

Tel: (804) 769-3434

HAMILTON HOLMES MIDDLE SCHOOL
18444 KING WILLIAM ROAD
KING WILLIAM, VA 23086

Fax: (804) 769-4520

STUDENT DATA FORM 2017-18

Gender: Female Male Ethnicity/Race: American Indian African American Asian White Hispanic

Grade: Bus #

Child's Legal Name: Last First Middle

Home Address: Street City State Zip Code

Home Phone Number:

Date of Birth: Month Day Year Place of Birth: County/City State

*Social Security Number: Birth Certificate Number: *see principal if there is a concern with sharing this information.

Student Resides with: Both Parents Mother Only Father Only Mother & Spouse Father & Spouse Legal Guardians Grandparents

Parent/Guardian's Name Last First Middle

Place of Employment: Occupation: Business Phone: Beeper Number: Cell Phone: E-mail:

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SchoolMessenger Contact Information

Our automated parent information system, SchoolMessenger, calls your home with important news about school closings and delays, PTA meetings, special events, etc. In the event of a daytime weather emergency such as an early closing, we need daytime phone numbers to call. These can be parent work numbers, cell phone numbers, or your emergency contacts. Please list these numbers below. Note: the SchoolMessenger system can call only direct numbers. It can't reach extensions.

Use my Emergency Contacts for SchoolMessenger: Yes or Use Contacts Below SchoolMessenger daytime contact #1: Name: phone #: SchoolMessenger daytime contact #2: Name: phone #:

Emergency Contacts (If Parents/Guardians Cannot Be Reached):

Contact #1: Name Relationship to child Phone # Home Work Contact #2: Name Relationship to child Phone # Home Work

Military Information - Describe student's military connection:

Please complete and sign back page of this form.

List all students who reside in this household and attend King William County Public Schools:

Name	Grade	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list **ANY MEDICAL CONDITION THAT YOUR CHILD HAS:** such as asthma, diabetes, seizures, heart condition, severe allergic reactions, skin condition, immuno-suppression, any medication taken regularly, nose bleeds, migraines, frequent headaches, anxiety disorder, etc. Please call the school nurse at 769-3434, ext. 524, to review this information and to have any needed medications in the clinic and plan on file.

Insurance and Physician Information: Do you have health insurance? Yes _____ No _____

Physician's Name: _____ Phone: _____

Medical Insurance Company: _____

Insurance Policy Number: _____

Hospital Preference: _____

Medical Permission:

In the event of a medical/surgical emergency, every effort will be made to contact the parents or legal guardian. In the event that the parents/legal guardians cannot be contacted, we will need your permission to seek treatment for your child. This medical permission will apply to incidents occurring during school hours, on field trips, or during school sponsored activities.

I hereby grant permission for my child to receive medically necessary emergency treatment including transportation to treatment:

Child's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

I, _____, (do ___) (do not ___) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. *This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.*

Signature of Parent or Legal Guardian _____ Date _____

Emergency Medication Permission:

In case my child has an elevated body temperature greater than 101°F, and you **cannot** reach me or my emergency contacts, the school has permission to administer Acetaminophen (Tylenol) dosed on his/her body weight. I understand that I am still responsible to have my child picked up from school as soon as possible.

Parent/Guardian Signature

Date

Medical Condition Notification:

I grant permission for my child's medical condition(s)/picture to be shared with essential King William County Schools personnel (such as bus drivers, teachers, etc.).

Parent/Guardian Signature

Date