

# 2017 Summer Academy Application Form

Open to all High School Students in North Central Washington



**WENATCHEE VALLEY TECHNICAL SKILLS CENTER**

327 East Penny Road Wenatchee, WA 98801 Phone 509.662.8827 Fax 509.662.5993

[www.wenatcheevalleytech.com](http://www.wenatcheevalleytech.com)



## Summer Academy runs June 13 - June 30, 2017

**REGISTER EARLY - CLASSES FILL UP VERY QUICKLY**

Please complete **all sides** of this flyer and return the entire flyer & other documents to:

Wenatchee Valley Tech, 327 East Penny Rd, Wenatchee, WA 98801

Wenatchee Valley Tech Summer classes are open to all exiting 8th Graders thru 11th Graders in all Public School Districts in NC Washington. If you do not pass the 8th grade OR if you graduate from high school in June 2017, you are NOT eligible to attend..

***Please make your class selection on the back of this application.***

However, completion of this application does not guarantee a seat in the class.

Application confirmation will be mailed (or emailed, should an email address be provided below) to advise you of your application status. If a class is full, students will be placed on a wait list and notification will be sent. If a space becomes available on the first or second day of class, wait listed students will be called to see if they are still available to attend. A student who is absent for more than three (3) days (for any reason), will be dropped and receive no grade or credit.

**Lunch:** Lunch is provided (for classes held at the Wenatchee Valley Tech campus only) for a small fee of \$3.00 per day or \$42 for the entire Summer School Session. Each lunch will offer an entree, fruit & beverage.

**Transportation:** After June 1st, LINK bus passes will be available for sale at the Tech Center main office for \$10 each. We need to pre-order these passes, so please indicate your need below by circling one.

To pre-order your LINK bus pass, please circle one:    YES, I will purchase a bus pass    NO, thanks

WENATCHEE VALLEY TECH SUMMER SCHOOL CLASSES RUN ON STATE FUNDING All students will receive notice, prior to start date, regarding acceptance to the class OR if classes are cancelled or changed for any reason.

To aid in this notification process, please provide an email address below:

Parent's Email Address: \_\_\_\_\_

Please enroll me in the summer academy course indicated on the back of this form at Wenatchee Valley Technical Skills Center. I understand that completing this registration form **does not guarantee admittance** to the Wenatchee Valley Technical Skills Center. As part of this application, I authorize the release of information, from my student file at my home high school, to the Wenatchee Valley Technical Skills Center (including all medical, vaccination, discipline, food service, etc.).

Student Printed Name & Signature: \_\_\_\_\_

Name of school you attended on May 1st \_\_\_\_\_

Current Grade: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# NEW STUDENT REGISTRATION FORM

PLEASE PRINT CLEARLY



DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY					
SCHOOL ENTRY DATE	STUDENT SCHOOL NUMBER	STUDENT DISTRICT NUMBER	HEALTH ALERT	FTE	TEACHER

STUDENT NAME: Legal Last Name		Legal First Name		Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE: City	State	Country	GRADE LEVEL
NATIVE LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			PRIMARY LANGUAGE SPOKEN AT HOME _____		

PRIMARY HOUSEHOLD (parent/guardian where student resides) Last Name _____ First Name M.I. _____	STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____	PRIMARY HOUSEHOLD Home Phone #1 (include area code) Please check if unlisted <input type="checkbox"/>	PHONE #2 (include area code) Work PHONE #3 (include area code) Cell
PRIMARY HOUSEHOLD (2nd Adult where student resides) Last Name _____ First Name M.I. _____	parent/guardian email address:	PHONE #2 (2nd Adult) Work PHONE #3 (2nd Adult) Cell	

RESIDENT ADDRESS	Street _____ Apt # _____ City _____ State _____ ZIP _____
MAILING ADDRESS (if different from above)	Street _____ Apt # _____ P O Box _____ City _____ State _____ ZIP _____

SECOND HOUSEHOLD (parent not residing with student) Last Name _____ First Name M.I. _____	RELATIONSHIP <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____	SECOND HOUSEHOLD Home Phone #1 (include area code) Please check if unlisted <input type="checkbox"/>	PHONE #2 (include area code) Work PHONE #3 (include area code) Cell
SECOND HOUSEHOLD (2nd Adult) Last Name _____ First Name M.I. _____	parent/guardian email address:	PHONE #2 (2nd Adult) Work PHONE #3 (2nd Adult) Cell	
SECOND HOUSEHOLD MAILING ADDRESS (Street/PO Box, City, State, ZIP)		ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No	

Is your child of Hispanic or Latino origin? (Check all that apply.)

<input type="checkbox"/> NOT HISPANIC/LATINO	<input type="checkbox"/> DOMINICAN	<input type="checkbox"/> PUERTO RICAN	<input type="checkbox"/> CENTRAL AMERICAN	<input type="checkbox"/> SOUTH AMERICAN
<input type="checkbox"/> CUBAN	<input type="checkbox"/> SPANIARD	<input type="checkbox"/> LATIN AMERICAN	<input type="checkbox"/> OTHER HISPANIC/LATINO	<input type="checkbox"/> MEXICAN / MEXICAN AMERICAN/ CHICANO

What race(s) do you consider your child? (Check all that apply.)

<input type="checkbox"/> AFRICAN AMERICAN/ BLACK	<input type="checkbox"/> WHITE	<input type="checkbox"/> ALASKA NATIVE	<input type="checkbox"/> NISQUALLY	<input type="checkbox"/> SPOKANE
<input type="checkbox"/> ASIAN INDIAN	<input type="checkbox"/> LAOTIAN	<input type="checkbox"/> CHEHALIS	<input type="checkbox"/> NOOKSACK	<input type="checkbox"/> SQUAXIN ISLAND
<input type="checkbox"/> CAMBODIAN	<input type="checkbox"/> MALAYSIAN	<input type="checkbox"/> NATIVE HAWAIIAN	<input type="checkbox"/> COLVILLE	<input type="checkbox"/> PORT GAMBLE KLALLAM
<input type="checkbox"/> CHINESE	<input type="checkbox"/> PAKISTANI	<input type="checkbox"/> FIJIAN	<input type="checkbox"/> COWLITZ	<input type="checkbox"/> STILLAGUAMISH
<input type="checkbox"/> FILIPINO	<input type="checkbox"/> SINGAPOREAN	<input type="checkbox"/> GUAMANIAN or CHAMORRO	<input type="checkbox"/> HOH	<input type="checkbox"/> SUQUAMISH
<input type="checkbox"/> HMONG	<input type="checkbox"/> TAIWANESE	<input type="checkbox"/> MARIANA ISLANDER	<input type="checkbox"/> OUILEUTE	<input type="checkbox"/> SWINOMISH
<input type="checkbox"/> INDONESIAN	<input type="checkbox"/> THAI	<input type="checkbox"/> MICRONESIAN	<input type="checkbox"/> OUINAULT	<input type="checkbox"/> TULALIP
<input type="checkbox"/> JAPANESE	<input type="checkbox"/> VIETNAMESE	<input type="checkbox"/> SAMOAN	<input type="checkbox"/> KALISPEL	<input type="checkbox"/> SAMISH
<input type="checkbox"/> KOREAN	<input type="checkbox"/> OTHER ASIAN	<input type="checkbox"/> TONGAN	<input type="checkbox"/> LOWER ELWHA	<input type="checkbox"/> SAUK-SUIATTLE
	<input type="checkbox"/> OTHER PACIFIC ISLANDER	<input type="checkbox"/> MUCKLESHOOT	<input type="checkbox"/> LUMMI	<input type="checkbox"/> SHOALWATER
		<input type="checkbox"/> SNOQUALMIE	<input type="checkbox"/> MAKAH	<input type="checkbox"/> SKOKOMISH
			<input type="checkbox"/> OTHER WASHINGTON INDIAN	<input type="checkbox"/> OTHER AMERICAN INDIAN/ALASKA NATIVE

PHOTO/NAME OPT OUT Do not use my child's photo or name in District publications, directory information, and/or Website.

Yes  No Did guardian move to area to work or seek work in Agriculture, Fishing, or related Food Processing?

HAS STUDENT EVER BEEN SUSPENDED?  Yes  No Date: \_\_\_\_\_ Reason/School: \_\_\_\_\_

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT?  Yes  No (If yes, plan must be on file with the school for enforcement)

IS THERE A RESTRAINING ORDER IN EFFECT?  Yes  No (If yes, legal papers must be on file with the school for enforcement)

Restraining order is against:  Mother  Father  Other \_\_\_\_\_

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No
HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAS YOUR CHILD EVER PARTICPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ESL <input type="checkbox"/> Other _____	If yes, at what grade level(s) _____

**VERIFICATION OF INFORMATION:** The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Wenatchee School District.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	CHILD CARE PROVIDER <i>Name</i> <i>Address</i> <i>Phone Number</i>
ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)	

PLEASE LIST OTHER SIBLINGS ATTENDING WENATCHEE SCHOOL DISTRICT			
Last Name	First Name	School	Grade

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Parent/Legal Guardian Signature:	Date:
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When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

1 <sup>ST</sup> EMERGENCY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name M.I.</i>	RELATIONSHIP TO CHILD	HOME PHONE (include area code)	PHONE #2 (include area code) Work
			PHONE #3 (include area code) Cell
1 <sup>ST</sup> EMERGENCY RESIDENT ADDRESS <i>Street</i> <i>City,</i> <i>State</i> <i>ZIP</i>			
2 <sup>ND</sup> EMERGENCY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name M.I.</i>	RELATIONSHIP TO CHILD	HOME PHONE (include area code)	PHONE #2 (include area code) Work
			PHONE #3 (include area code) Cell
2 <sup>ND</sup> EMERGENCY RESIDENT ADDRESS <i>Street</i> <i>City,</i> <i>State</i> <i>ZIP</i>			

**STUDENT RELEASE AUTHORIZATION:** In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

Parent/Legal Guardian Signature:	Date:
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SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State)
HAS STUDENT EVER ATTENDED WENATCHEE SCHOOL DISTRICT? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, NAME OF SCHOOL ATTENDED                      DATE ATTENDED (Month/Year)

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY							
BUS ROUTE	DATE RECORDS REQUESTED	SHARED STUDENT	OTHER SCHOOL	IMMUN ON FILE	RES AREA	BIRTH VER	ROOM
AM      PM							

The Wenatchee School District complies with all federal and state rules and regulations and does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. This holds true for all staff and for students who are interested in participating in educational programs and/or extracurricular school activities. Inquiries may be directed to RCW Officer, Title IX and ADA Coordinator Lisa Turner. Issues related to 504 should be directed to Chet Harum, Executive Director of Student & Support Services.

**Where did you hear about the Tech Center?** Please check all that apply:    \_\_\_ radio    \_\_\_ a friend  
 \_\_\_ HS Counselor/Teacher/Principal    \_\_\_ family    \_\_\_ Fast Furious Futures    \_\_\_ a site visit    \_\_\_ summer school  
 \_\_\_ presentation at my high school    \_\_\_ something came in the mail    \_\_\_ Diversity Justice Day 4 Youth

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Open to all High School Students in North Central Washington



**Serving School Districts in NC Washington:**  
Cascade, Cashmere, Eastmont, Entiat, Chelan,  
Manson, Pateros, Quincy, Waterville, Wenatchee

NONPROFIT ORG  
US POSTAGE PAID  
Cashmere Mailing House  
PERMIT NO. 7

*Please use this checklist to ensure your application is complete*

To be complete, your application must include:

1. Application Form - all 4 pages
2. Your parent/guardian signature in 4 different places
3. Proof of your current immunization status **signed & dated by your parent/guardian**
4. A completed Health Form

Blank forms are also available by calling us at (509) 662.8827 or visiting our website at [www.wenatcheevalleytech.com](http://www.wenatcheevalleytech.com)

or current resident



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Programs Available		Class Dates	Class Times	Class Location	Credit
<i>Please place a "1" for 1st choice, "2" for 2nd choice, and "3" for 3rd choice in the box beside the class you want.</i>					
<input type="checkbox"/>	<b>Auto Academy</b> (auto maintenance for 1/2 day then switch to auto painting for 1/2 day)	June 13-June 30	8 AM to 3 PM	Wenatchee Valley Tech	0.5
<input type="checkbox"/>	<b>Cinematography</b>	June 13-June 30	8 AM to 3 PM	Wenatchee Valley Tech	0.5
<input type="checkbox"/>	<b>Construction</b>	June 13-June 30	8 AM to 3 PM	Wenatchee Valley Tech	0.5
<input type="checkbox"/>	<b>Criminal Justice</b>	June 13-June 30	8 AM to 3 PM	Wenatchee Valley Tech	0.5
<input type="checkbox"/>	<b>Culinary Arts</b>	June 13-June 30	8 AM to 3 PM	Wenatchee Valley Tech	0.5
<input type="checkbox"/>	<b>Videogame Programming</b>	June 13-June 30	8 AM to 3 PM	Wenatchee Valley Tech	0.5
<input type="checkbox"/>	<b>Firefighter Training</b> 377 Eastmont Ave, East Wenatchee	June 13-June 30	8 AM to 3 PM	Douglas 2 Fire Station	0.5
<input type="checkbox"/>	<b>Introduction to Nursing</b>	June 13-June 30	8 AM to 3 PM	Wenatchee Valley Tech	0.5
<input type="checkbox"/>	<b>Introduction to Cosmetology</b>	June 13-June 30	8 AM to 3 PM	Wenatchee Valley Tech	0.5
<input type="checkbox"/>	<b>Cosmetology 1</b> - 2nd year students only	June 13-June 30	8 AM to 3 PM	Wenatchee Valley Tech	varies



# Certificate of Immunization Status (CIS)

For Kindergarten-12<sup>th</sup> Grade / Child Care Entry

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Cert. of Exemption on file?  Yes  No

**Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.**

<b>Child's Last Name:</b> _____	<b>First Name:</b> _____	<b>Middle Initial:</b> _____	<b>Birthdate (MM/DD/YY):</b> _____	<b>Sex:</b> _____
I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.		I certify that the information provided on this form is correct and verifiable.		
<b>Parent/Guardian Signature Required</b> _____		<b>Parent/Guardian Signature Required</b> _____		
<b>Date</b> _____		<b>Date</b> _____		

	Date	Date	Date	Date	Date	Date
<ul style="list-style-type: none"> <li>◆ Required for School and Child Care/Preschool</li> <li>● Required Only for Child Care/Preschool</li> </ul>						
<b>Required Vaccines for School or Child Care Entry</b>						
◆ <b>DTaP, DT</b> (Diphtheria, Tetanus, Pertussis)						
◆ <b>Tdap</b> (Tetanus, Diphtheria, Pertussis)						
◆ <b>Td</b> (Tetanus, Diphtheria)						
◆ <b>Hepatitis B</b>						
<input type="checkbox"/> 2-dose schedule used between ages 11-15 ● <b>Hib</b> ( <i>Haemophilus influenzae</i> type b)						
◆ <b>IPV / OPV</b> (Polio)						
◆ <b>MMR</b> (Measles, Mumps, Rubella)						
● <b>PCV / PPSV</b> (Pneumococcal)						
◆ <b>Varicella</b> (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>						
<b>Flu</b> (Influenza)						
<b>Hepatitis A</b>						
<b>HPV</b> (Human Papillomavirus)						
<b>MCV, MPSV</b> (Meningococcal)						
<b>MenB</b> (Meningococcal)						
<b>Rotavirus</b>						

**Documentation of Disease Immunity**  
*Healthcare provider use only*

If the child named in this CIS has a history of **Varicella (Chickenpox)** or can show immunity by blood test (titer) it **MUST** be verified by a healthcare provider

I certify that the child named on this CIS has:

a verified history of Varicella (Chickenpox).

laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

<input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles	<input type="checkbox"/> Mumps <input type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella <input type="checkbox"/> Other: _____
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Licensed healthcare provider signature \_\_\_\_\_ Date \_\_\_\_\_  
(MD, DO, ND, PA, ARNP)

Printed Name \_\_\_\_\_



# Certificado de Estado de Vacunación

Para asistir a la guardería, el preescolar y los grados escolares K – 12

**Office Use Only:**  
 Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed Cert. of Exemption on file?  Yes  No

Encuentre instrucciones al reverso para imprimir y llenar esta forma a mano con letra de molde o imprimirla con todos los datos desde Sistema Informático de Vacunación del estado de Washington.

**Apellido/s del niño/a:** \_\_\_\_\_ **Primer nombre:** \_\_\_\_\_ **Inicial del otro nombre:** \_\_\_\_\_ **Fecha de nacimiento (mes/día/año):** \_\_\_\_\_ **Sexo:** \_\_\_\_\_

**Firma requerida del padre, madre o tutor legal** \_\_\_\_\_ **Fecha** \_\_\_\_\_

**Firma requerida del padre, madre o tutor legal** \_\_\_\_\_ **Fecha** \_\_\_\_\_

Certifico que la información en esta forma es correcta y verificable.

	Fecha mes/día/año	Fecha mes/día/año	Fecha mes/día/año	Fecha mes/día/año	Fecha mes/día/año	Fecha mes/día/año
<b>Vacunas requeridas para la entrada a guardería, preescolar o escuela</b>						
◆ Requisito para guardería, preescolar y escuela						
● Requisito único para guardería y preescolar						
◆ <b>DTaP, DT</b> (Difteria, Tétanos, Tos ferina)						
◆ <b>Tdap</b> (Tétanos, Difteria, Tos ferina)						
◆ <b>Td</b> (Tétanos, Difteria)						
◆ <b>Hepatitis B</b>						
□ 2-dosis entre las edades de 11-15 años						
● <b>Hib</b> ( <i>Haemophilus influenzae</i> tipo b)						
◆ <b>IPV / OPV</b> (Polio)						
◆ <b>MMR</b> (Sarampión, Paperas, Rubéola)						
● <b>PCV / PPSV</b> (Neumocócica)						
◆ <b>Varicela</b>						
□ Inmunidad verificada por el Sistema						
<b>Vacunas recomendadas pero no requeridas para la entrada a guardería, preescolar o escuela</b>						
<b>Gripe</b> (Influenza)						
<b>Hepatitis A</b>						
<b>HPV</b> (Virus del Papiloma Humano o VPH)						
<b>MCV, MPSV</b> (Meningocócica)						
<b>MenB</b> (Meningocócica)						
<b>Rotavirus</b>						

**Documentation of Disease Immunity**  
*Healthcare provider use only*

If the child named in this form has a history of **Varicella (Chickenpox)** or can show immunity by blood test (titer) it **MUST** be verified by a healthcare provider.

I certify that the child named on this form has:

a verified history of Varicella (Chickenpox).

laboratory evidence of immunity (titer) to Disease/s marked below. **Lab report(s) for titers MUST also be attached.**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other:
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	_____
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	_____
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	_____

Licensed healthcare provider signature  
 Date (MD, DO, ND, PA, ARNP)

Printed Name \_\_\_\_\_

		<b>Male</b>	<b>Female</b>		
Legal Last Name of Student	Legal First Name	(Please circle)		Grade	Date of Birth

Please complete sections 1, 2, and 3, date and sign this form, and return to the school office. Please keep the school informed of changes in your child's health or medication during the school year.

**Section 1 Health Conditions** Please place an **X** on all health conditions which apply to your student.

**My child has no known health problems**

**Please indicate below ALL CURRENT ACTIVE health conditions which MAY IMPACT YOUR STUDENT AT SCHOOL:**

<p><b>Allergies:</b></p> <p><input type="checkbox"/> <b>Bee / Insect sting:</b> Please describe reaction: (AB)</p> <p><input type="checkbox"/> <b>Foods:</b> Please list foods and type of allergic reaction: (AF)</p> <p><input type="checkbox"/> <b>Other significant allergies likely to affect student at school:</b> Please list allergy and type of reaction: (AO)</p> <p><input type="checkbox"/> <b>Epi Pen</b> needed for allergy above (AEP)</p>	<p><input type="checkbox"/> <b>Asthma</b> (R)</p> <p><input type="checkbox"/> <b>Heart Condition</b> (HC) Activity Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No (HCR)</p> <p><input type="checkbox"/> <b>Seizures:</b> (S)</p> <p><input type="checkbox"/> <b>Known hearing loss</b> (H)</p> <p><input type="checkbox"/> <b>Wears glasses</b> (Vg) <input type="checkbox"/> Distance <input type="checkbox"/> Reading</p> <p><input type="checkbox"/> <b>Diabetes</b> (D)</p> <p><input type="checkbox"/> <b>Physical or birth defect</b> (PBD)</p> <p><input type="checkbox"/> <b>ADD/ADHD</b> (ADH) Medication <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p><input type="checkbox"/> <b>Other</b> (Mental Health, Cancer, Autism, etc) (O)</p>
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**Section 2 Life-Threatening Information**

Are any of the above checked conditions life-threatening?  Yes  No

As parent/guardian, I agree to contact the school nurse to create an individualized health care plan for my child with a life threatening condition. State law requires all students with life threatening conditions to have both medical authorization and necessary medication at school before that student will be allowed to attend school. Medications that may be required under this law include, but are not limited to: meter-dose inhalers, Epi-pens, Insulin, and medication for seizures (per RCW 28A.210 Sec.1).

**Section 3 Medication Information** For school staff to administer or store any prescription or over-the-counter medication, an **Authorization for Medication Administration #SN-02 form (AMA)** must be signed by a parent/guardian and the physician, and must be on file in the school office. A new AMA form is required at the beginning of each school year, or whenever there has been a change in medication or dose. For students who carry and self-administer emergency rescue medications we strongly encourage parents to provide a backup rescue medication to store at the school office. A completed AMA form is required to store medications at school. *The Authorization for Medication Administration #SN-02 form* is available at your child's school, and the district's Student Health Services webpage

Parents and guardians may wish to share information about medications their child may take while at home, which may influence how their child learns at school. **If you would like to share this information, please list any medications your child takes while at home:**

**Consent:** I authorize and give my consent to the authorities of Wenatchee School District to obtain emergency medical treatment. I also authorize medical authorities to perform upon or administer necessary emergency medical or surgical treatment to the above named student. District authorities are not excused from attempting to contact me before relying upon this authorization. I also authorize that the information listed above may be shared with school personnel on a need-to-know basis to facilitate the school district in providing a safe environment for my child. **If there are any health changes to the above listed information, it will be the parent/guardian's responsibility to inform the school on the yearly update student information form.**

Signature of Parent/Guardian \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Date \_\_\_\_\_

		<b>Masculino Femenino</b> (Por favor circule uno)		
<b>Apellido Legal del Estudiante</b>	<b>Nombre Legal</b>		<b>Grado</b>	<b>Fecha de Nacimiento</b>

Por favor complete las secciones 1, 2, y 3, firme la forma y ponga la fecha, y regrésela a la oficina de la escuela. Por favor mantenga a la escuela informada de cualquier cambio en la salud o tratamiento de su niño(a) durante el año escolar.

**Sección 1 Condiciones de Salud**

Por favor marque con una **X** todos los problemas de salud que aplican a su estudiante.

**Mi hijo(a) no tiene problemas conocidos de salud**

Por favor indicar abajo todas las condiciones actuales activos de salud que pueden afectar a su estudiante en la escuela:

**Alergias:**

**Piquete de abeja/ Insecto:** Por favor describa la reacción: (AB)

**Comidas:** Por favor enliste las comidas y el tipo de reacción alérgica: (AF)

**Otras alergias significativas que puedan afectar a los estudiantes en la escuela:** Por favor enliste las alergias y el tipo de reacción: (AO)

**Epi Pen** es necesario para la reacción antes mencionada (AEP)

**Asma** (R)

**Condiciones Cardiacas:** (HC)  
Actividad Restringida (HCR)  
 Si  No

**Ataques o Crisis:** (S)

**Pérdida de la audición conocida** (H)

**Tiene lentes** (Vg)  
 Distancia  Lectura

**Diabetes** (D)

**Defectos Físicos o de Nacimiento** (PBD)

**TDAH** (ADH)  
Medicamento  Si  No

**Otros :** (Salud Mental, Cancer, Autismo, etc.) (O)

**Sección 2 Información que Amenaza la**

Alguno de los problemas antes marcados amenaza la vida?  Si  No

Como padre/guardián, Estoy de acuerdo en contactar a la enfermera de la escuela para crear un plan de salud individualizado para mi hijo(a) que tiene un problema de salud que amenaza su vida. La ley estatal requiere que todos los estudiantes que tengan un problema de salud que amenaza su vida tengan ambos una autorización médica y el medicamento necesario en la escuela antes que se le permita al estudiante asistir a la escuela. Los medicamentos que pueden ser requeridos bajo ésta ley incluyen, pero no se limitan a: inhaladores de dosis medida, Epi-pens, Insulina, y medicamentos para los ataques o crisis (por RCW 28A.210 Sec.1).

**Sección 3 Información del Tratamiento**

Para que el personal administre u almacene cualquier medicamento recetado o adquirido sin receta, el padre/guardián debe firmar una forma de **Autorización para la Administración de Medicamentos (AMA) #SN-02** y la información del doctor debe estar en el archivo en la oficina de la escuela. Se requiere una nueva forma AMA al inicio de cada año escolar, o cuando ha habido cambios en la dosis del medicamento. A los estudiantes que llevan consigo medicamentos y ellos mismos se administran los medicamentos de emergencia les recomendamos a los padres que provean los medicamentos para ser almacenados en la oficina de la escuela y ser usados en caso de emergencia. Se requiere completar una forma AMA para almacenar los medicamentos en la escuela. La forma de Autorización para la Administración de Medicamentos #SN-02 está disponible en la escuela de su hijo(a), y en la página del internet del distrito bajo los Servicios de Salud del Estudiante.

Los padres y guardianes que deseen informar de medicamentos que su hijo(a) toma en casa, y que pueden interferir en el aprendizaje de su hijo(a) en la escuela. Si les gustaría dar ésta información, por favor enliste cualquier medicamento que su hijo(a) toma en su casa:

**Consentimiento:** Yo autorizo y doy mi consentimiento a las autoridades del Distrito Escolar de Wenatchee para obtener tratamiento de emergencia. Yo también autorizo a las autoridades médicas que actúen o administren el tratamiento de emergencia o el tratamiento quirúrgico necesario al estudiante arriba mencionado. Las autoridades del Distrito no tienen excusa y deben intentar contactarme antes que dependan de ésta autorización. Yo también autorizo para que la información antes mencionada se comparta si es necesario con el personal de la escuela para facilitar al distrito escolar proveer un ambiente seguro para mi niño(a). Si hay algún cambio en la información de salud antes mencionada, es la responsabilidad del padre/guardián de informar a la escuela en la forma de información anual actualizada del estudiante.

Firma del Padre/Guardián \_\_\_\_\_ Relación con el Estudiante \_\_\_\_\_ Fecha \_\_\_\_\_