

POTTSTOWN SCHOOL DISTRICT - ANNUAL STUDENT INFORMATION UPDATE

Name:	Grade:	Building:	Homeroom:
Address:	Gender:	Birth Date:	Student ID#
Address:		Home Language:	
City/State/Zip:			Auto Call Phone:

Please verify all Guardian and Emergency Contact Information:

Parents/Guardians and other adults to be contacted and to whom students may be released:

*If there are any changes to the Student/Parent/Guardian's address, please provide proof of residency to the building office.

Please review; update and make any corrections:

#1 Contact Name:	Auto Call Phone:	
Address:	Cell Phone:	
Address:	Home Phone:	
Email:	Work Phone:	
	Text Msg. Phone:	
#2 Contact Name:		
Address:	Cell Phone:	
Address:	Home Phone:	
Email:	Work Phone:	
	Text Msg. Phone:	
#3 Contact Name:		
Address:	Cell Phone:	
Address:	Home Phone:	
Email:	Work Phone:	
	Text Msg. Phone:	
OPTIONAL ADDITIONAL CONTACT		
#4 Contact Name:		
Address:	Cell Phone:	
Address:	Home Phone:	
Email:	Work Phone:	
OPTIONAL ADDITIONAL CONTACT		
#5 Contact Name:		
Address:	Cell Phone:	
Address:	Home Phone:	
Email:	Work Phone:	

The Pottstown School District wishes to increase our communications with the families of our students.

- If you wish to receive an Auto Call (example: snow day closing), please verify/supply in the **"Auto Call Phone"** above.
- If you wish to receive information from the district by text message, please verify/supply in the **"Text Msg. Phone"** above.
- Please verify/supply an email address above for school communications and also for connection into our **Home Access Center**.

Other children attending Pottstown School District:			
Student's Name	Student's ID #	Student's Name	Student's ID #

**HEALTH HISTORY
TO BE COMPLETED BY PARENT/GUARDIAN**

1. Check any of the following your child has experienced within the past year.

___ ADD/ADHD	Date _____	___ Asthma	Date _____
___ Allergies: Food	Date _____	___ Bladder Problems	Date _____
___ Allergies: Insect	Date _____	___ Blood Problems	Date _____
___ Allergies: Medication	Date _____	___ Convulsions	Date _____
___ Allergies: Seasonal	Date _____	___ Epilepsy	Date _____
___ High Fever	Date _____	___ Diabetes	Date _____
___ Eye: Glasses	Date _____	___ Hearing Aid	Date _____
___ Eye: Contacts	Date _____	___ Ear Tubes/Bobbins	Date _____
___ Heart Murmur	Date _____	___ Stomach Ulcer	Date _____
___ Other Heart Problems	Date _____	___ Other Medical Problems	Date _____

If yes to any of the above, please explain _____

2. List any medications your child is presently taking: _____

(Please circle)

3. Is your child presently under the care of a physician or other health care provider? YES NO
4. Do you have insurance? YES NO
5. Do you give your consent for the Pottstown School District to share this information in a confidential list to teachers and staff? YES NO
6. Has there been any change in your family structure? YES NO
7. I give permission for my child to be examined by the school doctor/dentist as mandated by the state. YES NO
8. Has your child had a head injury and/or concussion within the last year? YES NO

In the event of a nuclear evacuation, the Pottstown School District will no longer administer the Potassium Iodide (KI) tablet. If you wish to have your child receive the KI tablet, then a medication permission slip must be completed by you and your doctor and the medication must be supplied to the school.

If you have health concerns regarding your child, please contact the school nurse.

Signature of Parent/Guardian _____ Date _____