

Child's Last Name		Child's First Name	
	Please print large		Please print large

## Bain Elementary Student Information

This form is available on the Bain web site under Student Registration. This will allow you to fill out multiple forms (for siblings) without rewriting information. If you choose to type the information, please print a completed form for each child.

### Child's Information

Preferred Name		Teacher	
Address		Grade	
Home Phone #		Birth Date	

### Family Information

Student lives with:	<input type="checkbox"/>	Mother & Father	<input type="checkbox"/>	Mother(s)	<input type="checkbox"/>	Father(s)
	<input type="checkbox"/>	Father & Stepmother	<input type="checkbox"/>	Mother & Stepfather	<input type="checkbox"/>	Guardian(s)

#### Parent / Guardian #1 Information

#### Parent /Guardian #2 Information

Name		Name	
Home Phone #		Home Phone #	
Cell Phone #		Cell Phone #	
Place of Work		Place of Work	
Work Phone #		Work Phone #	
Preferred Email		Preferred Email	
Secondary Email		Secondary Email	

Email addresses provided will be added to our school's email communication database so that you can receive important school information!

### Siblings/Family Members Who Attend Bain Elementary

Name		Grade	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Relation	<input type="checkbox"/> Sibling	<input type="checkbox"/> Cousin
Name		Grade	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Relation	<input type="checkbox"/> Sibling	<input type="checkbox"/> Cousin
Name		Grade	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Relation	<input type="checkbox"/> Sibling	<input type="checkbox"/> Cousin
Name		Grade	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Relation	<input type="checkbox"/> Sibling	<input type="checkbox"/> Cousin

### Morning and Afternoon Transportation

#### Morning-Check all that apply/ provide requested information

#### Afternoon-check all that apply/ provide requested information

<input type="checkbox"/> Bus Rider/ Bus#	<input type="checkbox"/> Car Rider		<input type="checkbox"/> Bus Rider/ Bus#	<input type="checkbox"/> Car Rider	<input type="checkbox"/> ASEP-Bain
<input type="checkbox"/> Sitter brings student	Sitter's Name	Sitter's Phone#	<input type="checkbox"/> Sitter picks up student	Sitter's Name	Sitter's Phone#
<input type="checkbox"/> Daycare brings student	Daycare Name	Daycare Phone #	<input type="checkbox"/> Daycare picks up student	Daycare Name	Daycare Phone #

# Individuals with Permission to Pick Your Child up from School

in case of emergency/early dismissal/ inclement weather/ carpool/after school clubs

Please be inclusive (relative, baby sitter, neighbor, friend), as **we cannot release your child to anyone who is not on this list.** If your child has an accident or becomes ill & you cannot be reached, one of the individuals listed below will be called.

**Any individual whom you list below will be asked to show identification in order to pick your child up at Bain Elementary.**

Name	Relation to Family	Home Phone #	Cell Phone #
Name	Relation to Family	Home Phone #	Cell Phone #
Name	Relation to Family	Home Phone #	Cell Phone #
Name	Relation to Family	Home Phone #	Cell Phone #
Name	Relation to Family	Home Phone #	Cell Phone #
Name	Relation to Family	Home Phone #	Cell Phone #
Name	Relation to Family	Home Phone #	Cell Phone #
Name	Relation to Family	Home Phone #	Cell Phone #

Your signature below indicates that if your child needs immediate medical attention and you cannot be reached, the principal/designee has permission to send your child to the emergency room by EMT and that you understand you will be financially responsible for transportation & treatment.

Parent/Guardian Signature	Date

## Child's Medical Information

For your child's safety, medical information will be shared with appropriate school staff. This will be handled on a need to know basis. Does your child have any of the following conditions? Please check all that apply:

Allergies		Asthma		Other Medical Concerns/Conditions					
<input type="checkbox"/>	Food Allergies: <b>List Foods Below</b>	<input type="checkbox"/>	Daily Asthma Medication	<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	Sickle Cell Disease	<input type="checkbox"/>	Cerebral Palsy
		<input type="checkbox"/>	Uses Inhaler at School	<input type="checkbox"/>	Bone Issues	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Hearing Loss
<input type="checkbox"/>	Insect Allergies	<input type="checkbox"/>	Uses Inhaler at Home	<input type="checkbox"/>	Muscle Issues	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	Heart Trouble
<input type="checkbox"/>	Uses an Epi-Pen for allergic reactions			<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Bladder/Urinary Issue	<input type="checkbox"/>	Vision Issues
<input type="checkbox"/>	Other Allergies/Additional Information:			<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	Utilizes a Wheelchair	<input type="checkbox"/>	Bowel Issues
				<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Utilizes a Walker	<input type="checkbox"/>	Hypoglycemia
				<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Obsessive Compulsive	<input type="checkbox"/>	Depression

Below, please list your child's medications. In an emergency, medical providers need the information to effectively treat your child.

Medication:		Medication:		Medication:	
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Below, please indicate any other health concerns or explanations for any of the above listed concerns/conditions:

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Doctor's Name		Dentist's Name	
Doctor's #		Dentist's #	

**Medication at School:** Medication Authorization Form must be completed by the doctor for medications to be given at school.

If you have additional information to share about your child's health, please contact our school nurse at Bain's main phone number (980-343-6915).