STUDENT EMERGENCY INFORMATION 2020-2021

By filling out this form, I/we as the parent/guardian acknowledges that student enrollment at The Learning Center for the Deaf is voluntary and being done during a pandemic. While TLC is taking every precaution and developing a thorough Reopening Action Plan that addresses the health and safety of our students, families, staff and visitors, I/we understand the risk involved in sending my child(ren) for in-person schooling.

Please check one:	Walden School □ or	Marie	Philip	Scho	ol U
Please fill in th	e information below completely	and returr	to the	school B	EFORE AUGUST 24th.
Student name			_Date	of Birth_	
	Last, First, Middle	9			
Your child's grade (Pl	ease indicate Pre-K, K	-12, 12	(+):		
Your child's gender: M	ale 🛭 Female 🗖 Non-Bir	nary 🗖			
Does your child have health ins	surance? Yes 🗆 No 🗅				
Health Insurance	Pe	olicy Num	ber		
Dental Insurance	P	olicy Num	ber		
	uardian 1:				
	Primary Lang				
Address of this parent/guardian:					
Home Number:		f Form VP	TXT	Voice	
iomo number.			171	VOICE	
Cell Number:		of Form VP	TXT	Voice	
	(please circle one) VP TXT Voice				
Email Address:					
Which method of contact do you pre	fer: (Please circle one or more)	Home	Cell	Work	Email:
Which Language would you prefer to	be contacted in:	Which langu	ıage wou	ıld you like	your child's IEP in:
	uardian 2:				
	Primary Lar				
Address of this parent/guardian	Ton o	f Form			
Home Number:	•	VP	TXT	Voice	
		of Form			
Cell Number:		VP	TXT	Voice	
Nork Number:	(please circle one)	VP	TXT	Voice	
Email Address:					
Which method of contact do you pre	fer: (Please circle one or more)	Home	Cell	Work	Email:

	RENT LIVING AT DIFFERENT ADDR		
			anguage of this parent/guardian:
Ad	dress of this parent/guardian: _		O.D.
Ho	me Number:	(please circle one)	of Form VP □ TXT □ Voice
			of Form
Cel	l Number:		VP □ TXT □ Voice
Wo	ork Number:	(please circle one)	VP □ TXT □ Voice
Em	ail Address:		
Wh	ich method of contact do you pre	efer: (Please circle one or more)	Home Cell Work Email:
Wh	ich Language would you prefer to	be contacted in:	
Wh	ich language(s) would you like you	ur child's IEP in:	
	American Sign Language		
	Cape Verdean		
	French		
	Greek		
	Italian		
	Portuguese		
	Spanish		
	Arabic		
	Haitian Creole		
	Mandarin		
	Other		

STUDENT EMERGENCY INFORMATION

2020-2021

Please check one: Walden School □ or Marie Philip School □

Some examples of emergency contacts we	, , , ,	parents of heighbors who are within 50
minutes of driving distance. Note: NOT PA		
		child
		JIIIU
Name	Name	
Relationship to child		
Home phone	Home phone	
Work phone	Work phone	
Cell phone	Cell phone	
Email:	Email:	
I, parent/guardian of: Last name	HORIZATION AND PERM	MISSION: Middle name
		field trips utilizing school vehicles or other school

$\underline{\textbf{PARENT/GUARDIAN PERMISSION TO PARTICIPATE IN THE PHYSICAL EDUCATION AND ATHLETICS PROGRAM}$

Physical Education Program

No My child may participate fully in The Marie Philip School's Physical Education Program.	Yes No
If NOT please specify restrictions:	
Medical documentation of participant's restrictions is required	
The Marie Philip School's Athletic Program	
No My child may participate fully in The Marie Philip School's Athletic Program.	Yes 🔲 No
If NOT please specify restrictions:	
Medical documentation of participant's restrictions is required	
order to be accepted onto a team and participate in practice and sports events, a student is required to have a current ysical exam, less than 1 year old, that states he/she may participate fully in sports and specifies any limitations.	
arent/guardian signature:Date:	Parent/guar

STUDENT HEALTH INFORMATION 2020-2021

Please check one:	Walden Sc	:hool □ o	r Marie Phili	p School □
Student Name :				_
Student Height	:Weight	<u>. </u>	Hair color	Eye color
ID marks				
Self care ability:	Feeding	•	☐ Needs as Needs assistance	
HEALTH HISTORY				
Does your child take an	y medication at home	prescription or	over the counter?	YES NO
Medication:				
Treatment: Nebulizer / I Dental Problems:	nhaler			
Date of last dental exan	1:			
Ear Infections/hearing to	rouble:			Tubes? YES / NO
☐ Cochlear implant □	☐ Left-date implanted_		Ri	ght-date implanted
Frequent Headaches: _			Treatment:	
Does your child have ar Do they wear g	ny eye trouble or vision lasses/contact lenses?	•	YES / NO For: NEAR	Year of last exam?
Physical limitations or re	estrictions (DOCUMEN	ITED BY DOC	TOR)	
Please check all health	issues that apply to yo	our child:		
☐ Heart condition 〔	☐ Diabetes	☐ Seizure di	sorder	
□ Other medical issue	s (please specify)			

Please list mental health issues that apply to your child:	
Please check allergies that apply to your child:	
☐ food ☐ insects ☐ medication ☐ environment ☐ o	other □NKA (no known allergies)
Specify your child's allergies:	
Epi-pen ☐ yes ☐ no Date of last Physical:	
Recent surgical/serious illness or change in diagnosis	
TYLENOL/ADVIL	. PERMISSION
Please check ALL the following that you give your permission for	r your child to receive during school hours:
☐ Advil ☐ Tylenol ☐ Bacitracin ointment	☐ Sunblock ☐ Cough drops
I give permission to the school nurse to share information relevant emergency medical personnel when needed to meet my child information with my child's primary care physician for the purpose emergency medical treatment.	's health and safety needs. I give permission to exchange
Parent/guardian signature	Date
Physician's name:	Phone:
Dentist's name:	Phone:

VOLUNTARY STUDENT DEMOGRAPHIC INFORMATION 2020-2021

Please check one: Walden School □ or Marie Philip School □
Schools are required to annually to report race and ethnicity data of students to the State. Schools are asked by the Massachusetts Department of Elementary and Secondary Education to request parents/guardians or students to self-identify on the basis of race and ethnicity. However, this dentification cannot be required of a parent, guardian, or student. Completion of this form is voluntary.
Student Name:
Please select one. If one definition does not fit, please check last box.
☐ American Indian (Non-Hispanic) - A person having origins in any of the original peoples of North America (includes Alaskan Native).
☐ Black (Non-Hispanic) - A person having origins in any of the black racial groups of Africa.
☐ Asian (Non-Hispanic) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
☐ White (Non-Hispanic) - A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
□ Native Hawaiian or Other Pacific Islander (Non-Hispanic) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ Two or More Races (Non-Hispanic) — A person who is two or more races listed above AND is NOT a person of Hispanic origin.
☐ One Race and Hispanic - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin and one race listed above.
☐ Two or More Races and Hispanic – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin and also two or more races listed above.
☐ Do not identify in one of categories above. Comments: