



Bremerton School District Health and Ethnicity Registration Form

Today's Date: _____

School Name: _____ Grade: _____

Student Name: _____

Please check any of these conditions which **currently** affect your child:

- | | | |
|--|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Orthopedic/Bone | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision Problems(other than glasses) | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Kidney/Bladder Disorder | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Blood Disorder |
| <input type="checkbox"/> Convulsions, Seizures | <input type="checkbox"/> Mental/Emotional | <input type="checkbox"/> Other/Describe Below |

- | | | | |
|--|--------|------------------------------|-----------------------------|
| <input type="checkbox"/> Allergy to: _____ | Severe | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Asthma – provoked by: _____ | Severe | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Heart Disease – describe: _____ | | | |
| <input type="checkbox"/> Takes medication daily at <input type="checkbox"/> Home <input type="checkbox"/> School | | | |

Medication is: _____

If your child must receive medication while at school, a "Health Care Provider's Order for Medication at School" form must be completed and signed by the medical provider and parent(s) or legal guardian(s) of the child. You may obtain this form from the school Office Coordinator.

Provide any information not included above which you think we should know about your child's physical, mental, or emotional health, which might affect school performance or require special consideration (i.e. limitations in activities, etc.). It is suggested that you speak directly to your child's teacher (elementary) or counselor (secondary) about special health needs.

It is the parent(s)/guardian(s) responsibility to inform schools about changes in medication orders or health conditions.

IN THE EVENT OF A MEDICAL EMERGENCY AND THE PARENT OR GUARDIAN CANNOT BE REACHED, 911 WILL BE CALLED. IF YOUR CHILD NEEDS TO BE TRANSPORTED TO A MEDICAL FACILITY, PLEASE INDICATE YOUR PREFERENCE?

- HARRISON BREMERTON CHI FRANCISCAN HARRISON SILVERDALE

DOCTOR'S NAME (First and Last): _____ PHONE: _____

What race(s) do you consider your child? (Please check all that apply)

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

Is your child of Hispanic or Latino origin? (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Not Hispanic / Latino | <input type="checkbox"/> Spaniard | <input type="checkbox"/> South American |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Mexican / Mexican American / Chicano | <input type="checkbox"/> Other Hispanic / Latino |
| | <input type="checkbox"/> Central American | |

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____