

MEDICAL INFORMATION

Insurance Coverage:

- School Insurance Private Medical Insurance Private Insurance Company (Name): _____
- Medi-Cal Healthy Families

Students must be examined by a physician upon entering school for the first time. The P.E. Program in grades 7-12 involves sufficient exercise to make a physical examination advisable.

Date of last Physical Exam: ____/____/____ Doctor: _____ Phone: (____) _____
 Date of last Dental Exam: ____/____/____ Dentist: _____ Phone: (____) _____

In the event of an emergency involving injury to my child, the personnel of the school is authorized to use their discretion to secure the necessary services for my child (children). This does not imply liability to the school district for any medical services requested for my child as a result of an injury incurred in school. It is the parent(s)/guardian(s) responsibility to keep this information up-to-date. Contact the school immediately if any information has changed.

Signature of Parent/Guardian

Date

MEDICAL HISTORY

Please notify the school of any known health concerns or important health history items. This information may be used in case of an emergency. Please check below if your child has experienced any of the following, and provide additional information if needed:

- Diabetes Seizures Heart Concerns Bee Sting Allergy Epi Pen/Benadryl
- Asthma - medication Asthma - no medication Needs inhaler at school Glasses/Contacts Physical Limitations
- Known allergies: Please list - to what and reaction: _____

Additional Information: _____

My child takes the following medication(s): _____ **Physician:** _____

ABSENT PARENT THAT INFORMATION MAY BE GIVEN TO/SENT TO/OR MESSAGES TAKEN FROM

Name: _____ Relationship: _____ Email Address: _____
 Telephone: (____) _____ Address: _____ City: _____ State: _____ Zip Code: _____

LAST SCHOOL STUDENT ATTENDED & ADDRESS

Entered in Aeries, Supp I

 School Name (____) Phone Number District Name
 Street Address City State Zip Code (____) Fax Number

Expulsion Order/Expelled:

Is your student under an expulsion order/expelled from a previous school district he/she attended? Yes No

HOME LANGUAGE SURVEY

cc: Cumulative Folder

What language would you like correspondence sent home in? English Spanish
 Which language did your child learn when he or she first began to talk? _____
 What language do you use most frequently when speaking to your child? _____
 Which language does your child most frequently use at home? _____
 Name the languages most often spoken by the adults at home: _____/_____

Parent/Guardian Signature

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):

- Hispanic or Latino No Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (SELECT ONE OR MORE, REGARDLESSS OF ETHNICITY):

- American Indian or Alaskan Native Asian Indian Guamanian Black or African American
- Chinese Laotian Samoan White (not of Hispanic origin)
- Japanese Cambodian Tahitian
- Korean Other Asian Other Pacific Islander
- Vietnamese Native Hawaiian Filipino

SIBLINGS CURRENTLY ENROLLED IN LAKE TAHOE UNIFIED SCHOOL DISTRICT

1. _____ _____ _____ _____ 2. _____ _____ _____ _____
 Last Name First Name Grade School Last Name First Name Grade School
 3. _____ _____ _____ _____ 4. _____ _____ _____ _____
 Last Name First Name Grade School Last Name First Name Grade School