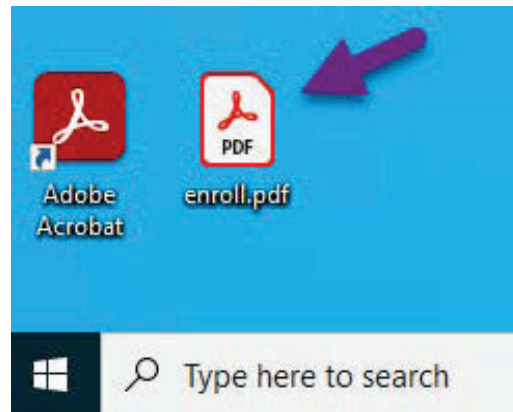


For students enrolling or re-enrolling in Fairfax County Public Schools

This form bundle allows you to enter data once and to have it appear in multiple locations. If you have more than one student, you can use the RESET button to clear out ALL student related information while keeping all parent data. The RESET button operates on ALL pages at once.

To make sure you are printing only the pages you need, we recommend you review each page to make sure it is complete and accurate and then print that page by choosing the print current page option within Adobe.

If filling out the bundle digitally, we recommend using Adobe Acrobat Reader. This is to ensure form fields and buttons work as intended. After installing Adobe Reader, you can change your browser settings to "Download PDF's" to automatically save the bundle onto your device. You may then locate the saved PDF and open in Reader.



HEALTH INFORMATION

Complete this form every school year to inform us about your student's existing and new health conditions that affect your student's school day

This form is necessary to inform the Public Health Nurse (PHN) of your child's health status and to plan for health needs that may impact his/her school day. Information is only shared with required school staff, as needed. Information provided on this form is protected by the Family Educational Rights and Privacy Act (FERPA) as part of the student's education record and is securely stored in the health room. De-identified, aggregate health data is also used by Fairfax County Public Schools (FCPS) and the Fairfax County Health Department (FCHD) to complete required public health reporting to the Virginia Department of Education and to monitor health needs in the school community. For any changes to your student's health condition during the school year or questions regarding this form, please contact the PHN through the health room at your child's school.

Section A: Demographics:

Student Name: Last		First	Middle	Date of Birth
School Year	School Name	Grade	Teacher/Counselor	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Parent/Legal Guardian Name		Home Phone Number	Cell Phone Number	Work Phone Number
Parent/Legal Guardian Name		Home Phone Number	Cell Phone Number	Work Phone Number

Section B: Severe or Life-Threatening Health Conditions:

Condition	Check if Yes	Comment
Severe Allergies/Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/> Foods: _____ <input type="checkbox"/> Insect Sting: _____ <input type="checkbox"/> Latex Epinephrine prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No Epinephrine injection previously given? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of injection: _____
Asthma	<input type="checkbox"/>	Triggers: <input type="checkbox"/> Exercise <input type="checkbox"/> Environmental <input type="checkbox"/> Upper Respiratory Infection <input type="checkbox"/> Other: _____ Inhaler prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No Nebulizer Treatment prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Emergency Room (ER) Visits in the last calendar year: _____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 Diagnosis Date: _____ Name of emergency medication: _____ Glucose Monitoring: <input type="checkbox"/> Glucometer <input type="checkbox"/> CGM Insulin Administration: <input type="checkbox"/> Syringe <input type="checkbox"/> Pen <input type="checkbox"/> Pump
Seizures	<input type="checkbox"/>	Type of Seizure: _____ Date of last seizure: _____ Emergency Medication Needed at school? <input type="checkbox"/> Yes <input type="checkbox"/> No VNS implanted? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section C: Current Physical Health Conditions:

Condition	Check if Yes	Comment (Please provide details)
Height/Weight		Height: ___ ft. ___ in. Weight: _____ lbs.
Allergies (non-life threatening)	<input type="checkbox"/>	
Blood Disorder	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	Currently Immunocompromised <input type="checkbox"/> Yes <input type="checkbox"/> No
Cystic Fibrosis	<input type="checkbox"/>	
Dental/Oral Health Condition	<input type="checkbox"/>	
Ear, Nose & Throat Conditions	<input type="checkbox"/>	Please specify:
Endocrine Disorder (other than Diabetes)	<input type="checkbox"/>	
Food Intolerance	<input type="checkbox"/>	Foods: _____ Gastrointestinal/Digestive Distress <input type="checkbox"/> Yes <input type="checkbox"/> No
Food/Dietary Preference	<input type="checkbox"/>	
Gastrointestinal/Stomach/Bowel	<input type="checkbox"/>	
Hearing Conditions	<input type="checkbox"/>	
Heart/Cardiovascular	<input type="checkbox"/>	
Kidney/Urinary Tract Disorders	<input type="checkbox"/>	
Headache/Migraines	<input type="checkbox"/>	
Lung Disease (other than Asthma)	<input type="checkbox"/>	
Mobility Impairment	<input type="checkbox"/>	

HEALTH INFORMATION

Complete this form every school year to inform us about your student's existing and new health conditions that affect your student's school day

Last Name _____	First Name _____	Date of Birth _____
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Section D: Current Health Conditions, Continued:

Condition	Check if Yes	Comment (Please provide details)
Muscle/Bone/Joint/Arthritis	<input type="checkbox"/>	Please specify: _____
Neurological (other than seizures)	<input type="checkbox"/>	<input type="checkbox"/> Brain Injury/Concussion/Date Diagnosed: _____ <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Other: _____
Skin Condition	<input type="checkbox"/>	<input type="checkbox"/> Eczema <input type="checkbox"/> Other: _____
Vision Conditions	<input type="checkbox"/>	<input type="checkbox"/> Contacts/Glasses <input type="checkbox"/> Non-Correctable <input type="checkbox"/> Other: _____
Other Health Conditions	<input type="checkbox"/>	<input type="checkbox"/> Autism <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Other: _____

Emotional/Mental Health Conditions:

ADD/ADHD	<input type="checkbox"/>	Provider Diagnosed <input type="checkbox"/> Yes <input type="checkbox"/> No	Under Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No
Anxiety	<input type="checkbox"/>	Provider Diagnosed <input type="checkbox"/> Yes <input type="checkbox"/> No	Under Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No
Depression	<input type="checkbox"/>	Provider Diagnosed <input type="checkbox"/> Yes <input type="checkbox"/> No	Under Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No
Eating Disorder	<input type="checkbox"/>	Provider Diagnosed <input type="checkbox"/> Yes <input type="checkbox"/> No	Under Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<input type="checkbox"/>	Provider Diagnosed <input type="checkbox"/> Yes <input type="checkbox"/> No	Under Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No

Section E: Health Procedures:

The Fairfax County Health Department provides referral information to community medical resources providing free physical examinations. Visit <https://www.fairfaxcounty.gov/health/clinics>.
 If your child has a health condition, does your child require any health procedures or need any special equipment during the school days?
 Yes No If you answered Yes, please describe: _____

Section F: List all medications and dosages your child receives on a regular basis and indicate which ones to be taken at school:

Parent or guardian is responsible for providing the school with any medication, special food, equipment that the student may require during the day. Medication, Procedure Authorization, and Physical Education (PE) forms may be found at <https://www.fcps.edu/registration/forms> or obtained in the school Health Room.

Parental Consent: I agree to allow my child's healthcare provider(s) to discuss information contained in this form with FCPS staff and School Public Health Nurse. Yes No

_____ Healthcare Provider Name	_____ Healthcare Provider Phone Number	
_____ Parent/Guardian Name (Print or Type)	_____ Parent/Guardian Signature	_____ Date

Public Health Nurse Use Only Below This Line

HIF Reviewed Follow Protocol (SH Care Emerg.-Temp. Care Guidelines) Health Condition List
 Mental Health Condition List Action Plan/Health Plan or Procedure

Notes: _____

_____ Public Health Nurse Name	_____ Public Health Nurse Signature	_____ Date
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EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.

Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION					
Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	Grade:
School Name:	ID No.:	Teacher or Counselor :		Bus # (AM):	Bus # (PM):
<input type="checkbox"/> Student has medical alert information on file. See page 2 for details.			Student Cell _____		

PARENT/GUARDIAN CONTACT INFORMATION

This form is to be completed by the enrolling parent. The enrolling parent is the natural or adoptive parent or legal guardian with whom the student lives the preponderance of the school week and who enrolled the student in school.

Enrolling Parent				Telephone
Last:	First:	Middle:		
Home:				
Number:	Street:	Apt.#:	Work:	
City:		State:	Zip:	Cell:
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Self		<input checked="" type="checkbox"/> Resides with	Language:	E-mail:

Other Parent				Telephone
Last:	First:	Middle:		
Home:				
Number:	Street:	Apt.#:	Work:	
City:		State:	Zip:	Cell:
Relationship:		<input type="checkbox"/> Resides with	Language:	E-mail:

Other Parent				Telephone
Last:	First:	Middle:		
Home:				
Number:	Street:	Apt.#:	Work:	
City:		State:	Zip:	Cell:
Relationship:		<input type="checkbox"/> Resides with	Language:	E-mail:

Other Parent				Telephone
Last:	First:	Middle:		
Home:				
Number:	Street:	Apt.#:	Work:	
City:		State:	Zip:	Cell:
Relationship:		<input type="checkbox"/> Resides with	Language:	E-mail:

OTHER CONTACT INFORMATION

Please list at least two people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick your child up from school during the school day.

Name of Person	Relationship	Language	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Please remember to sign page 2.



EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.

Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION					
Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	Grade:
School Name:	ID No.:	Teacher or Counselor:	Bus # (AM):	Bus # (PM):	
Siblings attending the same school (complete if applicable). Name(s): _____ Name(s): _____			Primary Internet access in the home for this student is <input type="checkbox"/> Cellular <input type="checkbox"/> Broadband <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Declined Do you have a device for this student to use that meets their educational needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined		

CURRENT HEALTH CONDITIONS	
Below check any current health condition(s) that EMS or an emergency room health care provider should know about health of your student. Also complete and submit Health Information form SS/SE-71 if your child has a health condition(s) that require(s) attention during the school day. See below for medical alert information currently on file.	
<input type="checkbox"/> allergies (be specific) <input type="checkbox"/> foods _____ <input type="checkbox"/> medicines _____ <input type="checkbox"/> bee sting or insect bite _____ <input type="checkbox"/> other _____ <input type="checkbox"/> asthma <input type="checkbox"/> cancer <input type="checkbox"/> diabetes <input type="checkbox"/> hearing problems <input type="checkbox"/> hearing aid(s) <input type="checkbox"/> heart problems (be specific) _____ _____ _____ _____	<input type="checkbox"/> hemophilia <input type="checkbox"/> sickle cell anemia <input type="checkbox"/> physical disability (be specific) _____ <input type="checkbox"/> respiratory (be specific) _____ <input type="checkbox"/> seizures <input type="checkbox"/> vision problems (be specific) _____ <input type="checkbox"/> glasses <input type="checkbox"/> contacts <input type="checkbox"/> other (be specific) _____ _____ _____ _____
List all medications and dosages your child receives on a continual basis: _____ _____ _____	

MEDICAL ALERT INFORMATION ON FILE
This space reserved for system printing of Health Information

HEALTH CARE PROVIDER INFORMATION
My child's medical care is provided by: _____ (name of health care provider or clinic) _____ (telephone)
Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, medical coverage is provided by: _____ (health insurance company, assistance program, HMO, etc.) _____ (telephone)

First aid and emergency treatment will be provided to students in accordance with the current version of FCPS Regulation 2102 or in accordance with the student's individualized health plan.

ENROLLING PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____



Parent Information About the Emergency Care Information Form

What is the Emergency Care Information form used for?

School staff rely on the Emergency Care Information form to provide them with information needed to (1) contact a parent or other responsible adult in the event of an emergency concerning the student; (2) assist school staff or emergency medical services in the event the student requires medical services for illness or injury; (3) respond to requests to release of the student during the school day in nonemergency situations.

Who is responsible for completing the Emergency Care Information form?

This form should be completed by the enrolling parent. The enrolling parent is the natural parent, adoptive or legal guardian with whom the student lives the preponderance of the school week and who enrolled the student in school.

Who else should be listed in the Parent/Guardian Contact Information section of the form?

The Parent/Guardian Contact Information section has space for a student's other natural or adoptive parent or legal guardian to be listed. A parent's contact information should be listed in the second box if the parent shares legal custody of the child with the enrolling parent. School staff will share information about the student and will release the student to a parent who has legal custody of the child. A stepparent that resides with the child may also be listed in the Parent/Guardian Contact Information section of the form.

Who should be listed in the Other Contact Information section of the form?

It is very important that school staff have contact information for at least two responsible adults who can be contacted in the event of an emergency when the parents cannot be reached. Other adult family members or friends should be listed in the Other Contact Information section of the form.

Please also note that school staff will allow any person you list on this form in the Other Contact Information section to pick up the child from school during the school day in both emergency and nonemergency situations.

In the event of an emergency, who will the school notify?

In the event of an emergency, school staff members will attempt to contact the enrolling parent first. If the enrolling parent cannot be reached, school staff will then attempt to reach the parent/guardian, if any. If neither the enrolling nor other parent/guardian listed can be reached, school staff shall contact the people listed in the Other Contact Information section on the Emergency Care Information form. Once a parent or designated contact is reached, staff will provide him or her with information about the student and the emergency situation and will release the student to him or her, as appropriate.

A noncustodial parent may be provided with information about the child, but staff will not release the student to him or her without the written consent of the custodial parent (Regulation 2240, III.B, and IV.F).

What should I do if I need to update the information on this form?

It is extremely important that school staff have the most up to date and accurate information about your child. The enrolling parent may update information on this form at any time by either contacting the school or accessing the [Online Verification/Update \(OVU\) packet](#) in SIS ParentVUE.

Where can I find more information about FCPS's procedures regarding the emergency care information form and first aid and emergency treatment for students?

Please refer to FCPS Regulation 2240, Parent Participation and Decision-making and FCPS Regulation 2102, First Aid, Emergency Treatment, and Administration of Medication for Students for additional information.

How do I change the phone number used for attendance and non-emergency calls?

Changes to the phone number used for attendance and non-emergency calls can only be made by contacting your child's school directly or using the [Online Verification/Update \(OVU\) packet](#) in SIS ParentVUE to make the change.



Identification of Military Connected Students

In accordance with the Code of Virginia (§22.1-287.04), local school divisions are required to identify students who have a parent in the United States uniformed services. Completing this form allows Virginia localities to maintain reliable and accurate data for potential grant funding and to receive services to meet the needs of uniformed services- connected students.

Student Name _____ Student Date of Birth _____

Definition of Military Connected:

- **United States Active Component:** Includes Army, Navy, Air Force, Marine Corps, Coast Guard, Space Force, the Commissioned Corps of the National Oceanic and Atmospheric Administration, or the Commissioned Corps of the U.S. Public Health Services.
- **United States Reserve Component:** Includes Army, Navy, Air Force, Marine Corps, or Coast Guard.
- **National Guard:** Includes active or reserve duty.

Continuing FCPS students: Has the parent’s military connected status changed in the last school year since you previously completed this form?

- No** If NO, stop here. You do not need to return this form.
- Yes** If YES, please indicate current status and return this form.

CHECK ONE:

- Parent is a member of a United States Active Component.
- Parent is a member of a United States Reserve Component.
- Parent is a member of the National Guard.
- Parent is no longer a member of the United States uniformed services.

Newly enrolling students: Does the student have a parent in the United States uniformed services?

- No** If NO, stop here. You do not need to return this form.
- Yes** If YES, please indicate current status and return this form.

CHECK ONE:

- Parent is a member of a United States Active Component.
- Parent is a member of a United States Reserve Component.
- Parent is a member of the National Guard.

Parent/Legal Guardian Name _____

Parent/Legal Guardian Signature _____ Date _____