



| DO NOT WRITE IN SHADED AREA – FOR DISTRICT USE ONLY |       |            |               |            |          |           |    |
|---|-------|------------|---------------|------------|----------|-----------|----|
| STUDENT ID #  | GRADE | ENTRY DATE | MEDICAL ALERT | HOMEROOM # | LOCKER # | BUS ROUTE |    |
|   |       |            |               |            |          | AM        | PM |
|   |       |            |               |            |          |           |    |

**Student Information**

Student Legal Last Name: \_\_\_\_\_ Student Legal First Name: \_\_\_\_\_

Student Legal Middle Name: \_\_\_\_\_ Also known as: \_\_\_\_\_

Gender:  Male  Female Birthdate (Month/Day/Year): \_\_\_\_\_ Birthplace (City/State/Country): \_\_\_\_\_

Student Entering Grade Level \_\_\_\_\_

Do you reside in the Mary M. Knight School District?  Yes  No If no, which district do you reside in? \_\_\_\_\_

Has your child ever been registered in the Mary M. Knight School District?  Yes  No If yes, dates attended: \_\_\_\_\_

Primary language spoken at home:  English  Spanish  Other \_\_\_\_\_

**Primary Household**

**Household #1 – Parent/Guardian #1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Relationship to Student:  Father  Mother  Guardian  Foster  Other \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Contact Phone Number:  Home  Cell  Work Email Address: \_\_\_\_\_

**Household #1 – Parent/Guardian #2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Relationship to Student:  Father  Mother  Guardian  Foster  Other \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Secondary Household**

**Household #2 – Parent/Guardian #1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Relationship to Student:  Father  Mother  Guardian  Other \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Contact Phone Number:  Home  Cell  Work Email Address: \_\_\_\_\_

**Household #2 – Parent/Guardian #2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Relationship to Student:  Father  Mother  Guardian  Other \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Student History**

Name of school student last attended: \_\_\_\_\_ District: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Has your child ever been retained?  Yes  No If yes, at what grade level(s)? \_\_\_\_\_

Has your child ever received services in the following programs? Check all applicable programs.

Special Education  504 Accommodations  Highly Capable  Title 1  LAP  Other \_\_\_\_\_

Name of school(s) where services were received: \_\_\_\_\_

Does your child have any past, current, or pending disciplinary actions or history of violent behavior?  Yes  No

Is your child presently on suspension or expulsion from another school?  Yes  No If yes, reason: \_\_\_\_\_

Is there a joint custody or parenting plan in effect?  Yes  No (If yes, the plan must be on file at the district for enforcement.)

Is there a restraining order in effect?  Yes  No (If yes, legal documents must be on file with the district for enforcement.)

Restraining order is against:  Father  Mother  Other \_\_\_\_\_

**Emergency Contacts**

**Name (other than guardian):** \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Name (other than guardian):** \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Name (other than guardian):** \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Name (other than guardian):** \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Childcare**

Does student attend childcare?  Before School  After School  Before and After School

Provider's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

**Siblings**

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Student Release Authorization:** In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed as emergency contacts.

**VERIFICATION OF INFORMATION:** The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the MMK District.

**DIRECTORY INFORMATION:** In order to protect the privacy of parents and students, and to comply with the requirements of Section 438 of the General Privacy Act, as amended, designates the following categories of personally identifiable information from student records as directory information: student name, address and telephone number; date and place of birth; participation in officially recognized activities and sports; weight and height of athletic team members; dates of attendance; academic recognition; and photographs or other similar information. **If you do not wish us to release directory information please indicate below, otherwise it is not necessary to take any action.**  Do not release directory information on my child.

**FIELD TRIPS:** I give my permission for my child to participate in school-related field trips or extra-curricular trips. I agree that the district will not be held responsible for any added liability.  Yes  No

Legal Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**Mary M. Knight School District No. 311**  
W. 2987 Matlock-Brady Road  
Elma, WA 98541  
(360) 426-6767 FAX (360) 427-5516

**REQUEST FOR TRANSFER OF STUDENT RECORDS TO:**

Previous School Name: \_\_\_\_\_  
School Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please send educational records, discipline records, health and immunization records, and any other pertinent information concerning:**

| Student Name | Date of Birth | Current Grade |
|--------------|---------------|---------------|
|              |               |               |
|              |               |               |
|              |               |               |
|              |               |               |

Withdrawal date from previous school: \_\_\_\_\_ Is student receiving special services?  Yes  No

**PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**

In accordance with the Family Educational Rights and Privacy Act and Washington State Law, I hereby authorize the release of all records regarding the following student(s). I understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School District Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Records requested date \_\_\_\_\_ fax# \_\_\_\_\_ email address: \_\_\_\_\_ by \_\_\_\_\_



**MARY M. KNIGHT SCHOOL DISTRICT NO. 311  
EMERGENCY AND EARLY DISMISSAL CONTACT INFORMATION**

Dear Parents/Guardians,

We may have days when school late start or early dismissal are required to circumstances beyond our control. We need to ensure we have current information from you. Also, we need your written consent to use our automated mass phone notification system. We urge you to make sure to notify us with updates if your contact information changes during the school year.

Please provide name(s) and phone number to contact if school will be starting late or getting out early. Please fill in the form below and return it to the school.

Thank you very much for your assistance.

Ellen Perconti  
Superintendent

**Student(s) name(s):** \_\_\_\_\_

**Primary Person(s) to contact:** \_\_\_\_\_

**Contact phone number(s):** \_\_\_\_\_

**Secondary Person(s) to contact:** \_\_\_\_\_

**Contact phone number(s):** \_\_\_\_\_

We are reluctant to just drop Elementary age children off if there is no one home to receive them.  
**We need your instructions.** In particular, please indicate if there is a neighbor or friend who would care for your child(ren) if we release early.

**Special instructions for school (if applicable):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **The Purpose of the Home Language Survey**

The Home Language Survey is given to *all* students enrolling in Washington schools. The following information should help answer some of the questions you may have about this form.

### **What is the purpose of the Home Language Survey?**

The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom and who may qualify for other services. It is important that this information be correctly recorded since it can affect the eligibility of students for services they need to be successful in school. Testing may be necessary to determine whether or not additional language and academic supports are needed. No student will be placed in an English language development program based solely on responses to this form.

### **Why do you ask about the student's first language and language(s) used in the home?**

The two questions about the student's language help us to determine:

- if your student may be eligible for assistance with learning English, and
- whether staff at the school should be aware of other languages being used by the student at home.

The language your child first learned may be different from the language your child uses for communication at home now. The responses to both of these questions will assist the school in providing instruction appropriate to the individual student's needs as well as help with communication needs that may arise. Students who first learned a language other than English may qualify for additional supports. Even students who speak English well may still need support in developing the language skills needed to be successful in school.

### **Why do you ask where the student was born?**

This information helps the school district and the state determine if the student meets the definition of immigrant for the purposes of federal funding. This applies even when the student's parents are both US citizens, but the student was born outside of the United States. This form is not used to identify students who may be undocumented.

### **Why do you ask about my student's previous education?**

Information about a student's education will help ensure that the student's education both within and outside of the United States is considered in any recommendations made for participation in programs and district services. The student's educational background is also important information to help determine if the student is making adequate progress toward state standards based on their prior educational background.

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.



**Office of Superintendent of Public Instruction (OSPI)**  
**Home Language Survey**

The Home Language Survey is given to *all* students enrolling in Washington schools.

|   |   |                     |                    |
|---|---|---------------------|--------------------|
| <b>Student Name:</b> _____  |   | <b>Grade:</b> _____ | <b>Date:</b> _____ |
| Parent/Guardian Name _____ Parent/Guardian Signature _____  |   |                     |                    |
| <p><b>Right to Translation and Interpretation Services</b><br/>         Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>   | <p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school?<br/>         _____</p>   |                     |                    |
| <p><b>Eligibility for Language Development Support</b><br/>         Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>  | <p>2. What language did your child learn first?<br/>         _____</p> <p>3. What language does your child use the most at home?<br/>         _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child?<br/>         _____</p> <p>5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___</p>  |                     |                    |
| <p><b>Prior Education</b><br/>         Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <p><i>This form is not used to identify students' immigration status.</i></p> | <p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten – 12<sup>th</sup> grade) ___Yes ___No</p> <p>If yes: Number of months: _____<br/>         Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 12<sup>th</sup> grade)<br/>         _____<br/>         Month            Day            Year</p> |                     |                    |

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

**Note to district:** This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



**Washington State  
Ethnicity and Race Data Collection Form**

School districts in Washington State are required to report student data by ethnicity and race categories to the Office of Superintendent of Public Instruction. The same ethnicity and race categories are used in all Washington school districts. They are set by the federal government, the State of Washington Legislature, and the Superintendent of Public Instruction. We need you to identify your child as either Hispanic/Latino or not Hispanic/Latino; and by *one or more* racial groups.

Student Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Is your child of Hispanic or Latino origin:  Yes If yes, complete Sections 1 and 2.  
 No If no, proceed to Section 2.

**Section 1 – Check all that apply.**

|                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Cuban     | <input type="checkbox"/> Puerto Rican                     | <input type="checkbox"/> South American        |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Mexican/Mexican American/Chicano | <input type="checkbox"/> Latin American        |
| <input type="checkbox"/> Spaniard  | <input type="checkbox"/> Central American                 | <input type="checkbox"/> Other Hispanic/Latino |

**Section 2 – What race(s) do you consider your child? Check all that apply.**

|   |  |  |
|---|--|--|
| <input type="checkbox"/> African American/Black   | <b>American Indian or Alaskan Native</b>     |  |
| <input type="checkbox"/> White  | <input type="checkbox"/> Alaska Native       | <input type="checkbox"/> Quinault              |
| <b>Asian</b>  | <input type="checkbox"/> Chehalis            | <input type="checkbox"/> Samish                |
| <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian                    | <input type="checkbox"/> Colville            | <input type="checkbox"/> Sauk-Suiattle         |
| <input type="checkbox"/> Cambodian <input type="checkbox"/> Malaysian                     | <input type="checkbox"/> Cowlitz             | <input type="checkbox"/> Shoalwater            |
| <input type="checkbox"/> Chinese <input type="checkbox"/> Pakistani                       | <input type="checkbox"/> Hoh                 | <input type="checkbox"/> Skokomish             |
| <input type="checkbox"/> Filipino <input type="checkbox"/> Singaporean                    | <input type="checkbox"/> Jamestown           | <input type="checkbox"/> Snoqualmie            |
| <input type="checkbox"/> Hmong <input type="checkbox"/> Taiwanese                         | <input type="checkbox"/> Kalispel            | <input type="checkbox"/> Spokane               |
| <input type="checkbox"/> Indonesian <input type="checkbox"/> Thai                         | <input type="checkbox"/> Lower Elwha         | <input type="checkbox"/> Squaxin Island        |
| <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese                     | <input type="checkbox"/> Lummi               | <input type="checkbox"/> Stillaguamish         |
| <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian                      | <input type="checkbox"/> Makah               | <input type="checkbox"/> Suquamish             |
| <b>Native Hawaiian or Other Pacific Islander</b>  | <input type="checkbox"/> Muckleshoot         | <input type="checkbox"/> Swinomish             |
| <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Micronesian             | <input type="checkbox"/> Nisqually           | <input type="checkbox"/> Tulalip               |
| <input type="checkbox"/> Fijian <input type="checkbox"/> Samoan                           | <input type="checkbox"/> Nooksak             | <input type="checkbox"/> Yakima                |
| <input type="checkbox"/> Tongan <input type="checkbox"/> Guamanian/Chamorro               | <input type="checkbox"/> Port Gamble Klallam | <input type="checkbox"/> Other WA Indian       |
| <input type="checkbox"/> Mariana Islander <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Puyallup            | <input type="checkbox"/> Other American Indian |
| <input type="checkbox"/> Melanesian   | <input type="checkbox"/> Quileute            | <input type="checkbox"/> Other Alaska Native   |

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

**For District Use Only**

|   |   |
|---|---|
| <input type="checkbox"/> Form was completed by parent/guardian. | <input type="checkbox"/> Form was completed by: _____ |
| Completed form was received by: _____                           | Date: _____   |

## **MILITARY PARENT OR GUARDIAN AFFILIATION FORM**

Washington State Legislature has mandated that data on students from military families must be collected as stated in RCW **28A.300.507.**

**For the purpose of collecting the data please mark all that apply:**

- No parent or guardian currently serving as a member of the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- Yes a parent/guardian is a current member of the active duty U.S. Armed Forces.
- Yes a parent/guardian is a current member of the reserves of the U.S. Armed Forces.
- Yes a parent/guardian is a current member of the Washington National Guard.
- Yes more than one parent or guardian is currently either a member on active duty in the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- No Response/Refused to state.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Siblings: \_\_\_\_\_

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

**(Note: If at any time though out the school year the military status changes please contact the Mary M. Knight School District office or your student's school to report the change.)**





Please return completed form to:

\_\_\_\_\_  
District Liaison

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Location

**For School Personnel Only:** For data collection purposes and student information system coding

(N) Not Homeless  (A) Shelters  (B) Doubled-Up  (C) Unsheltered  (D) Hotels/Motels

**McKinney-Vento Act 42 U.S.C. 11435**

**SEC. 725. DEFINITIONS.**

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

**Additional Resources**

Parent information and resources can be found at the following:

[National Center for Homeless Education](#)

[National Association for the Education of Homeless Children and Youth \(NAEHCY\)](#)

[SchoolHouse Connection](#)

**MARY M. KNIGHT SCHOOL DISTRICT NO. 311  
STUDENT HEALTH INFORMATION**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Does your child take any medication while at home?  Yes  No  
 Does your child take any medication while at school?  Yes  No

List all medications: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please describe any health concerns regarding your child. It is important to keep school personnel informed of any changes in health conditions or medications that could affect your child's school performance.**

| <b>DOES YOUR CHILD HAVE ANY OF THE FOLLOWING:</b>   | <b>COMMENTS &amp; DATES RELATED TO CONDITIONS. (DESCRIBE REACTIONS)</b>   |
|---|---|
| <input type="checkbox"/> ADD/ADHD (R20)<br><b>Record of diagnosis is required to be on file.</b>  |   |
| <input type="checkbox"/> Allergies, Other (A)<br><input type="checkbox"/> Bee Sting (A10) <input type="checkbox"/> Drug (A13)<br><input type="checkbox"/> Pollens (A12) <input type="checkbox"/> Food (A15)                     | Anaphylactic <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <input type="checkbox"/> Asthma/Respiratory (B10)<br><input type="checkbox"/> Exercised Induced (B11) <input type="checkbox"/> With Allergies (B12)   | Inhaler Used <input type="checkbox"/> Yes <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Carries Own<br><input type="checkbox"/> No |
| <input type="checkbox"/> Chronic Earaches (EA1)<br><input type="checkbox"/> History of Ear Infections (EA)  |   |
| <input type="checkbox"/> Diabetes (D)<br><input type="checkbox"/> Insulin Dependent (D10)<br><input type="checkbox"/> Diet Controlled (D11)<br><input type="checkbox"/> Non-Insulin Dependent (D12)                             |   |
| <input type="checkbox"/> Hearing Loss (H)<br><input type="checkbox"/> Mild (H10) <input type="checkbox"/> Severe (H12)<br><input type="checkbox"/> Moderate (H11) <input type="checkbox"/> Hearing Aid (H20)                    |   |
| <input type="checkbox"/> Heart Problem (C9)   |   |
| <input type="checkbox"/> Language / Speech Delayed (SP)   |   |
| <input type="checkbox"/> Nosebleeds (NB)  |   |
| <input type="checkbox"/> Orthopedic Condition (OC)<br><input type="checkbox"/> Fractures (OC1) <input type="checkbox"/> Dislocations (OC3)<br><input type="checkbox"/> Sprains (OC2)  |   |
| <input type="checkbox"/> Other Illness (OI)<br><input type="checkbox"/> Hepatitis (OI1)<br><input type="checkbox"/> Kidney (K10) <input type="checkbox"/> Mononucleosis (OI4)   |   |
| <input type="checkbox"/> Physical Disability (PD)   |   |
| <input type="checkbox"/> Seizure Disorder (F)   |   |
| <input type="checkbox"/> Visual Problems (E)<br><input type="checkbox"/> Legally Blind (E10) <input type="checkbox"/> Color Blind (E26)<br><input type="checkbox"/> Visual Deficit (E12) <input type="checkbox"/> Wears Glasses |   |

**Authorization to Administer Oral Medications Form must be signed by parent and physician and on file in the school office.**

I hereby authorize and give my consent to the authorities of Mary M. Knight School District No. 311 to obtain emergency medical treatment. I also authorize medical authorities to perform upon or administer necessary medical or surgical treatment to the above named student. District authorities are not excused from attempting to contact me before relying upon this authorization. I understand that I will assume full responsibility for the payment of any services rendered.

I understand that the information listed above may be shared with school personnel on a need to know basis to facilitate the school district in providing a safe environment for my son / daughter.

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