

STUDENT & PARENT INFORMATION 2015-16

1. STUDENT INFORMATION:

a. <u><i>Student's</i></u> Legal Name		Grade:
b. Nick Name		
	Would student like to be addressed by nick name? Circle one: YES? or NO?	
c. Date of Birth		
d. Gender		
e. Ethnicity		

2. Does your student have access to a portable computer? YES or NO

Please circle all that apply: a. iPad /iPad Mini b. Chrome Book c. Laptop (PC or Mac)

3. Number of years your family has resided on Kaua'i:

4. FATHER/GUARDIAN

****Please initial box to the right for any items you do NOT wish to be public information.**

ITEM	RESPONSE	DO NOT PUBLISH
a. <u><i>Father or Guardian</i></u> Name		
b. Mailing Address		
c. Residential Address		
d. Home Phone Number		
e. Cell Phone Number		
f. Personal Email Address		
g. Occupation		
h. Work Name & Address		
i. Work Phone		
j. Work Email Address		

STUDENT & PARENT INFORMATION 2015 - 2016 - CONTINUED

STUDENT'S LEGAL NAME (please print)	GRADE:
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5. MOTHER/GUARDIAN

****Please initial box to the right for any items you do NOT wish to be public information.**

ITEM	RESPONSE	DO NOT PUBLISH
a. <i>Mother or Guardian</i> Name		
b. Mailing Address		
c. Residential Address		
d. Home Phone Number		
e. Cell Phone Number		
f. Personal Email Address		
g. Occupation		
h. Work Name & Address		
i. Work Phone		
j. Work Email Address		

6. In cases where the parents are separated or divorced, *please provide documentation indicating conditions that apply.*

- a. Custodial parent?
- b. Student lives with?
- c. If alternating, what is the student's schedule?
- d. Who should receive reports and other correspondence?

7. For students in grades PK to 5th Grade, please indicate who is authorized to pick up your child from school and/or school activities:

NAME	HOME PHONE	CELL PHONE	RELATIONSHIP TO STUDENT
a.			
b.			
c.			
d.			

**ISLAND SCHOOL
STUDENT HEALTH INFORMATION 2015 – 2016**

STUDENT NAME	
DATE OF BIRTH	
GENDER	
GRADE	

1. CONSENT FOR TREATMENT OF MINOR

- a. **Accidents and Emergencies** -- Accidents happen and emergencies do occur. Our practice is to contact a parent or legal guardian of the student whenever possible and gain his or her consent for treatments deemed advisable or necessary for the benefit of the student. This includes referral to the emergency room and the student's receiving medical attention. ***When such contact cannot be made in a timely manner***, officials at Island School need your permission to act as the agent for the student. ***This allows Island School officials to authorize medical or surgical diagnoses, treatment, and/or hospital care deemed advisable for the student and rendered under provisions of the Medical Practices Act of 1987.***
- b. **Non-Prescription Medications** – Island School maintains a limited supply of non-prescription medications, such as Aspirin, Tylenol, and so forth. If you would like these to be administered to your son or daughter as the situation warrants according to school officials, please indicate by signing below.
- c. **Prescription Medications** – If the student regularly takes prescription medication and the parents/guardians want these administered by an Island School official, ***parents must submit their request in writing and receive agreement from an Island School official to take on this responsibility.*** The request should include a physician's instruction giving the name of the medication, dosage, and times to be taken, along with any side effects.

Please indicate your permissions ***for each of these items*** as follows:

	Parent's/Guardian's Signature	Date	Comment
a. Accidents and Emergencies			Required for enrollment.
b. Non-Prescription Medications			
c. Prescription Medications			Request must be submitted in writing to Island School as described above.

STUDENT HEALTH INFORMATION 2015 - 2016 - CONTINUED

STUDENT'S LEGAL NAME (please print)	GRADE:
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2. IN THE EVENT OF AN ILLNESS OR EMERGENCY, PLEASE CONTACT THE FOLLOWING INDIVIDUALS

NAME	HOME PHONE	CELL PHONE	RELATIONSHIP TO STUDENT
a.			
b.			
c.			
d.			

3. PHYSICIAN'S NAME AND PHONE #

- a. Name
- b. Phone #

4. HEALTH INSURANCE

- a. Health Insurance Plan/Policy #
- b. Subscriber #

5. HEALTH INFORMATION -- If your child has had any of the following, **PLEASE INDICATE YEAR and any additional comments that apply:**

ITEM	YEAR	COMMENT
a. Allergies		
b. Asthma		
c. Bee stings		
d. Diabetes		
e. Emotional Problems		
f. Frequent Ear Infections		
g. German Measles (3 day)		
h. Heart Trouble		
i. Infectious Mononucleosis		
j. Kidney Disease		
k. Measles (7 day)		
l. Mumps		
m. Rheumatic Fever		
n. Tuberculosis		
o. Whooping Cough		

Please explain any other condition(s) which will help us in scheduling appropriate activities for your student