

Learning for all... whatever it takes!



Registration Packet & Information

Please call to make an appointment when returning the registration packet.

Documents required to complete enrollment are:

- Birth Certificate
- Immunizations/Physical
- Proof of Address
- (Current Utility bill, lease, rent receipt)
- Parents/Guardians picture ID
- Previous school Information (Name of school, fax #, Telephone #, email)
- Custody Papers (if it applies to you)
- Special Ed, IEP, 504 plans

If you have any questions, please feel free to call or email me and I will be happy to assist you.

Vanessa Escobar
vescobar@g.dunkirkcsd.org
Central Registration Office
752 Central Ave
Dunkirk NY 14048
716 366 9300 ext. *2040
Fax: 716 366 9395

For more information, please visit our District website at: www.dunkirkcsd.org

Registration Form

**DUNKIRK****CITY SCHOOL
DISTRICT****Learning for all... whatever it takes!**

STUDENT ID# _____

Revised 1/5/24

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ M or F _____ Dominant Language: _____

Street Address: _____ Apt. # _____

Telephone numbers: (Home): _____ (Work): _____ (Cell): _____

Grade: _____ Has this child been retained? Y N Grade Retained: _____ # of adults in house: _____ # of Seniors: _____

Birth Country: _____ Interpreter Needed? Y N

CUSTODY ☐ If checked, there is no legal documentation – parents never went to courtAre there any **custody or visitation problems** that school personnel should be aware of? Yes () No ()

Comments: _____

Does this child currently reside with: _____ Both parents _____ Mother _____ Father _____ Other _____

If both parents are not living in the same household, **who currently has physical custody of this child?**

_____ Mother _____ Father _____ Other _____

Please list the type of documentation provided for proof of custody/guardianship: _____

PARENT'S INFORMATION

Father's Information: (as recorded on child's birth certificate)

Dominant Language: _____

Last Name: _____ First Name: _____ M.I.: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone numbers: (Home): _____ (Cell): _____

Father's place of employment: _____ Work phone: _____

•Should school correspondence and report cards be mailed to the above address? _____ Yes _____ No

•Should he be contacted in case of emergency _____

Mother's Information (Biological mother)

Dominant Language: _____

Last Name: _____ First Name: _____ M.I.: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone numbers: (Home): _____ (Cell): _____

Mother's place of employment: _____ Work phone: _____

•Should school correspondence and report cards be mailed to the above address? _____ Yes _____ No

•Should she be contacted in case of emergency _____

GUARDIAN INFORMATION (If not the mother or father i.e.: Family member, Step-parent, Social Services, Foster Care):

Name: _____ Relationship to child: _____

Address: _____

Telephone numbers: (Home): _____ (Cell): _____

Guardian's place of employment: _____ Work phone: _____

SIBLING INFORMATION: Please list other siblings living in your household, including pre-school children:

Name: _____ Date of Birth: _____ School: _____

Name: _____ Date of Birth: _____ School: _____

Name: _____ Date of Birth: _____ School: _____

EMERGENCY INFORMATION

Please list two alternative, responsible adults (18 years of age or older) who can be reached between 8:00 a.m. – 3:00 p.m. and have your permission to sign your child out of school.

Name: _____ Telephone: _____ Relationship: _____

Name: _____ Telephone: _____ Relationship: _____

SPECIAL ALERTS

- Does your child have any medical conditions, have any known allergies, or take any medication? Yes () No ()

If yes, please list: _____

- Does your child have any restrictions regarding participation in school activities because of religious beliefs? Yes () No ()

- Does your child receive **Special Education** classes? Yes () No () Uncertain ()

- Has your child received remedial services in math or reading? Yes () No () Uncertain ()

- Has your child ever received **ESL** services? Yes () No () Uncertain ()

- **(Elem. Only):** The school has my permission to evaluate my child's speech/language ability by further diagnostic testing and I understand that a conference will be scheduled to review the results of the testing. Yes () No ()

- **Child is presently receiving speech services:** Yes () No ()

- Does your child have any disability or mental/physical conditions which require accommodations within the school setting under the **504 Rehabilitation Act**? Yes () No ()

(Examples: wheelchair, use of an elevator, physical contact restrictions, **severe food allergies** (i.e.: peanuts), bee sting allergies, diabetes, heart condition, orthopedic condition or any life-threatening condition):

- Is this child in a **temporary living situation**? Yes () No () Living with: () relatives () friend () shelter () unaccompanied youth

PREVIOUS EDUCATION

Has this child ever attended any school in the City of Dunkirk? Yes () No () Where? _____

How many years child attended school in the USA? _____ How many years in NON-USA schools? _____

Name of school child is coming from: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

PARENT OR LEGAL GUARDIAN SIGNATURE:

I verify that I am the parent/legal guardian of the above-named child and verify that the information provided is correct.

Parent/Guardian signature: _____ Date: _____

Registration completed by: _____ Date: _____

Emergency Procedure Form

Student Information

Last Name: _____ First Name: _____
 Address: _____ Telephone: _____
 Date of birth: _____ Cell _____

FATHER'S INFORMATION (NOT Stepfather)

Name: _____
 Resides in household? Yes _____ No _____
 If not, list alternate address: _____
 Home phone: _____
 Cellular Phone: _____
 Place of employment: _____
 Phone: _____

MOTHER'S INFORMATION (NOT Stepmother)

Name: _____
 Resides in household? Yes _____ No _____
 If not, list alternate address: _____
 Home phone: _____
 Cellular Phone: _____
 Place of employment: _____
 Phone: _____

GUARDIAN'S INFORMATION (complete **ONLY** if child **DOES NOT RESIDE** with parents)

Name: _____
 Resides in household? Yes _____ No _____
 If not, list alternate address: _____
 Home phone: _____
 Cellular Phone: _____
 Place of employment: _____
 Phone: _____

MEDICAL INFORMATION

What is the name of your child's doctor?

 Phone: _____
 Please list any **SERIOUS** medical problems of your child:

OTHER SIBLINGS -- Please list other siblings living in your household, including pre-school children:

Name: _____ Date of Birth: _____ School: _____
 Name: _____ Date of Birth: _____ School: _____
 Name: _____ Date of Birth: _____ School: _____

TO THE PARENT/GUARDIAN: When a student needs to be released/signed-in during school hours, it is necessary to have parental permission. If a parent/guardian is unable to accompany his/her child, the parent/guardian may designate a responsible adult. If the parent has relinquished his/her paternal authority due to divorce, separation, or legal court order, it is the responsibility of the legal guardian to provide the school with the necessary official documentation. The Dunkirk City School District will not deny parental authority to either parent without said documentation. Parental authority does not automatically transfer to a step-parent. Please list step-parent information in the space provided below for individuals who have your permission to sign your child in/out of school. Upon your signature, the individuals listed below have permission to remove your child from the school building. Students will be released only to the mother, father, guardian, and the people listed below. **PLEASE LIST ONLY ADULTS 18 YEARS OF AGE OR OLDER WHO CAN BE REACHED BETWEEN 8:00 A.M. – 3:00 P.M.**

Name: _____ Telephone: _____ Relation _____
 Name: _____ Telephone: _____ Relation _____
 Name: _____ Telephone: _____ Relation _____

Parent or Guardians signature _____ Date _____



DUNKIRK

CITY SCHOOL
DISTRICT

Learning for all... whatever it takes!

RESIDENCY FORM

Name of Student: _____

Gender: ☐ Male
☐ Female

Date of Birth: ____/____/____
Month Day Year

Grade: _____
(preschool-12)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): _____
- ☐ In permanent housing

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

Learning for all... whatever it takes!**STUDENT RACIAL AND ETHNIC IDENTIFICATION**

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School:

School District Student Identification Number:

Date of Birth (Month/Day/Year):

Student Name: Last, First, Middle:

Grade Level:

DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check (☐) the box that best describes your child.] Check (☐) only ONE box.

- ☐ Yes Hispanic
- ☐ No, Not Hispanic

Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Select one or more races from the following five racial groups [for question (2) check (X) all groups that apply to your child; check (x) at least one box].

- ☐ **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.
- ☐ **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.
- ☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **BLACK, NOT OF HISPANIC ORIGIN:** 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, North Africa, or the Middle East

Signature of Parent/Guardian

Date

RELATIONSHIP TO STUDENT [please check one box below]:

- ☐ Mother ☐ Father ☐ Guardian ☐ Other (specify) _____



NEW YORK STATE EDUCATION DEPARTMENT
Emergent Multilingual Learners Language Profile for
Prekindergarten Studentsⁱ

*Dear Parent or Guardian,
 Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.*

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

Parent or Person in Parental Relation Information

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile: ☐ mother ☐ father ☐ other _____

In what language(s) would you like to receive information from the school? ☐ English ☐ other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? ☐ yes ☐ no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? ☐ yes ☐ no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

Language Outside the Home/Family

10. Has your child attended any nursery, Head Start or childcare program? ☐ yes ☐ no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

Language Goals

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? ☐ yes ☐ no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?

☐ yes ☐ no

If yes, in what language(s)?

Emergent Literacy

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English? ☐ yes ☐ no

16b. Can your child recognize letters or symbols in another language? ☐ yes ☐ no

If yes, in what language(s)?

17a. Does your child pretend to read? ☐ yes ☐ no ☐ unsure

If yes, in what language(s)?

17b. Does your child pretend to write? ☐ yes ☐ no ☐ unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos? ☐ yes ☐ no

If yes, in what language(s)?

19. Does your child's childcare or nursery program describe goals for his or her learning? ☐ yes ☐ no

If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

ⁱ For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email OEL@nysed.gov or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email OBEWL@nysed.gov.



Digital Access Survey *Encuesta de Acceso Digital

Digital Equity is a data set being collected for the 2023-2024 school year. Districts are now required to survey all parents or guardians to identify the source of student's digital resources (devices and availability). Parents or guardians are encouraged to complete the survey for each child.

* Equidad digital es el nuevo conjunto de datos que se está recopilando para el año escolar 2023-2024. Los distritos ahora deben encuestar a todos los padres o tutores para identificar la fuente de los recursos digitales de los estudiantes (dispositivos y disponibilidad). Se anima a los padres o tutores a completar la encuesta para cada niño.

Student Name (first and last) *Nombre del estudiante (nombre y apellido)	
Survey Date * Fecha de la encuesta (Mes, día y año)	
1: The district will issue your child a Chromebook to use during the school day. If needed these will be sent home for Remote instruction. 1: El distrito le entregará a su hijo un Chromebook para que lo use durante el día escolar. Si es necesario, se enviarán a casa para recibir instrucción remota.	
Question 2: What is the device your child uses most often to complete learning activities away from school? (Whatever the student is most often using to complete their schoolwork.) * Pregunta 2: ¿Cuál es el dispositivo que usa su hijo con más frecuencia para completar actividades de aprendizaje fuera de la escuela? (Lo que sea que el estudiante use con mayor frecuencia para completar su trabajo escolar).	<input type="checkbox"/> Desktop (Escritorio) <input type="checkbox"/> Laptop (Ordenador portátil) <input type="checkbox"/> Tablet (Tableta) <input type="checkbox"/> Chromebook <input type="checkbox"/> Smartphone (teléfono inteligente) <input type="checkbox"/> No device (No dispositivo)
Question 3: Who is the provider of the primary learning device identified in question 2? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.) * Pregunta 3: ¿Quién es el proveedor del dispositivo de aprendizaje principal identificado en la pregunta 1? (Puede ser un dispositivo proporcionado por la escuela u otro dispositivo, el que el estudiante utilice con más frecuencia para completar su trabajo escolar).	<input type="checkbox"/> School (Escuela) <input type="checkbox"/> Personal (Personal) <input type="checkbox"/> No device (No dispositivo)

<p>Question 4: Is the primary learning device shared with anyone else in the household? * Pregunta 4: ¿Se comparte el dispositivo de aprendizaje principal con alguien más en el hogar?</p>	<p> <input type="checkbox"/> Shared (Comparte) <input type="checkbox"/> Not shared (No comparte) <input type="checkbox"/> No device (No dispositivo) </p>
<p>Question 5: Is the primary learning device sufficient for your child to fully participate in all learning activities away from school? * Pregunta 5: ¿El dispositivo de aprendizaje principal es suficiente para que su hijo participe plenamente en todas las actividades de aprendizaje fuera de la escuela?</p>	<p> <input type="checkbox"/> Yes (Sí) <input type="checkbox"/> No </p>
<p>Question 6: Is your child able to access the internet in their primary place of residence? * Pregunta 6: ¿Puede su hijo acceder a Internet en su lugar de residencia principal?</p>	<p> <input type="checkbox"/> Yes (Sí) <input type="checkbox"/> No </p>
<p>Question 7: What is the primary type of internet service used in your child's primary place of residence? * Pregunta 7: ¿Cuál es el tipo principal de servicio de Internet que se utiliza en el lugar de residencia principal de su hijo?</p>	<p> <input type="checkbox"/> Residential broadband (Banda ancha residencial) <input type="checkbox"/> Cellular (Celular) <input type="checkbox"/> Mobile hotspot (Punto de acceso móvil) <input type="checkbox"/> Community (Comunidad) Wifi <input type="checkbox"/> Satellite (Satélite) <input type="checkbox"/> Dial up (marcar) <input type="checkbox"/> DSL <input type="checkbox"/> Other (Otro) <input type="checkbox"/> None (Ninguno) </p>
<p>Question 8: In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet performance? * Pregunta 8: En su residencia principal, ¿puede su hijo completar la gama completa de actividades de aprendizaje, incluida la transmisión de videos y la carga de tareas, sin interrupciones causadas por un rendimiento de Internet lento o deficiente?</p>	<p> <input type="checkbox"/> Yes (Sí) <input type="checkbox"/> No </p>
<p>Question 9: What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence? * Pregunta 9: ¿Cuál es la barrera principal, si la hay, para tener acceso a Internet suficiente y confiable en el lugar de residencia principal de su hijo?</p>	<p> <input type="checkbox"/> Availability (Disponibilidad) <input type="checkbox"/> Cost (Costo) <input type="checkbox"/> None (Ninguno) <input type="checkbox"/> Other (Otro) </p>

Learning for all... whatever it takes!

Central Registration Office

752 Central Ave Dunkirk NY 14048

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____ Fax: _____

The student(s) listed below have entered the Dunkirk City School System:

NAME: _____ D.O.B.: _____ GRADE: _____

NAME: _____ D.O.B.: _____ GRADE: _____

Please send the following information:

☐ Cumulative records
☐ Standardized test scores
☐ Health/immunization records
☐ Professional reports/notes
☐ Attendance records
☐ Gifted records
☐ Any Psychological/Educational Evaluations
☐ Secondary Science Lab Requirements

☐ All Special Education Components
☐ Latest report card
☐ Current Individualized Education Program (IEP)
☐ Grades averaged from date of latest report card to date of withdrawal.
☐ 504 Accommodation plan
☐ Disciplinary Records
☐ ENL components
Other: _____

Please send information to:

_____ Dunkirk Elementary School #3
742 Lamphere Street
Dunkirk, NY 14048
Phone: (716) 366-9300, x 4340
Fax: (716) 366-0565
sfountain@g.dunkirkcsd.org

_____ Dunkirk Elementary School #5
117 Brigham Road
Dunkirk, NY 14048
Phone: (716) 366-9300, x 4500
Fax: (716) 366-9355
mkaminski@g.dunkirkcsd.org

_____ Dunkirk Intermediate (DMS)
525 Eagle St.
Dunkirk, NY 14048
Phone: (716) 366-9300, x. 3386
Fax: (716) 366-9357
mhelfeldt@g.dunkirkcsd.org

_____ Dunkirk Elementary School #4
752 Central Avenue
Dunkirk, NY 14048
Phone: (716) 366-9300, x 4400
Fax (716) 366-0548

_____ Dunkirk Elementary School #7
348 Lake Shore Drive East
Dunkirk, NY 14048
Phone: (716) 366-9300, x 4700
Fax: (716) 366-9426
ktofil@g.dunkirkcsd.org

_____ Dunkirk Jr./Sr. High School (DHS)
Laurie Barberich
75 West Sixth Street
Dunkirk, NY 14048
Phone: (716) 366-9300, x 2076
Fax: (716) 366-9411
lbarberich@g.dunkirkcsd.org

_____ Dunkirk City Schools Registration Office
752 Central Ave, Dunkirk, NY 14048
Phone: (716) 366-9300
Fax: (716) 366-9395
Vanessa Escobar ext. x4401
vescobar@g.dunkirkcsd.org

_____ Dunkirk City Schools Dept. of Special Education
90 East Fourth St., Dunkirk, NY 14048
Phone: (716) 366-9300, x 2700
Fax: (716) 366-9362
Brooke Tilley ext. *2702
btalley@dunkirkcsd.org

~~~~~  
In accordance with the Family Rights and Privacy Act of 1974, I hereby give permission to request a release of records for my son/daughter from your school. Such request for disclosure is for the purpose of enrollment and shall include the above records. This release will expire one year from the date of signature.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Learning for all... whatever it takes!**

# MEMO

from the Nurse

Dear Parents/Guardians,

Welcome to Dunkirk City Schools. The following forms **MUST** be completed and returned to the Nurse **BEFORE** your child starts school.

- HIPAA Compliant Consent for Exchange of Health and Education Information
- Health history form
- Copy of recent Physical Exam (no more than 1 year old)
- Current Immunization Record

These are not only District Requirements but also New York State Requirements.

If you have, any questions please feel free to contact your building school nurse.

Sincerely,

Dunkirk City School District Nurses



**Learning for all... whatever it takes!**

HIPAA- Compliant Consent for Exchange of Health & Education Information

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I hereby grant permission to \_\_\_\_\_  
(Health Care Provider Name & Title)

\_\_\_\_\_  
(Address & Phone Number of Provider) Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

and \_\_\_\_\_ District Nursing Personnel & Student-connected Staff/Faculty of Dunkirk City School District,  
620 Marauder Dr., Dunkirk, NY 14048 Phone: 716-366-9300 Fax: \_\_\_\_\_  
Ext: \_\_\_\_\_

to exchange health information/records for the purpose(s) listed below.

Health Information to be discussed/ exchanged includes:

|                             |                        |
|-----------------------------|------------------------|
| ____ Health Records         | ____ Physical Exam     |
| ____ Immunization           | ____ Attendance        |
| ____ Appointments           | ____ Test/ Lab Results |
| ____ Vision/Hearing Results |                        |
| ____ Other(Specify) _____   |                        |

Consent

This confidential information may be shared with involved staff/faculty, for the safety and well being of my child, unless an exception is specified. Information can be shared verbally and/or in written form. This consent is effective for **one calendar year**. It will expire on \_\_\_\_\_ (date). I understand that I may revoke this consent at any time by submitting written notice of the withdrawal of my consent to one or both parties.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)





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## Interval Health History

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_

School Name: \_\_\_\_\_ Age \_\_\_\_\_

Grade: \_\_\_\_\_ Limitations: ☐ NO ☐ YES Date of last Physical Exam: \_\_\_\_\_

Sport \_\_\_\_\_ (If applicable)

Sport Level: ☐ Modified ☐ JV ☐ Varsity Date form completed: \_\_\_\_\_

**MUST be completed and signed by Parent/Guardian - Give details to any YES answers on the last page.**

I give permission for school doctor, Dr. Thomas McTernan, to perform required health examination (physical) if I do not provide evidence of current examination ☐ YES ☐ NO

### DOES OR HAS YOUR CHILD

| GENERAL HEALTH                                                                           | NO                       | YES                      |
|------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Ever been restricted by a health care provider from sports participation for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever had surgery?                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever spent the night in a hospital?                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Been diagnosed with mononucleosis within the last month?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Have only one functioning kidney?                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Have a bleeding disorder?                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Have any problems with hearing or have congenital deafness?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Have any problems with vision or only have vision in one eye?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Have an ongoing medical condition?                                                       | <input type="checkbox"/> | <input type="checkbox"/> |

#### If yes, check all that apply:

☐ Asthma ☐ Diabetes ☐ Seizures ☐ Sickle cell trait or disease ☐ Other: \_\_\_\_\_

#### Have Allergies?

☐ ☐

#### If yes, check all that apply

☐ Food ☐ Insect Bite ☐ Latex ☐ Medicine ☐ Pollen ☐ Other: \_\_\_\_\_

What is student allergic to: \_\_\_\_\_

Ever had anaphylaxis? ☐ ☐

Carry an epinephrine auto-injector? ☐ ☐

### BRAIN/HEAD INJURY HISTORY

Ever had a hit to the head that caused headache, dizziness, nausea, confusion, or been told they had a concussion? ☐ ☐

Receive treatment for a seizure disorder or epilepsy? ☐ ☐

Ever had headaches with exercise? ☐ ☐

Ever had migraines? ☐ ☐

### BEHAVIOR CONCERNS:

ADHD/ADD/ODD: \_\_\_\_\_



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Depression/ Anxiety/Other diagnostic: \_\_\_\_\_

Medications: \_\_\_\_\_

### DOES OR HAS YOUR CHILD

#### BREATHING NO YES

- Ever complained of getting extremely tired or short of breath during exercise? ☐ ☐
- Use or carry an inhaler or nebulizer? ☐ ☐
- Wheeze or cough frequently during or after exercise? ☐ ☐
- Ever been told by a health care provider they have asthma or exercise-induced asthma? ☐ ☐

#### DEVICES / ACCOMMODATIONS NO YES

- Use a brace, orthotic, or another device? ☐ ☐
- Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)? ☐ ☐
- Wear protective eyewear, such as goggles or a face shield? ☐ ☐
- Wear a hearing aid or cochlear implant? ☐ ☐

**Let the coach/school nurse know of any device used. Not required for contact lenses or eyeglasses.**

#### DIGESTIVE (GI) HEALTH NO YES

- Have stomach or other GI problems? ☐ ☐
- Ever had an eating disorder? ☐ ☐
- Have a special diet or need to avoid certain foods? ☐ ☐
- Are there any concerns about your child's weight? ☐ ☐

#### INJURY HISTORY NO YES

- Ever been unable to move their arms or legs or had tingling, numbness, Or weakness after being hit or falling? ☐ ☐
- Ever had an injury, pain, or swelling of a joint that caused them to miss practice or a game? ☐ ☐
- Have a bone, muscle, or joint that bothers them? ☐ ☐
- Have joints that become painful, swollen, warm, or red with use? ☐ ☐
- Ever been diagnosed with a stress fracture? ☐ ☐

### DOES OR HAS YOUR CHILD

#### HEART HEALTH NO YES

##### Ever complained of:

- Ever had a test by a health care provider for their heart (e.g., EKG, echocardiogram, stress test)? ☐ ☐
- Lightheadedness, dizziness, during or after exercise? ☐ ☐
- Chest pain, tightness, or pressure during or after exercise? ☐ ☐
- Fluttering in the chest, skipped heartbeats, heart racing? ☐ ☐

### DOES OR HAS YOUR CHILD

##### Ever been told by a health care provider

- They have or had a heart or blood vessel problem? ☐ ☐

**If yes, check all that apply:**

- ☐ Chest Tightness or Pain ☐ Heart infection ☐ High Blood Pressure ☐ Heart Murmur ☐ High Cholesterol



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- ☐ Low Blood Pressure ☐ New fast or slow heart rate ☐ Kawasaki Disease ☐ Has implanted cardiac defibrillator (ICD)  
☐ Has a pacemaker ☐ Other: \_\_\_\_\_

**CURRENTS MEDICATIONS:**

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**DOES OR HAS YOUR CHILD**

**FEMALES ONLY** **NO** **YES**

Have regular periods? ☐ ☐

**MALES ONLY** **NO** **YES**

Have only one testicle? ☐ ☐

Have groin pain or a bulge, or a hernia? ☐ ☐

**SKIN HEALTH** **NO** **YES**

Currently have any rashes, pressure sores, or other skin problems? ☐ ☐

Ever had a herpes or MRSA skin infection? ☐ ☐

**COVID-19 INFORMATION** **NO** **YES**

Has your child ever tested positive for COVID-19? ☐ ☐

If **NO**, **STOP**. Go to Family Heart Health History. If **YES**, answer questions below:

Date of positive COVID test: \_\_\_\_\_

Was your child symptomatic? ☐ ☐

Did your child see a health care provider for their COVID-19 symptoms? ☐ ☐

Was your child hospitalized for COVID? ☐ ☐

Was your child diagnosed with Multisystem Inflammatory Syndrome (MISC)? ☐ ☐

**FAMILY HEART HEALTH HISTORY**

**A relative has/had any of the following:**

Check all that apply:

- ☐ Enlarged Heart/ Hypertrophic Cardiomyopathy/ Dilated Cardiomyopathy ☐ Arrhythmogenic Right Ventricular Cardiomyopathy? ☐ Heart rhythm problems: long or short QT interval? ☐ Brugada Syndrome?  
☐ Catecholaminergic Ventricular Tachycardia? ☐ Marfan Syndrome (aortic rupture)?  
☐ Heart attack at age 50 or younger? ☐ Pacemaker or implanted cardiac defibrillator (ICD)?

A family history of:

- ☐ Known heart abnormalities or sudden death before age 50? ☐ Structural heart abnormality, repaired or unrepaired?  
☐ Unexplained fainting, seizures, drowning, near drowning, or car accident before age 50?

If you answered **NO** to all questions, **STOP**. Sign and date below. GO to last page if you answered **YES** to a question.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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If you answered **YES** to any question give details. Sign and date below.

Parent/Guardian Signature:

Date: