

2017-2018	District:	School:		
For Office Use Only				
Student:	ID:	Gender:	Grade:	HMRM:



Red Clay Consolidated School District

Student Data Card

For Office Use Only

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Student Information			
2017-2018 Grade:			
First Name:			
Middle Name:			
Last Name:			
Generation:	<input type="checkbox"/> Jr.	<input type="checkbox"/> Sr.	<input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V
Nickname:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/>	<input type="checkbox"/> Female
Birth Date:			
Home Phone:		Unlisted?	

Special Custody Information: If child lives with anyone other than mother or father listed on birth certificate please indicate:	
Name:	
Relationship:	
Custodial Papers on file with school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information	
Has the student been expelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have: (documentation required)	
IEP (Individualized Education Plan):	<input type="checkbox"/> Yes <input type="checkbox"/> No
504 Accommodation Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learning Difficulties:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Difficulties:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Race and Ethnicity Designation	
Is this student Hispanic or Latino? (Select one answer.) Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered Hispanic or Latino.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate this student's race below. You must select at least one race, regardless of ethnicity designation. More than one response may be selected.	
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander Select all that apply

Name/Address of Previous School, Pre-School or Day Care	
Name:	
Street/Apt:	
City:	
State:	Zip:
Phone:	
Fax:	

Please indicate Physical (Home) and Mailing address if they are different.	
Physical Address:	
Apt #:	
Development:	
City:	
State/Zip:	
Mailing Address:	Same as Physical? <input type="checkbox"/>
Apt #:	
Development:	
City:	
State/Zip:	

School Age Sibling Information	
Name:	
DOB:	Grade:
School:	
Name:	
DOB:	Grade:
School:	
Name:	
DOB:	Grade:
School:	

Information Regarding How the Red Clay Consolidated School District Shares Student Information

The Red Clay Consolidated School District recognizes the need to protect student information and privacy while promoting educational and extra-curricular activities in district and outside media. Federal law (FERPA) permits the district to release directory information under limited circumstances. Directory information is information about a student that is generally not considered an invasion of privacy, such as name, address, photograph, activities, and sports. If you wish to opt-out of the district releasing this information or including your child in articles and photos, please visit <http://www.redclayschools.com/forms> or obtain an opt-out form from your child's school office.

Student Health History Update: This information will be shared with staff and administration on a need to know basis, and with emergency medical staff in the case of an emergency, unless you notify us otherwise.

1. Please check if child has had difficulty with any of the following. Please provide dates and additional information in the comments section.

- | | | | | | |
|------------------------------------|--|------------------------------------|--|----------------------------------|---------------------------------------|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Bleeding | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Infections | <input type="checkbox"/> Speech | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Bone Problem | <input type="checkbox"/> Emotional | <input type="checkbox"/> Kidney | <input type="checkbox"/> Surgery | _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Hearing | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Vision | _____ |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Concussion: _____ | <input type="checkbox"/> Heart | <input type="checkbox"/> Seizures | | |

Comments: _____

2. Does your child have allergies to medicine, latex or insect bites? Yes No

To What? _____ What Happens? _____

Treatment: _____

3. Does your child have a food allergy documented by a licensed healthcare provider? Yes No

To What? _____ What Happens? _____

Treatment: _____

A Food Allergy Action Plan completed by a licensed healthcare provider is required for all students with a food allergy.

4. Will your child require an individualized, allergen-free menu designed by a Red Clay Registered Dietitian?

Note: Meals provided from home provide the safest food options at school for food-allergic students.

- No.** I will take full responsibility of providing my child with allergen-free school meals.
- Yes.** I will provide the school nurse with a Food Allergy Action Plan completed by a licensed healthcare provider. Failure to provide physician documentation will result in your student receiving a standard allergy meal.

5. Has your child seen a healthcare provider since school ended in June? Yes No

What for? _____

6. Is your child being treated or evaluated for any health conditions? Yes No

List condition(s): _____

7. Is your child on any medication or treatment? Yes No

Name of medication or treatment: _____

Does your child need medication during school hours? *If yes, please contact the school nurse to make arrangements.* Yes No

8. Has your child been prescribed glasses or contact lenses? Yes No

Date of last exam: _____ If your child wears glasses or contact lenses, when was the prescription last changed? _____

9. Has your child experienced emotional upsets (recent move, death, separation, divorce) since school ended in June? Yes No

Please list: _____

Medical Information					
Family Physician:			Phone:		
Family Dentist:			Phone:		
Medical Insurance:			Type:		
Certificate No:		Group No:		Medicaid No:	

I give permission for my child to have Acetaminophen (Tylenol®) as determined by the nurse. Yes No

I give permission for my child to have Ibuprofen (Advil®) as determined by the nurse. Yes No

Parent/Guardian Signature: _____ **Date:** _____

School Emergency Procedures: Your schools have adopted the following procedures that will normally be followed in caring for your child when he/she becomes sick or injured at school. In extreme emergencies the school will seek immediate medical care.

In case of emergency and/or need of medical or hospital care:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. The school will call the home. If there is no answer, 2. The school will call the parent/guardian 1's, or parent/guardian 2's place of employment. If there is no answer, 3. The school will call the other telephone number(s) listed and the physician. 4. If none of the above answer, the school will call an ambulance, if necessary, to transport the student to a local medical facility. | <ol style="list-style-type: none"> 5. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility. 6. The school will continue to call the parents, guardians or physician until one is reached. 7. The information on this form may be shared with emergency medical staff. |
|--|---|

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physician.

Parent/Guardian Signature: _____ **Date:** _____

