

**TURKEY VALLEY PRESCHOOL REGISTRATION INFORMATION & HEALTH RECORD**

DATE: \_\_\_\_\_

Student Name \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
(Last) (First) (Middle)

Student Soc. Security No. \_\_\_\_\_ Student Birth Date \_\_\_\_\_  
(Month) (Day) (Year)

WAS BIRTHDATE VERIFIED BY BIRTH CERTIFICATE: YES \_\_\_\_\_ NO \_\_\_\_\_

Student Birthplace: \_\_\_\_\_  
(City) (County) (State) (Zip Code)

Student lives with (Parent/Guardian Names): \_\_\_\_\_

Home Address (911 Street & P.O. Box # and City): \_\_\_\_\_  
\_\_\_\_\_

Home Ph. Number: (\_\_\_\_) \_\_\_\_\_ Parent E-Mail \_\_\_\_\_

Cell Number(s): \_\_\_\_\_ County you reside in: \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

*\*I authorize the student listed above to be released to the designated individuals named below in case of an emergency or if my child becomes ill at school and a parent/guardian cannot be reached. This includes releasing my children from the Turkey Valley Community School grounds or any other designated emergency evacuation site.*

**Signature of person granting authority:** \_\_\_\_\_

Relationship to minor: \_\_\_\_\_ Date: \_\_\_\_\_

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|--|--|
| <b>Authorized/Emergency Contact:</b><br>Name _____<br>Phone # _____<br>Relationship to child _____ | <b>Authorized/Emergency Contact:</b><br>Name _____<br>Phone # _____<br>Relationship to child _____ |
|--|--|

**Please answer the questions below. Circle YES or NO.**

- Can photo/audio-record/video including your child be used for public relations? Y N
- Does your emergency contact have permission to pick up your student(s)? Y N
- Are parents in active military duty? Y N
- Do you give your child permission to participate in classroom activities involving pets/animals? Y N
- Has permission to use the internet? Y N
- Can participate in any school field trips during the year & receive medical treatment if necessary? Y N
- Does your child have health insurance? Y N Insurance provider \_\_\_\_\_
- Can your child receive DiBromm (Dimatapp equivalent) nasal decongestant while at school? Y N
- Can your child receive acetaminophen (fever and pain reducer) while at school? Y N
- Can your child receive ibuprofen (anti-inflammatory/pain reducer) while at school? Y N
- Can your child receive Tussin (Robitussin equivalent) cough suppressant while at school? Y N
- Can your child receive cough drops while at school? Y N
- Can your child receive Benadryl/Allergy Medication while at school? Y N
- Can your child receive Tums-antacid while at school? Y N **(OVER)**

- 15. Can your child receive anti itch cream (bug bites)?      Y    N
- 16. Can your child receive antibiotic ointment?      Y    N
- 17. Can your child receive lotion?    Y    N
- 18. Can your child receive chapstick (placed on finger)?      Y    N
- 19. Does your child have Asthma?    Y    N
- 20. Does your child have heart problems?    Y    N
- 21. Does your child have a bee sting allergy?      Y    N
- 22. Has your child ever had chicken pox?    Y    N (if yes, when?) \_\_\_\_\_
- 23. List any allergies (food or medication) and any health concerns for your child(ren).

Please explain any Yes answers: \_\_\_\_\_

Past surgeries \_\_\_\_\_

Medical conditions \_\_\_\_\_

Current medications \_\_\_\_\_

Other pertinent information \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Number of Older Brothers \_\_\_\_\_ Number of Younger Brothers \_\_\_\_\_ Number of Older Sisters \_\_\_\_\_ Number of Younger Sisters \_\_\_\_\_

Names and grades of siblings attending Turkey Valley: \_\_\_\_\_

Names and Birthdates of younger children: \_\_\_\_\_

Do you have a child already riding a Turkey Valley Bus: YES \_\_\_\_ NO \_\_\_\_ Bus #/Driver \_\_\_\_\_

Do you live in town? \_\_\_\_\_ If Yes, which one: \_\_\_\_\_

Do you live in the country? \_\_\_\_\_ If yes, which township, or approximate location: (If the residence is listed in another name, please indicate that name) \_\_\_\_\_

Is there any other information about your child which may help the teacher? (Please be specific)  
 \_\_\_\_\_

Is there anything unusual about his/her infancy that may affect his/her development?  
 \_\_\_\_\_

Are there any behavior problems which we should know about?  
 \_\_\_\_\_

Does he/she have any inadequacies in his/her speech such as stuttering, letter substitution?  
 \_\_\_\_\_

Does he/she have any hearing or vision problems that you are aware of?  
 \_\_\_\_\_

What is his/her attitude toward coming to school?  
 \_\_\_\_\_

Are there any medical conditions the teacher needs to be aware of?  
 \_\_\_\_\_