



## HAMBURG CENTRAL SCHOOL DISTRICT

HCS D will enroll any student who requests enrollment (whether requested by a parent, person in parental relation, or the student themselves). The person requesting enrollment will be afforded an opportunity to submit evidence in support of the student's right to attend school within the district. Residency determination must be made no later than three business days after the initial enrollment of the student.

### Information about Special Education upon entry to school

School districts are required to notify every parent or person in parental relation of their rights regarding the referral and evaluation of their child for the purposes of special education services or programs. This notification is provided to the parents of all students in the district (with and without disabilities) upon their child's entry into a public school, through a link to *A Parent's Guide to Special Education* (<http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>) on the New York State Education Department's (NYSED'S) web site (available in both English and Spanish).

Further information or assistance is available through the Pupil Services department of Hamburg Central School District (Pupil Services Office, 5305 Abbott Rd, Hamburg NY 14075) Phone: 716-646-3200, ext. 7210 or Fax: 716 646-6392. **Colleen Kaney**, Assistant Superintendent of Student Services, Curriculum & Instruction is the Chairperson for the district's Committee on Special Education [ckaney@hamburgschools.org](mailto:ckaney@hamburgschools.org)

**RESIDENCY: Acceptable documents to establish physical presence within the district for residency purposes include, but are not limited to:**

1. A copy of a residential lease or proof of ownership of a home (deed or mortgage statement, etc.)
2. A statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share property within the district, which may be either sworn or unsworn
3. Such other statement by a third party establishing the parent(s) or person(s) in parental relation's physical presence in the district
  - A. Other forms of documentation and/or information establishing physical presence in the district may include, but are not limited to: Pay Stub, Income tax form, Utility or other bills, Membership documents (e.g. Library Cards) based upon residency, Voter Registration documents, Official driver's license, learner's permit or non-driver identification, State or other government issued identification, Documents issued by federal, state, or local agencies (e.g. Social Services agency, federal Office of Refugee Resettlement), Evidence of custody of the child, including but not limited to judicial custody order or guardianship papers)

**IMMUNIZATIONS:** Every student entering or attending school must provide proof of immunization in accordance with the provisions of Public Health Law 2164

**GUARDIANSHIP:** Parent(s) or person(s) in parental relation are required to provide an affidavit if:

1. They are the parent(s) with whom the child lawfully resides
2. They are the person(s) in parental relation to the child, over whom they have total and permanent custody and control, and describing how they obtained total and permanent custody and control, whether through guardianship or otherwise
3. Proof or documentation indicating that the child resides with a sponsor with whom the child has been placed by a federal agency

**Hamburg Central School District does not require submission of a judicial custody order or an order of guardianship as a condition of enrollment**

**PROOF OF AGE:** Birth Certificate or record of Baptism giving the date of birth. If these documents are not available a Passport (domestic or foreign) may be used to determine a child's age.



HAMBURG CENTRAL SCHOOL DISTRICT

STUDENT REGISTRATION FORM

| OFFICE USE ONLY |  |
|-----------------|--|
| Student Number: |  |
| Teacher/Team:   |  |
| Counselor:      |  |
| Homeroom:       |  |

TODAY'S DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ Nickname: \_\_\_\_\_

|                  |          |                   |                        |
|------------------|----------|-------------------|------------------------|
| Date of Birth    | M/F      | Enroll Date       | Grade                  |
| Foster Child Y/N | DSS-2999 | Birth Country     | Exchange Student (Y/N) |
|                  |          | Date Entering USA |                        |

PROOF OF AGE: Birth Certificate \_\_\_\_\_ Passport \_\_\_\_\_ Other (specify) \_\_\_\_\_

SCHOOL CHILD WILL ATTEND (CHECK ONE)

- Universal Pre-Kindergarten at Charlotte Avenue \_\_\_\_\_
- Armor Elementary \_\_\_\_\_ Boston Valley \_\_\_\_\_ Charlotte Avenue \_\_\_\_\_
- Union Pleasant Elementary \_\_\_\_\_ Hamburg Middle School \_\_\_\_\_ Hamburg High School \_\_\_\_\_
- Other (specify) \_\_\_\_\_

HOUSEHOLD NAME: \_\_\_\_\_  
Last name of individual who holds the lease or mortgage on the residence

Primary Phone Number: \_\_\_\_\_  
This number will be used as the primary means of **contact in emergencies, by the Nurse and for Attendance Notifications**. This number will be considered the household number for all adults in the household.

Child lives with: Both Parents \_\_ Father \_\_ Mother \_\_ Stepmother \_\_ Stepfather \_\_ Guardian \_\_ Foster Parent \_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

How long have you lived at present address: \_\_\_\_\_

Residence Type: Own \_\_\_\_\_ Lease/Rent \_\_\_\_\_ Foster Care \_\_\_\_\_

Mailing Address  
(If different from above): \_\_\_\_\_  
\_\_\_\_\_

Proofs of Residency: Utility Bill \_\_\_\_\_ Lease \_\_\_\_\_ Mortgage \_\_\_\_\_ Tax Bill \_\_\_\_\_ Other \_\_\_\_\_

Transfer Information: Check all that apply

Academically Talented \_\_\_\_\_ IEP \_\_\_\_\_ 504 \_\_\_\_\_ AIS Reading \_\_\_\_\_ AIS Math \_\_\_\_\_ ESL \_\_\_\_\_  
Other (specify) \_\_\_\_\_ Has child ever attended a school in this district before? Yes \_\_\_\_\_ No \_\_\_\_\_

LIST LAST TWO PREVIOUSLY ATTENDED SCHOOLS

School Name/District \_\_\_\_\_ Dates: From - To \_\_\_\_\_ Grades: From - To \_\_\_\_\_

Address \_\_\_\_\_ Repeated Grades (if Applicable) \_\_\_\_\_

School Name/District \_\_\_\_\_ Dates: From - To \_\_\_\_\_ Grades: From - To \_\_\_\_\_

Address \_\_\_\_\_ Repeated Grades (if Applicable) \_\_\_\_\_

**SIBLING INFORMATION**

| Name of Sibling | DOB | Gender | Grade | School Currently Attending |
|-----------------|-----|--------|-------|----------------------------|
|                 |     |        |       |                            |
|                 |     |        |       |                            |
|                 |     |        |       |                            |
|                 |     |        |       |                            |

**ADULT INFORMATION**

Parent/Guardian #1 should be the custodial parent/guardian completing this registration

**NOTE: Parental access to a child or to correspondence cannot be denied without a court order**

**PARENT/GUARDIAN #1**

\_\_\_\_\_ First Name Last Name MI  
**Salutation:** Miss \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Mr. \_\_\_\_\_ Other (specify) \_\_\_\_\_

Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Address** (if different from student address )

\_\_\_\_\_  
 \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone # 1:** \_\_\_\_\_ Phone Type: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

**Phone # 2:** \_\_\_\_\_ Phone Type: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

**Phone # 3:** \_\_\_\_\_ Phone Type: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Employer Phone #** \_\_\_\_\_

**Custodial Parent:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Correspondence:** Yes \_\_\_\_\_ No \_\_\_\_\_

A copy of most recent court document designating custodial parent/guardian is requested

**PARENT/GUARDIAN #2**

\_\_\_\_\_ First Name Last Name MI  
**Salutation:** Miss \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Mr. \_\_\_\_\_ Other (specify) \_\_\_\_\_

Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Address** (if different from student address)

\_\_\_\_\_  
 \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone # 1:** \_\_\_\_\_ Phone Type: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

**Phone # 2:** \_\_\_\_\_ Phone Type: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

**Phone # 3:** \_\_\_\_\_ Phone Type: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Employer Phone #** \_\_\_\_\_

**Custodial Parent:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Correspondence:** Yes \_\_\_\_\_ No \_\_\_\_\_

A copy of most recent court document designating custodial parent/guardian is requested

**PARENT/GUARDIAN #3**

\_\_\_\_\_ **First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **MI**  
Salutation: Miss \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Mr. \_\_\_\_\_ Other (specify) \_\_\_\_\_

Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

Address (if different from student address)

\_\_\_\_\_

\_\_\_\_\_

Email Address:

\_\_\_\_\_

**Phone # 1:** \_\_\_\_\_ Phone Type: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

**Phone # 2:** \_\_\_\_\_ Phone Type: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

**Phone # 3:** \_\_\_\_\_ Phone Type: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Employer Phone #** \_\_\_\_\_

**Custodial Parent:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Correspondence:** Yes \_\_\_\_\_ No \_\_\_\_\_

A copy of most recent court document designating custodial parent/guardian is requested

# Emergency Contact(s)

The following people have permission to pick up student in the event of an emergency if  
Parent(s)/Guardian(s) are not available

*Only list individuals who are able to pick child up from school*

## Contact #1

Salutation: Miss  Mrs  Ms  Mr

|                                | First Name | Last Name                                 |
|--------------------------------|------------|---|
| Phone # 1                      | _____      | _____                                     |
|                                |            | Phone type: Cell ____ Home ____ Work ____ |
| Phone # 2                      | _____      | _____                                     |
|                                |            | Phone type: Cell ____ Home ____ Work ____ |
| Phone # 3                      | _____      | _____                                     |
|                                |            | Phone type: Cell ____ Home ____ Work ____ |
| Relationship to student: _____ |            |   |

## Contact #2

Salutation: Miss  Mrs  Ms  Mr

|                                | First Name | Last Name                                 |
|--------------------------------|------------|---|
| Phone # 1                      | _____      | _____                                     |
|                                |            | Phone type: Cell ____ Home ____ Work ____ |
| Phone # 2                      | _____      | _____                                     |
|                                |            | Phone type: Cell ____ Home ____ Work ____ |
| Phone # 3                      | _____      | _____                                     |
|                                |            | Phone type: Cell ____ Home ____ Work ____ |
| Relationship to student: _____ |            |   |

## Contact #3

Salutation: Miss  Mrs  Ms  Mr

|                                | First Name | Last Name                                 |
|--------------------------------|------------|---|
| Phone # 1                      | _____      | _____                                     |
|                                |            | Phone type: Cell ____ Home ____ Work ____ |
| Phone # 2                      | _____      | _____                                     |
|                                |            | Phone type: Cell ____ Home ____ Work ____ |
| Phone # 3                      | _____      | _____                                     |
|                                |            | Phone type: Cell ____ Home ____ Work ____ |
| Relationship to student: _____ |            |   |

## Contact #4

Salutation: Miss  Mrs  Ms  Mr

|                                | First Name | Last Name                                 |
|--------------------------------|------------|---|
| Phone # 1                      | _____      | _____                                     |
|                                |            | Phone type: Cell ____ Home ____ Work ____ |
| Phone # 2                      | _____      | _____                                     |
|                                |            | Phone type: Cell ____ Home ____ Work ____ |
| Phone # 3                      | _____      | _____                                     |
|                                |            | Phone type: Cell ____ Home ____ Work ____ |
| Relationship to student: _____ |            |   |

## Contact #5

Salutation: Miss  Mrs  Ms  Mr

|                                | First Name | Last Name                                 |
|--------------------------------|------------|---|
| Phone # 1                      | _____      | _____                                     |
|                                |            | Phone type: Cell ____ Home ____ Work ____ |
| Phone # 2                      | _____      | _____                                     |
|                                |            | Phone type: Cell ____ Home ____ Work ____ |
| Phone # 3                      | _____      | _____                                     |
|                                |            | Phone type: Cell ____ Home ____ Work ____ |
| Relationship to student: _____ |            |   |



**ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE**

Name of LEA: HAMBURG CENTRAL SCHOOL DISTRICT

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:  Male  Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Grade: \_\_\_\_      ID#: \_\_\_\_\_  
Month Day Year      (PreK-12)      (optional)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.**

**Where is the student currently living?** (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_
  
- In permanent housing

\_\_\_\_\_  
**Print name** of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Signature** of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Date**

**NOTE TO SCHOOLS/LEAS**

If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

STUDENT NAME:



## STUDENT DISMISSAL & EMERGENCY CONTACTS

### DAILY DISMISSAL PROCEDURES

**We will not release your child to anyone except those individuals you have listed on the second page (side B) of this form. Please help us keep your child safe by completing this form immediately and returning it to the school office.**

### ALTERNATE SITE TRANSPORTATION

Anyone requesting transportation to an alternate site for their child must complete the Hamburg Central School District Alternate Site Application for Transportation (available online or from the school office). Completed applications are to be submitted to **YOUR CHILD'S SCHOOL OFFICE** for approval **TEN BUSINESS DAYS** prior to the effective date. Alternate Site application forms must be completed each year.

### EMERGENCY CONTACT INFORMATION

It is rarely necessary to close school early during the day, but there is always the possibility of power or heat failure, dangerous road conditions, ice storms, etc.

Hamburg Central School District is committed to being prepared for any type of emergency and to that end, has established an emergency evacuation site for each school building, employed a rapid phone calling system School Messenger - which can notify you of an emergency within moments, and created the Student Dismissal & Emergency Contacts form (side B).

You, the Parent/Guardian, are the Primary Contact for all emergency notification purposes. The information on the Student Dismissal & Emergency Contacts form is used to update our student information system and School Messenger, the district's rapid calling system. It is imperative that the household phone number be the primary contact number for you; it will be used for student attendance (absence) notifications as well as being the primary contact number for health-related issues. Therefore, if you want to be notified via cell phone, list that number as your Primary Household phone.

***EMERGENCY CONTACTS are individuals, other than you, the parent/guardian, who have your permission to pick your child up from school. All individuals listed should be able to get to the school if necessary.***

### EMERGENCY DISMISSAL PROCEDURES

In the event that school is closed early, we will follow the usual afternoon dismissal procedures. If you have other arrangements for your child when school closes early and no one is home, you are required to inform your child's school of those arrangements IN WRITING. For example: They may go to their regular daycare facility or to a neighbor who is home, or to a relative within the school's transportation boundaries. Be specific. Please write down and discuss with your child what he/she should do if no one is at your home. Remember, if we do not receive emergency dismissal information from you, we will default to the regular dismissal procedure as previously stated.

# STUDENT DISMISSAL & EMERGENCY CONTACTS

Student Name: \_\_\_\_\_ Room # \_\_\_\_\_ Teacher \_\_\_\_\_

Male

Female

DOB

Grade

*When entering phone numbers below, check type for each: Cell, Home, Work*

**Primary Phone #** \_\_\_\_\_ **To be used in emergencies, for attendance purposes, and by the Nurse**  
\_\_\_ Cell \_\_\_ Home \_\_\_ Work

Parent/Guardian #1 \_\_\_\_\_ Lives with student Y \_\_\_\_\_ N \_\_\_\_\_

Home Address \_\_\_\_\_

House/Apt # Street Town State Zip

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_ Phone #3 \_\_\_\_\_  
\_\_\_ Cell \_\_\_ Home \_\_\_ Work

Email Address \_\_\_\_\_ Relation to Student \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Lives with student Y \_\_\_\_\_ N \_\_\_\_\_

Home Address \_\_\_\_\_

House/Apt # Street Town State Zip

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_ Phone #3 \_\_\_\_\_  
\_\_\_ Cell \_\_\_ Home \_\_\_ Work

Email Address \_\_\_\_\_ Relation to Student \_\_\_\_\_

Parent/Guardian #3 \_\_\_\_\_ Lives with student Y \_\_\_\_\_ N \_\_\_\_\_

Home Address \_\_\_\_\_

House/Apt # Street Town State Zip

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_ Phone #3 \_\_\_\_\_  
\_\_\_ Cell \_\_\_ Home \_\_\_ Work

Email Address \_\_\_\_\_ Relation to Student \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** - Should an emergency occur with your child, or in a schoolwide or district emergency where School Messenger is activated, you will be contacted **FIRST** at the Primary Phone # listed above. If that should fail we will attempt to reach you via phone numbers 2 and 3. In the event that a parent/guardian listed above cannot be reached, the emergency contacts listed below will be called.

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_ Phone #3 \_\_\_\_\_  
\_\_\_ Cell \_\_\_ Home \_\_\_ Work

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_ Phone #3 \_\_\_\_\_  
\_\_\_ Cell \_\_\_ Home \_\_\_ Work

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_ Phone #3 \_\_\_\_\_  
\_\_\_ Cell \_\_\_ Home \_\_\_ Work

**DAILY DISMISSAL PROCEDURES** - Please be very specific when completing this form. Indicate if your child walks or rides the bus (include bus number). If child goes to day care or alternate sites, please list the name and address.

|           |
|-----------|
| Monday    |
| Tuesday   |
| Wednesday |
| Thursday  |
| Friday    |

**EMERGENCY DISMISSAL PROCEDURES** - In a district emergency, every effort will be made to contact you via School Messenger, using the Primary Phone # listed above. If it should be necessary to send students home early because of weather or some other emergency, please follow these directions for my child:

Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_



**CONFIDENTIAL INFORMATION  
RELEASE FORM**



*Pursuing Excellence Through Partnership*

**TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAX:** \_\_\_\_\_

**Attention:** Principal, Psychologist, School Counselor, Attendance Officer, Nurse, etc.

**Student's Name:** \_\_\_\_\_

The above student has enrolled in Hamburg Central School District.

**Please send the following items:** Academic Records, most recent Report Card, Exit Grades (if available), State Assessment Scores, Health and Immunization Records, Psychological and Confidential Reports (IEP, 504, etc.)

**Additional records requested for 9 – 12 Graders:** Withdrawal Grades (if applicable), Completed Science Labs (if applicable), Transcript of Grades, Standardized Test Results, Regent/RCT exam scores, SAT/ACT/AP scores, and the key to your grading and credit system.

I hereby authorize the release of the above records to Hamburg Central School District.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*Please send requested information to the school that is checked below*

**Armor Elementary School**  
5301 Abbott Road  
Hamburg, NY 14075  
Phone: (716) 646-3350  
Fax: (716) 646-3368

**Boston Valley Elementary School**  
7476 Back Creek Road  
Hamburg, NY 14075  
Phone: (716) 646-3240  
Fax: (716) 646-3244

**Charlotte Avenue Elementary School**  
301 Charlotte Avenue  
Hamburg, NY 14075  
Phone: (716) 646-3370  
Fax: (716) 646-6396

**Union Pleasant Elementary School**  
150 Pleasant Avenue  
Hamburg, NY 14075  
Phone: (716) 646-3280  
Fax: (716) 646-3237

**Hamburg Middle School**  
360 Division Street  
Hamburg, NY 14075  
Phone: (716) 646-3254  
Fax: (716) 646-6380

**Hamburg High School**  
4111 Legion Drive  
Hamburg, NY 14075  
Phone: (716) 646-3310  
Fax: (716) 646-3347

★ For **Special Education students**, please send an additional copy of the above records to:

**Pupil Services  
Hamburg Central Administration Building  
5305 Abbott Road  
Hamburg NY 14075**

*If you have questions regarding special education students, please call the  
Pupil Services Office at (716) 646-3200 Ext-7210*



# HAMBURG CENTRAL SCHOOL

## Health History Form

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

**DOES YOUR CHILD HAVE A HISTORY OF THE FOLLOWING? Please check:**

|                                 |                     |                      |
|---------------------------------|---------------------|----------------------|
| Chicken Pox _____               | Diabetes _____      | Ear Conditions _____ |
| Seizure Disorder _____          | Heart Disease _____ | Hearing Loss _____   |
| Kidney Problem _____            | Pneumonia _____     |                      |
| Frequent Strep infections _____ | Asthma _____        |                      |

**PLEASE LIST ALL THAT APPLY:**

Other health conditions \_\_\_\_\_

Surgeries \_\_\_\_\_

Serious injury \_\_\_\_\_

**LIST ALL ALLERGIES:**

Environmental \_\_\_\_\_

Food \_\_\_\_\_

Medication \_\_\_\_\_

**Allergy Treatment** \_\_\_\_\_

**Special diet/food restrictions** \_\_\_\_\_

**LIST ALL DAILY MEDICATIONS** \_\_\_\_\_

- All prescription and over-the-counter medication to be administered at school must be given under the supervision of the school nurse and only with a doctor's written request along with written parental permission to administer the medication at school.
- All medications must be in the original container from the pharmacy and stored at the health office.

Please list any information, or limitations concerning your child which could affect your child's participation at school.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Medical Provider \_\_\_\_\_

Provider Phone # \_\_\_\_\_

Provider Address \_\_\_\_\_

***All students entering the Hamburg School District are required to have a doctor's physical form and up-to-date immunization record on file in their school health office.***

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