69. FIRST NAME	70. RELATIONSHIP	71. CALL: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th
72. HOME PHONE NO. ( )	73. WORK PHONE NO. ( )	74. CELL PHONE NO. ( )	75. CAN THIS PERSON PICK UP STUDENT AT SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO

Please use separate sheet to list additional emergency contacts if desired.

MEDICAL INFORMATION				
School staff need to know when your child has a current ongoing health problem for which he or she may require help during the school day. Remember to advise your school of any changes in information.				
76. DOCTOR'S NAME	77. PHONE NO. ( )	78. DENTIST'S NAME	79. PHONE NO. ( )	80. PREFERRED HOSPITAL
81. HEALTH POLICY NO. (optional)		82. INSURANCE CARRIER (optional)		
83. PLEASE CHECK ANY CURRENT ON-GOING PROBLEMS: <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Serious Allergies: <input type="checkbox"/> Other:				
84. OTHER SPECIAL HEALTH NEEDS AT SCHOOL		85. MEDICATIONS AT SCHOOL		86. LAST PHYSICAL EXAM DATE

SIBLINGS (Attending same school district)						
87. SIBLING'S LAST NAME	88. FIRST NAME	89. RELATIONSHIP	90. AGE	91. GENDER <input type="checkbox"/> F <input type="checkbox"/> M	92. SCHOOL	93. GRADE
94. SIBLING'S LAST NAME	95. FIRST NAME	96. RELATIONSHIP	97. AGE	98. GENDER <input type="checkbox"/> F <input type="checkbox"/> M	99. SCHOOL	100. GRADE
101. SIBLING'S LAST NAME	102. FIRST NAME	103. RELATIONSHIP	104. AGE	105. GENDER <input type="checkbox"/> F <input type="checkbox"/> M	106. SCHOOL	107. GRADE

Please use separate sheet to list additional siblings if necessary.

PERMISSIONS/AUTHORIZATIONS			
108. In case of illness, accident, or other emergency involving the student, an Administrator is authorized to send my child to the preferred hospital specified above. <input type="checkbox"/> YES <input type="checkbox"/> NO		109. I do NOT want my child's name, address and phone number released to: <input type="checkbox"/> Military Recruiters <input type="checkbox"/> College Recruiters	
<b>STUDENT RECORDS</b>  <b>Release of General Information About Student.</b> The information on this form may be used by the District to meet its duty to monitor and enforce school attendance. The following information is designated as "directory information" which schools may release for school purposes without parent consent: student's name, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous school attended. Within 30 days of enrollment, a parent may request, in writing to the school, that directory information not be released while the student is enrolled.		<b>Transferring Records—Grades K – 12.</b> Student records will be transferred within 10 days of receipt of a request and notice of enrollment in a new school, and following the completed withdrawal process including payments of fees and fines.  <b>Records Retention.</b> Student records will be retained the minimum time set by the State of Oregon. The District will retain education records for a minimum of three years after the school year in which the records were created. The District will retain special education records for a minimum of five years after the school year in which the records were created. The District may destroy these records after these periods of time unless the parent or adult student requests these records.	
110. SIGNATURE OF FIRST PARENT/RESPONSIBLE ADULT X	111. DATE	112. SIGNATURE OF SECOND PARENT/RESPONSIBLE ADULT X	113. DATE