

SCHOOL REGISTRATION & HEALTH FORM
SAN BENITO COUNTY SCHOOLS

SCHOOL _____ GRADE _____ TEACHER _____

LEGAL NAME OF STUDENT _____

THDATE _____ (Last) _____ (First) _____ (Middle) _____
(Mo.) (Day) (Year) VERIFICATION _____ BIRTHPLACE _____

MAILING ADDRESS _____ LOCATION _____ PHONE _____

FATHER'S NAME _____
(Place of Employment) (Business Phone)

MOTHER'S NAME _____
(Place of Employment) (Business Phone)

GUARDIAN'S NAME _____ RELATIONSHIP TO CHILD _____

STEPPARENT'S NAME _____ LANGUAGE SPOKEN IN HOME _____

OTHER CHILDREN IN FAMILY WHO ARE LIVING AT HOME:

NAME	BIRTHDATE	GRADE	NAME	BIRTHDATE	GRADE

D.P.T. SERIES: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ POLIO #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

MMR (Measles, Mumps, Rubella) _____

Does your child have any health problem NOW about which the school should know, such as ASTHMA, DIABETES, HEART TROUBLE, HEARING or VISION problems, SEIZURES, CHRONIC DISEASE, or PHYSICAL HANDICAP? Please state below: _____

1. If minor illness or injury requires that my child be sent home from school when no responsible person is at home, or a parent cannot be reached, call:

(Name of relative or friend) (Telephone)

OR

(Name of relative or friend) (Telephone)

2. In an emergency, if the school is unable to reach me, you may call: Dr. _____
Telephone No. _____ AND if necessary take the child by ambulance.

For injury to mouth or teeth, call:

(Dentist) (Address) (Phone)

WE, THE PARENTS OF THIS CHILD, HEREBY AUTHORIZE HAZEL HAWKINS MEDICAL STAFF TO PROVIDE EMERGENCY DIAGNOSIS AND TREATMENT IN THE EVENT WE CANNOT BE REACHED. SCHOOL AUTHORITIES HAVE OUR PERMISSION TO USE THEIR BEST JUDGEMENT IN THE INTEREST OF OUR CHILD'S HEALTH AND WELFARE. THE SCHOOL ASSUMES NO FINANCIAL RESPONSIBILITY.

PARENT/GUARDIAN SIGNATURE _____