

This verification form is a legal document. The information you provide must be accurate and complete. This information is protected by the Family Educational Rights and Privacy Act (FERPA).

Student \_\_\_\_\_  
Legal Last Name                                  Legal First Name                                  Middle Name                                  Student ID

## SECTION 1: Medical Information

School staff need to know if your student has a medical condition for which he/she may require assistance during the school day. In a life-threatening situation, district staff will dial 9-1-1 for paramedic assistance and resuscitate any student requiring it in order to sustain life until relieved by paramedics or other appropriate medical personnel (School District Board Policy **EBBC**).

Remember to inform the school of any changes in the coming year.

1. Doctor Name \_\_\_\_\_ Doctor Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

2. Insurance Provider \_\_\_\_\_

3. Dentist Name \_\_\_\_\_ Dentist Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

4. Medication Allergy \_\_\_\_\_ 5. Date of Last Tetanus (Tdap, Dtap) Shot \_\_\_\_\_

6. Date of last Vision Screen/Eye Exam \_\_\_\_\_

7a. My student has health conditions/concerns  Yes  No

7b. If Yes, please specify below and indicate Past or Current:

Past	Current		Past	Current		Past	Current
<input type="checkbox"/>	<input type="checkbox"/> Allergy (specify) _____ Severe <input type="checkbox"/> Yes <input type="checkbox"/> No Epipen needed <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/> Severe injury _____		<input type="checkbox"/>	<input type="checkbox"/> Bone/muscle _____
<input type="checkbox"/>	<input type="checkbox"/> Asthma Inhaler needed <input type="checkbox"/> Yes <input type="checkbox"/> No Nebulizer needed <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/> Concussion/head injury _____		<input type="checkbox"/>	<input type="checkbox"/> Migraine _____
<input type="checkbox"/>	<input type="checkbox"/> Hearing		<input type="checkbox"/>	<input type="checkbox"/> Bladder/kidney _____		<input type="checkbox"/>	<input type="checkbox"/> Seizure disorder _____
<input type="checkbox"/>	<input type="checkbox"/> CP/brain/shunt		<input type="checkbox"/>	<input type="checkbox"/> Toileting Issues _____		<input type="checkbox"/>	<input type="checkbox"/> ADD/ADHD _____
<input type="checkbox"/>	<input type="checkbox"/> Other _____		<input type="checkbox"/>	<input type="checkbox"/> Severe illness _____		<input type="checkbox"/>	<input type="checkbox"/> Mental Health _____
			<input type="checkbox"/>	<input type="checkbox"/> Diabetes since _____		<input type="checkbox"/>	<input type="checkbox"/> Cancer _____
			<input type="checkbox"/>	<input type="checkbox"/> Heart _____		<input type="checkbox"/>	<input type="checkbox"/> Bleeding disorder _____
			<input type="checkbox"/>	<input type="checkbox"/> Vision _____		<input type="checkbox"/>	<input type="checkbox"/> Wears glasses/contacts _____

8. Current Medications \_\_\_\_\_

9. Medications Needed at School \_\_\_\_\_

Please list and complete Authorization for Medication forms

10. (High School only) Date of last Physical Exam \_\_\_\_\_

## SECTION 2: Annual Notices

For annual notices on the release of Directory Information, Student Records, Military Recruiting, Protection of Student Rights, and Complaint Procedures, please see the District Student Rights and Responsibilities Handbook, which is available on-line on the district web site.

\_\_\_\_\_ I understand that the Student Rights and Responsibilities Handbook is available online at [www.redmond.k12.or.us](http://www.redmond.k12.or.us) and can be printed for me at my request.

High School only:

\_\_\_\_\_ I do not want my student's name, address, and phone number released to:

- Military Recruiters
- College Recruiters

**By signing this form, I agree that all the information above and on the following pages is true.**

Parent or Guardian Signature

Printed Name

Date

## SECTION 3: Verification

**The following pages are your student's profile report. Please review the information and make any changes.**