



SPEED REGISTRATION FORM 2018/2019 SCHOOL YEAR

NOTE: This information will accompany student in an emergency/crisis. Date Form Completed: _____

New Student Returning Student Start Date: _____

STUDENT'S NAME: _____ SEX: _____ HOME DISTRICT: _____

DATE OF BIRTH: _____ MEDICAID #: _____ SPEED SCHOOL: _____

LIVING WITH: Natural Parent: Mother _____ Foster Parent _____ Other _____
Father _____

PHONE NUMBER(S) YOU WOULD LIKE US TO USE FOR OUR SCHOOL REACH SYSTEM (Automated messages regarding school closings, up-coming events, etc): _____

PRIMARY EMAIL ADDRESS FOR CONTACT: _____

NAME OF PARENT/GUARDIAN:

PARENT/GUARDIAN #1 NAME: _____

ADDRESS: _____

HOME PHONE #: _____ WORK PHONE #: _____

CELL PHONE #: _____ EMAIL: _____

PARENT/GUARDIAN #2 NAME:: _____

ADDRESS: _____

HOME PHONE #: _____ WORK PHONE #: _____

CELL PHONE #: _____ EMAIL: _____

WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION?: _____

FOSTER PARENT INFORMATION: FOSTER AGENCY: _____

CASE WORKER'S NAME: _____ PHONE NUMBER: _____

WILL YOUR CHILD REQUIRE BUS TRANSPORTATION: Yes No

Does your child participate in Day-Care? Yes ____ No ____ Contact Person at Day-Care _____

Day-Care Phone Number _____ Pickup: Home _____ Day Care _____

Day Care Address _____ Drop off: Home _____ Day Care _____

Please list name, and phone number of three persons (neighbors, friends, or relatives) the school may contact and release your student to in an EMERGENCY if you cannot be contacted.

NAME	RELATIONSHIP TO CHILD	ADDRESS	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Parent/Guardian



STUDENT'S NAME: _____

DOCTOR'S NAME: _____ PHONE NUMBER: _____

1. Give diagnoses: _____

2. List all medications your child is receiving:

Medication	Dosage Given	Times Given	Reason

3. List treatments your child requires:

Treatment	Times Given	Reason

Special fluids required: _____

List food restrictions: _____

Dietary - please circle one: Regular Diet Chopped Foods Diet Blended (pureed) Diet

 Tasting Only Nothing by Mouth

SPECIAL NEEDS/CAUTIONS: _____

Additional information that would assist in programming for your child. _____

SPEED S.E.J.A. may, in the event of a serious illness or accidental injury, obtain medical care for my child:

Signature of Parent or Guardian Date

I hereby give my permission for the following licensed medical provider _____
(doctor or clinic)

and/or medical agencies _____ for exchange of confidential medical
(doctor or clinic)

information contained in the records(s) of my student _____, date of birth

_____, with SPEED S.E.J.A. #802 health services providers and/or administrators for one (1)

calendar year beginning 8/20/18 and ending 8/20/19.

Signature of Parent or Guardian Date



STUDENT'S NAME: _____

PLEASE CHECK ALL THAT APPLY:

- Chicken Pox SPECIFY/PROTOCOL: _____
- Vision Impaired SPECIFY/PROTOCOL: _____
- Glasses SPECIFY/PROTOCOL: _____
- Hearing Impaired SPECIFY/PROTOCOL: _____
- Tubes in Ears SPECIFY/PROTOCOL: _____
- Verbal (talks) SPECIFY/PROTOCOL: _____
- Ambulatory (walks) SPECIFY/PROTOCOL: _____
- Activity Precautions SPECIFY/PROTOCOL: _____
- Wheelchair SPECIFY/PROTOCOL: _____
- Safety Vest SPECIFY/PROTOCOL: _____
- G-Tube SPECIFY/PROTOCOL: _____
- Shunt SPECIFY/PROTOCOL: _____
- Tracheotomy SPECIFY/PROTOCOL: _____
- Heart Condition SPECIFY/PROTOCOL: _____
- Skin Problem SPECIFY/PROTOCOL: _____
- Down Syndrome SPECIFY/PROTOCOL: _____
- Cerebral Palsy SPECIFY/PROTOCOL: _____
- Fragile X SPECIFY/PROTOCOL: _____
- Bladder/Bowel Control SPECIFY/PROTOCOL: _____
- Attention Deficit Disorder (ADHD) SPECIFY/PROTOCOL: _____
- Asthma SPECIFY/PROTOCOL: _____
- Diabetes SPECIFY/PROTOCOL: _____
- Seizures DATE OF LAST SEIZURE: _____

Describe activity during seizure (if applicable) _____

Does your child have any allergies? (e.g., Food, Peanut, Bee Stings, Latex, etc.) _____

If so, is an Epipen required? Yes No

Describe symptoms of allergies: _____

Advise what care is necessary for symptoms of allergies: _____

What type of extra supportive equipment must be transported and secured with the student? (e.g. communication aides, oxygen tanks, suction machines, etc.) _____

PLEASE DON'T FORGET TO SIGN THE FORM ON THE FRONT PAGE