SCHOOL YEAR _			GRA	DE	SO	CHOOL			HOMEF	ROOM _		
STUDENT INFORMATION SHEET GAINESVILLE CITY SCHOOLS												
Student Last Name		Father/Male Guardian										
First Name						Work Place						
Date of Birth						Pnone #						
Home Address						Alt. Phone #						
Zip Code Primary Phone #						Email Address						
Alternate Phone #						Mother/Female Guardian Work Place						
Alternate Phone # Student lives with: Both Parents Mother Father Other:						Phone #						
Other:						Alt. Phone	#					
Transportation						Email Add	ress					
AM Bus # AM Car Rider						Special Custody Concerns						
PM Bus # PM Car Rider												
After School Program		(Make sure office has court papers)										
MEDICAL INFORMATION												
Check Y or N; if Y, please provide additional information in space provided												
\square Y \square N Asthma: Inhaler prescribed? \square Y \square N; Is inhaler needed at school?												
□ Y□ N Thyroid problems:												
□ Y□ N Heart Conditions:												
□ Y□ N Seizures: Date of last seizure Medications:												
□ Y□ N Allergies: Please list												
Check if this medication is prescribed for the above allergy? ☐ Benadryl ☐ Epi-Pen ☐ Other												
Diabetes: ☐ Type 1 ☐ Type 2 Comments:												
□ Y□ N Glasses/Contacts □ Y□ N Hearing aids □ Y□ N Migraines □ Y□ N Nosebleeds												
List any medical conditions not listed that the school nurse should be aware of:												
List all medications taken at home or school:												
List past surgeries:												
If a student needs daily medication to be taken during school hours, the parent must provide the medication in an original container (prescription or non-prescription) along with the "Authorization to Give Medication at School" form. If after the school nurse assesses my child and determines that giving one of the medications below could provide symptomatic relief, I give the nurse permission to administer the medication to the student: If a child requires this medication, more than 2 times, the parent must furnish the medicine for their child. Please mark out any medications listed below you DO NOT want your child to receive.												
								T _	1			
NURSE USE ONLY	Dose	Route	Date	Time	Nurse S	ignature	Dose	Route	Date	Time	Nurse Signature	
Acetaminophen/Tylenol Ibuprofen/Advil/Motrin												
Tums												
]											
Gainesville City School District has partnered with Dr. David Hocker to administer the lifesaving medication, Epinephrine in the event of a previously undiagnosed life threatening allergic reaction occurs. Designated school staff is trained to assess, call 911, and administer Epinephrine if available. When Epinephrine is administered, the student will be transported to the emergency department for evaluation and further treatment if needed.												
I understand that in the event of an emergency, the school will take the appropriate action, including calling 911. Fees for transportation and medical services will be the responsibility of the parent/guardian. I also give permission to the hospital's emergency room staff to treat the student unless I am present and make other request. I understand that it is my responsibility to return this completed form as a process of enrolling my child in school. I understand that I need to notify the school with any changes to this form throughout the school year. By signing below, I acknowledge this information is correct and give consent for the school nurse to administer the above medication(s).												
		Parent/G	ıardian	Signatu	re				Γ	Date		
					STUDEN	T SUPPOI	RTS					
Occupational Survey (req						Please che	ck your c	urrent liv	ing situat	ion:		
1. Has anyone in your hous		☐ Rent or own current residence										
county, or state, in the last three (3) years? Yes No										doubled-u	p) due to loss of housing,	
2. Has anyone in your household been involved in one of the following						economic l	_					
occupations, either full or part-time or temporarily during the last three (3) years? Yes No								campgrour	nd or simi	lar setting	due to lack of alternative	
• Planting/Picking vegetables (tomatoes, squash, onions, etc.) or						adequate he	_					
fruits (grapes, strawberries, blueberries, etc.)						☐ In an em						
 Planting, growing, cutting, processing trees (pulpwood), or raking 						☐ In a car, park, public space, abandoned building, substandard housing, bus						
pine straw						or train station or similar setting						
 Processing/Packing agricultural products Dairy/Poultry/Livestock Packing/Processing meats (beef, poultry, or seafood) Commercial fishing or fish farms 						☐ Unaccompanied youth not living with a legal parent/guardian in one of the above transitional circumstances						
commercial fishing of	j.s.i juli											