

STUDENT REGISTRATION PACKET

Student Name: _____ Grade: _____

School Student Registering: _____

Below To Be Completed By School Official

STUDENT REGISTRATION CHECKLIST

Registration Information:

- Signed** Form 600
 - Home/Work/Cell Numbers
 - Emergency/Stateside Contact
 - Email Address
- Proof of Physical Address

Registration Forms Received:

- Race/Ethnicity & Home Language Survey Form (Form 600b)
- ESL Home Language Questionnaire Form
- Educational Pre-Screening Questionnaire (Form 620)
- Consents and Authorization Form (Form 700)
- Release of Educational Records Form

Health Forms:

- Medical Authorization Form
- Health History Form (Form 2942-F1)
- Immunization Records

Eligibility Documentation:

Military

- Copy of Orders
- Form 601 *(if needed)*
- Copy of Birth Certificate *(if needed)*

Civilian

- Copy of Orders
- Form 602 *(if needed)*
- Copy of Birth Certificate *(if needed)*

Contractors

- Copy of Contractor's ID Card
- Copy of Birth Certificate
- Central Billing Letter

Elementary School

- Copy of Birth Certificate

See DoDDS-E Eligibility Handout for further guidance on required documentation.

Miscellaneous/Additional Documentation (as needed):

- Space Available Form
- Copy of Passport of Student and/or Sponsor
- Course Selection Form
- Student Records *(if available)*

Date Forms Received: _____

Forms Received by: _____

First Day Student Starts School: _____

REGISTRATION STATUS FOR SCHOOL USE ONLY

- Entered in Aspen
- Date Entered: _____
- Partial Registered
(Additional documentation needed as indicated above)
- Registered

Note: When accepting registration paperwork, please complete the checklist and attached to the registration packet, along with all documentation needed, for the registrar. Thank you!

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT REGISTRATION**

INSTRUCTIONS 1. Completed by Sponsor
2. Print (Ink) or type all entries.
3. Leave shaded areas blank.
4. See supplemental sheet for assistance.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 2164, 20 USC 921

PRINCIPAL PURPOSE(S): Required for enrollment of dependents into DoDEA Schools. Provides record of student and sponsor demographic data used in the administration of school programs. Provides emergency contact, pertinent medical and other vital information.

ROUTINE USE(S): Data is collected and entered into the automated School Information Management System for use by DoDEA personnel in providing educational and management programs. Release of student information to non-DoDEA personnel is restricted to U.S. Government personnel and other authorized individuals as approved by DoDEA. Sponsor information may be released to other schools, colleges, and prospective employers as part of the individual student record.

DISCLOSURE: Voluntary. Disclosure of the Social Security Number will expedite the registration process.

SECTION I – STUDENT INFORMATION

1a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender M F	e. Home Phone	f. Student SSN / Unique ID	g. Student Grade
h. Birth Date (MMDDYYYY)	i. Field Trip Permission Y N	j. Sponsor Relationship	k. Employer Type Code
l. Citizenship	m. Home Language Survey Completed Y N	n. Computer/Internet Permission Y N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student ? Y N	r. Local Use

2a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender M F	e. Home Phone	f. Student SSN / Unique ID	g. Student Grade
h. Birth Date (MMDDYYYY)	i. Field Trip Permission Y N	j. Sponsor Relationship	k. Employer Type Code
l. Citizenship	m. Home Language Survey Completed Y N	n. Computer/Internet Permission Y N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student ? Y N	r. Local Use

3a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender M F	e. Home Phone	f. Student SSN / Unique ID	g. Student Grade
h. Birth Date (MMDDYYYY)	i. Field Trip Permission Y N	j. Sponsor Relationship	k. Employer Type Code
l. Citizenship	m. Home Language Survey Completed Y N	n. Computer/Internet Permission Y N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student ? Y N	r. Local Use

SECTION II – SPONSOR INFORMATION

4. Sponsor's Name (Last, First, Middle Initial)		5. Sponsor SSN/Unique ID	6. Pay/Civ Grade	7. Title / Rank
8. Organization		9. Location of Unit	10. Duty Phone	11. Rotation / ETS Date
12. Spouse's Name (Last, First, Middle Initial)		13. Spouse's Title	14. Spouse's Employer	15. Spouse's Duty Ph.
16. Mailing Address (e.g. APO/FPO) (If different from Physical)			17. Physical Quarters Address (Street, City, State, Zip Code)	
18. Sponsor Cell Phone	19. Spouse Cell Phone	20. Email Address		
21. Pager Number	22. Reserved	23. Local Use		

SECTION III – LOCAL EMERGENCY CONTACT INFORMATION

24a. Emergency Contact Name (Not Sponsor or Spouse)		24b. Contact Duty Phone	24c. Contact Home Phone
24d. Emergency Contact Address (During Day)		24e. Doctor's Name (If not Military Clinic)	24f. Doctor's Phone Number
25a. Emergency Contact 2 Name (Optional)		25b. Contact 2 Duty Phone (Optional)	25c. Contact 2 Home Phone
25d. Emergency Contact 2 Address (Optional)		25e. Local Use	

SECTION IV – PERMANENT STATESIDE / EMERGENCY CONTACT INFORMATION

26a. Contact Name	26b. Contact Home Phone
26c. Contact Address	26d. Relationship to Sponsor

SECTION V – CONSENT and SCHOOL USE INFORMATION

<p>I understand that I have the right to review my child(ren)'s records and that a copy of the school and health records will be released to the next school (exclusive of colleges and universities) he/she/they attend(s) without further approval.</p> <p>I give permission for my child(ren) to receive first aid at school and any emergency treatment considered necessary with the following exceptions noted below.</p> <p>I verify the information is correct or has been corrected.</p>	34. First Day Student Starts School (MMDDYYYY)	35. DoDAAC		
	36. School Name			
	37. Orders on File / Verified		Y	N
	38. Birth Date Verified		Y	N
27. Exceptions (If none, enter NONE)	39. Reserved		Y N	
28. Signature of Sponsor	29. Date (MMDDYYYY)	40. Registrar's Initials	41. Date (MMDDYYYY)	
30. Reserved	31. Reserved	42. Reserved		
32. Local Use	33. Local Use	43. Local Use		

Department of Defense Education Activity

Questionnaire for Student Race/Ethnicity and Home Language

Completion of this form is required for enrollment in DoD schools. The data collected is maintained for "Statistical Use Only" and is protected in accordance with the Privacy Act (93-579), OMB Circular A-108, and DoD Directive 5400.11. Unauthorized disclosure of this information constitutes a violation of the Privacy Act and may result in a fine up to \$ 5000.

Race/Ethnicity questions comply with OMB Standards for Maintaining, Collecting, and Presenting Data for Race and Ethnicity, dated 30 Oct 97

STUDENT NAME: _____ **DATE:** _____

PLEASE ANSWER ALL SECTIONS

ETHNICITY (Mark one)

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

NOT Hispanic or Latino.

Decline to State (if checked, provide initials) _____

RACE (Mark one or more)

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Decline to State (if checked, provide initials) _____

HOME LANGUAGE (Mark Yes or No. If Yes, state the language)

Yes **No** 1. Does an adult in the household speak a language other than English at home?
If yes, what language? _____

Yes **No** 2. Does the child you are registering speak a language other than English at home?
If yes, what language? _____

If the answer to either question number 1 or number 2 is "yes," please complete the Home Language Questionnaire (DoDEA ESL Program Guide Form F4, March 2007).

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

ESL Home Language Questionnaire

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a.
Principal Purpose: The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

THIS FORM IS COMPLETED AT THE TIME OF STUDENT ENROLLMENT

Child's Name: _____

Date: _____

Grade: _____

Date of Birth: _____

Age: _____

1. What language is commonly spoken in your home?

___ English ___ Another Language (Please specify): _____

2. Does the child you are registering speak a language other than English? (Excluding foreign languages studied in school.)

___ No ___ Yes If yes: What language is spoken? _____

3. What language did your child use when he/she first began to talk?

___ English ___ Another Language (Please specify) _____

4. Has your child attended English speaking schools?

___ No ___ Yes If yes: How many years? _____

5. What language does your child read and/or write?

___ English ___ Another Language (Please specify) _____

6. What language do you most often use when speaking with your child?

___ English ___ Another Language (Please specify) _____

7. What language does your child use most often when speaking to you?

___ English ___ Another Language (Please specify) _____

8. If your child is cared for by another person on a regular basis, what language is most often used?

___ English ___ Another Language (Please specify) _____

9. Do you as a parent need to communicate with the school in a language other than English?

___ No ___ Yes If yes, in what language? _____

Continued on the next page

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
EDUCATIONAL PRE-SCREENING QUESTIONNAIRE

STUDENT'S NAME _____ GRADE _____ Male Female

Sponsor's Name _____ Phone: _____ / _____
Duty Home

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2164, 20 U.S.C. 921-932; and DoD Directive 1342.20

PRINCIPAL PURPOSE: The information will be used within the Department of Defense (DoD) Education Activity and DoD to determine Educational programs and interventions required to meet individual student needs. This includes programs identified for students receiving gifted education, special education, 504-disability or at risk services.

ROUTINES USE(S): In addition to the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, this record or information contained therein may be disclosed outside the DoD as a routine use pursuant to 5 USC 552a(b)(3) and the DoD "Blanket Routine Uses," described at the beginning of the Office of the Secretary, DoD/Joint Staff compilation of systems of records notices, located at: <http://www.defenselink.mil/privacy/notice/osd>.

DISCLOSURE: Disclosure to the DoD of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

To better understand the educational needs of your child, please complete and return this in a sealed envelope marked "confidential" to the school principal or protected mail attachment. Sponsors or parents are asked to answer all questions and sign the form.

1. Gifted Education:

- a. Has your child been formally assessed for Gifted Education: Yes No
b. My child was found eligible: Yes No

2. At Risk Services:

- Did your child attend Sure Start or Head Start? Yes No
Has your child received remedial reading services? Yes No
Has your child received remedial math services? Yes No

3. Individual Education Program (IEP):

- a. Has your child been previously assessed: Yes No
b. My child has an active IEP: Yes No

4. Exceptional Family Member Program (EFMP):

My child is eligible/enrolled in EFMP Yes No

5. My child previously received educational assistance or accommodations in a 504 Plan (*non-special education assistance*). Yes No

My child has a 504 Plan: Yes No

Sponsor's Signature

Date (MMDDYYYY)

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT REGISTRATION

FORM 700 – Consents and Authorizations

SY ____/____

INSTRUCTIONS 1. Completed by Sponsor 2. Print (Ink) or type all entries.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2164 and 20 U.S.C. 921-932.

PRINCIPAL PURPOSE: To obtain information necessary to enroll students, administer school operations, and protect student health and welfare in DoD operated dependent educational programs. Completed forms are covered by the DoDEA Dependent Children's School Program Files SORN located at <http://privacy.defense.gov/notices/DODEA26.shtml>.

ROUTINES USE(S) To Federal, State and local government officials to protect health and safety in the event of emergencies. The DoD Blanket Routine Uses found at http://privacy.defense.gov/blanket_uses.shtml also apply to this collection

DISCLOSURE: Voluntary, however, failure to disclose the information collected on this form may delay and/or prevent the enrollment of a child and/or the delivery of educational and emergency services.

1. Last Name	2. First Name	3. Student ID
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SPONSOR OR GUARDIAN DESIGNATIONS

1. Field Trips: I permit the student(s) that I am registering with this form to participate in authorized DoDEA school field trips as initiated below: **(Mark the appropriate box)**

All scheduled authorized field trips Individual field trip by field trip

2. Media Release: I give permission for my student(s) name and/or image to be used in various media including newsletters, DoDEA web sites (images only), DODEA print and video productions, military community publications, military affiliated publications (Stars & Stripes), military affiliated electronic media (AFN/AFRTS), and public media (local, host nation, U.S. national newspapers, magazines, television). **(Mark the appropriate box)**

Authorize release Decline release

3. Internet Agreement: I understand that the student(s) I am registering will receive instruction in the appropriate use of DoDEA information technology resources; that in order to use DoDEA resources they must read, understand, and agree to abide by the *Appropriate Use of DoDEA Information Technology Resources – Terms and Conditions for DoDEA Students*. If they violate the Terms and Conditions, I understand they may lose all access privileges on the DoDEA network, and, furthermore, may be subject to school disciplinary and/or appropriate legal actions. **(Mark box indicating agreement)**

Sponsor or Guardian Agreement

4. **11th & 12th grade students only:** I authorize the release of my students' information to military recruiters. **(Mark the appropriate box)**

Authorize release Decline release

I verify the information is correct or has been corrected.	DATE: (MM/DD/YYYY)
Signature of Sponsor _____	_____

Terms and Conditions

I. Acceptable Use

- A. I agree to use DoDEA's computer services only in support of my education and research consistent with the educational objectives of the DoDEA. I will not download files or subscribe to bulletin boards that are not related to my educational activities. If I have questions about my computer use, I will ask my teacher.
- B. I will respect and adhere to all of the rules governing access to DoDEA computing resources and the rules of any other network or computing resource to which I have access through the DoDEA equipment.
- C. I understand transmission (sent or received) of any material in violation of any U.S. or state regulation is strictly prohibited and may violate criminal law. I will not transmit obscene, sexually suggestive or offensive, lascivious, harassing, or abusive messages, copyrighted material, or material protected by trademark or as a trade secret.
- D. I will not publish the name, photograph, home address or telephone number of myself, another student, faculty, or any other person.
- E. I understand using the DoDEA computer equipment for commercial, product advertisement or political lobbying is prohibited and may be illegal.

II. Privileges

- A. I understand that the use of the network is a privilege, not a right, and use inconsistent with these Terms and Conditions may result in a cancellation of those privileges. (Each student will receive instruction regarding the terms and protocols referenced in this document before network access is provided.)
- B. I will be disciplined if I send messages or download files inconsistent with these Terms and Conditions. At the discretion of the principal and teacher, I may lose the privilege of using the Internet permanently and face suspension or expulsion. Copies of the inappropriate materials will be reported to the building administration and kept on file.

III. Internet Etiquette

- A. I will be polite. I will not use sexual or abusive language in my messages to others.
- B. I will use courteous, respectful language. I will not swear, use vulgarities, sexual, harsh, or disrespectful language. Illegal activities are strictly forbidden.
- C. I understand any transmission, including electronic mail, is not private and that my communications and access will be monitored.
- D. I will evaluate information carefully. As with any research material, I must review it for accuracy and bias.
- E. I will not use the network in such a way as to disrupt the use of the network by other users. This can be avoided by not sending "chain letters," or "broadcast" messages to lists or individuals.

IV. No Warranties

- A. I understand DoDEA makes no warranties of any kind, whether expressed or implied, for the service it is providing. DoDEA is not responsible for any damages I may suffer. This includes loss of data, delays, non-deliveries, misdeliveries, or service interruptions caused by its own negligence or my errors or omissions.
- B. I understand the use of any information obtained via DoDEA is at my own risk. DoDEA specifically denies any responsibility for the accuracy or quality of information obtained through its services.
- C. I understand DoDEA has no obligation or authority to defend me against any legal actions brought against me by anyone arising from my misuse of DoDEA computer resources or violations of any U.S. or foreign laws.

V. Security

- A. I understand security on any computer system is a high priority, especially when the system involves many users. I will notify my teacher if I notice a security problem. I will not demonstrate the problem to other users.
- B. I will not give my user password to other individuals. Any activity associated with my account will be considered my activity. It is my responsibility to protect my account and password.
- C. I may be denied access to the network if I am identified as a security risk.

VI. Vandalism

- A. I understand vandalism will result in cancellation of privileges.
- B. I will not maliciously attempt to harm or destroy data of another user, Internet, or any other network. This includes, but is not limited to, the uploading or creation of computer viruses.

DEPARTMENT OF DEFENSE DEPENDENT SCHOOLS

AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

Student's Name: _____

Date of Birth: _____

Previous Grade Attended: _____

I hereby grant my permission for:

Name of Last School Attended: _____

Address of Last School Attended: _____

To release my son/daughter's school educational records:

____ Official Transcript

____ Cumulative File

____ Confidential File

____ IEP

____ Medical Records

____ Other: _____

Parent's Signature: _____ Date: _____

Please send records to the following address:

This information will become a part of the student's record and will be handled in accordance with the Family Educational Rights and Privacy Act of 1974.

Registrar's Signature: _____

Date: _____

FOR SCHOOL USE ONLY	
<input type="checkbox"/>	Records Hand Carried
<input type="checkbox"/>	Date Requested: _____
<input type="checkbox"/>	Faxed Request
	Fax Number: _____
<input type="checkbox"/>	Mailed Request

A photocopy of this form is valid as original.

DEPARTMENT OF DEFENSE DEPENDENT SCHOOLS
KAISERSLAUTERN DISTRICT OFFICE
UNIT 3405
APO AE 09021

MEDICAL AUTHORIZATION SY2013-14

STUDENT INFORMATION:

Student Name: _____ DOB: _____ Grade: _____

Known Allergies and/or Conditions:

PARENTAL AUTHORIZATION:

I _____,

authorize and execute consent for any and all emergency medical, hospital and dental care treatment, if I cannot be contact; including major surgery as deemed necessary by a duly licensed physician selected by DODDS school faculty member, for the health and well being of my child.

Parent's Signature: _____ Date: _____

THIS AUTHORIZATION SHALL TERMINATE AFTER JUNE 15, 2014.

PRIVACY ACT STATEMENT

Disclosure of health information will expedite the medical treatment process if it becomes necessary.
For Official Use Only - Privacy Act of 1974.

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY STUDENT HEALTH HISTORY

PRIVACY ACT STATEMENT:

AUTHORITY: 10 U.S.C. sections 2164 and 20 U.S.C. sections 921-932.

PRINCIPAL PURPOSE: To obtain health information about a student enrolling in Department of Defense Education Activity (DoDEA) schools and programs to protect and enhance student health and to promote a safe school environment.

ROUTINE USES: DoDEA may release information without prior consent within the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. section 552a(b)(1). DoDEA also may release information outside the DoD, in accordance with 5 U.S.C. section 552a(b)(2-12), and the "Blanket Routine Uses," published at <http://www.defenselink.mil/privacy/notice/osd>. Examples of release may include for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.

DISCLOSURE: Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

NAME (*Last, First, Middle Initial*)

Check:

Female
 Male

Date of Birth:

____/____/____
(mm / dd / yyyy)

MEDICAL HISTORY: CHECK (✓) ALL THAT APPLY AND EXPLAIN BELOW OR ATTACH ADDITIONAL PAGE(S).

VISION	RESPIRATORY	ASTHMA	ALLERGIES (A SHSG Form H-3-7 should be completed.)
<input type="checkbox"/> Wears glasses for reading	<input type="checkbox"/> Bronchitis	Date of Diagnosis: Inhaler needed: @ school * YES <input type="checkbox"/> NO <input type="checkbox"/> @ home YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Bee sting
<input type="checkbox"/> Wears glasses full time	<input type="checkbox"/> Cystic fibrosis		<input type="checkbox"/> Wasp sting
<input type="checkbox"/> Wears contacts	<input type="checkbox"/> Sinusitis		<input type="checkbox"/> Other insects
<input type="checkbox"/> Color deficiency	<input type="checkbox"/> Other		<input type="checkbox"/> Seasonal
<input type="checkbox"/> Other	CARDIOVASCULAR		<input type="checkbox"/> Environmental
HEARING	<input type="checkbox"/> Sickle cell disorder	PSYCHIATRY	<input type="checkbox"/> Food
<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Heart murmur	<input type="checkbox"/> Anorexia	<input type="checkbox"/> Lactose intolerance (The school will need a letter from the doctor stating that the student is lactose intolerant.)
<input type="checkbox"/> Ear tubes Insertion date: Are tubes currently in place: Right? YES <input type="checkbox"/> NO <input type="checkbox"/> Left? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Hemophilia/Other Bleeding disorders	<input type="checkbox"/> Bulimia	PROCEDURES: (A SHSG Form H-4-9 should be completed.)
<input type="checkbox"/> Hearing loss: Right <input type="checkbox"/> Left <input type="checkbox"/>	<input type="checkbox"/> Rheumatoid heart disease	<input type="checkbox"/> Autism	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> ADD/ADHD	RESTRICTIONS
ENDOCRINE	MUSCULOSKELETAL	<input type="checkbox"/> Depression	<input type="checkbox"/> My child has a condition that warrants restriction of activities during school hours. (See page 2.)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Substance abuse history	
<input type="checkbox"/> Other	<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Suicidal	<input type="checkbox"/> My child takes daily medication at home.
DERMATOLOGY	<input type="checkbox"/> Other	NEUROLOGICAL	<input type="checkbox"/> My child will need medications during school hours. (* See page 2.)
<input type="checkbox"/> Eczema	GASTROINTESTINAL	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> My child may need emergency medications during school hours. (* See page 2.)
<input type="checkbox"/> Other	<input type="checkbox"/> Hernia	<input type="checkbox"/> Frequent headaches	
GENITOURINARY	<input type="checkbox"/> Other	<input type="checkbox"/> Migraines	* MEDICATIONS DURING SCHOOL HOURS: SHSG: H-3-2, 3-3 and/or 3-8 forms must be signed by the physician and a parent; and must accompany prescribed medications that are to be given during school hours. The medication will be in the original container properly labeled by the physician or pharmacy. All medications will remain at school for the duration of the prescription.
<input type="checkbox"/> Bladder control problems	DENTAL	<input type="checkbox"/> Spina Bifida	
<input type="checkbox"/> Urinary track infections	<input type="checkbox"/> Braces	<input type="checkbox"/> Seizures	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Sleep disorder	
		<input type="checkbox"/> Other	

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT HEALTH HISTORY**

Explain any of the above here or attach additional pages.

Identify any special health care procedures that your child may require during the school day:

Identify any condition that warrants a restriction of student activity, specify the nature and duration of the limitation and any other information that would help the school assist your child:

Identify any condition that warrants daily and/or emergency administration of medicine for your child and list those medications:

Parent/Sponsor's Signature:

Primary phone #:

Date: