STUDENT DATA
NORTH DAKOTA VISION SERVICES/SCHOOL FOR THE BLIND
SFN 52044 (03-17)

Original Date	Update Dates 1. 2. 3. 4.

Please fill out this form in its entirety. This information will be kept on file until the end of the programming year. Please notify NDVS/SB if any information changes.

STUDENT INFORMATION

Last Name		First Name	
Address			
City	State	Zip Code	Telephone Number
Date of Birth	Gender ☐ Male ☐ Female	Grade	Functioning at grade level? ☐ Yes ☐ No

SCHOOL INFORMATION

Name of School		School Telephone Number	
Address			
City	State	Zip Code	Email Address
Case Manger		Vision Teacher	
Primary Learning Mode (Check One) ☐ Braille ☐ Large Print ☐ Regular Print ☐ Auditory			

FAMILY INFORMATION

Father's Name		Living with Student ☐ Yes ☐ No	
Address		E-mail Address	
City	State	Zip Code	Telephone Number
Employer		Work Telephone Number	
Mother's Name		Living with Student ☐ Yes ☐ No	
Address		E-mail Address	
City	State	Zip Code	Telephone Number
Employer		Work Telephone Number	

EMERGENCY INFORMATION

Please list two relatives or close friends whom can be called in case the Student's parent or guardian cannot be reached:

Name		Relationship	Telephone Number
Address	City	State	Zip Code
Name		Relationship	Telephone Number
Address	City	State	Zip Code
Family Physician		Telephone Number	
Address	City	State	Zip Code
Optometrist/Ophthalmologist		Telephone Number	
Address	City	State	Zip Code
Insurance Carrier		Policy/ Group Number	

MEDICAL HISTORY

Eye Condition	Age of Onset
Cause ☐ Accident ☐ Illness ☐ Unknown	Date of Last Eye Exam
Describe cause of blindness	
Does the student wear ☐ Glasses ☐ Contact Lens ☐ Hearing Aide ☐ Prosthesis	
List eye treatments or surgeries	

Mark an "X" for past conditions or "C" for current conditions. Please, attach a note with any additional information.

	Appendicitis		Heart Trouble		Nervousness		Hernia
	Sinus Trouble		Rheumatic Fever		Convulsion		Diabetes
	Ear Trouble		Cramps (in water)		Fainting Spells		Homesickness
	Asthma		Bleeding Disorders				
Date of last Tetanus booster							

Allergies

☐ Hayfever	☐ Insect Stings	☐ Aspirin	☐ Pencillin
☐ Poison Ivy	☐ Other - Please List:		

Diseases (Approximate Dates)

Chicken Pox	Mumps	German Measles

MEDICAL DATA

Is your child currently taking any prescribed medication? ☐ Yes ☐ No
A nursing service, contracted through NDVS/SB, will administer any over-the-counter or prescribed medications to your child if he/she does not self-administer the medication(s). Your child should bring any over-the-counter medications he/she may need.

List all medicines, dosages and administration times below. Should your child be prescribed a medication after you have sent in this form, please send a note with the medication verifying dosage, administration times, etc.

Medicine:	**Dosage:**	**Administration Times:**
Additional Information/Medical Precautions		

AUTHORIZATION

Read and initial, this gives your consent for participation in each of the following areas. This form is good for one programming year (September 1 through August 31).	
	Medicine Authorization – I authorize NDVS/SB to allow my child to **SELF ADMINISTER** the prescription and over-the-counter medication(s).
	Emergency Authorization – I authorize the assigned staff members of the NDVS/SB, to provide emergency medical care should any emergency occur while my child is at NDVS/SB. Furthermore, in giving permission for this child's participation I agree to pay all expenses resulting for such an emergency and in no way hold the NDVS/SB, or any individual staff member liable.
	Programming Authorization – I hereby authorize my child to attend NDVS/SB programming and be involved in all activities.
	Transportation Authorization – I, as Parent/Legal Guardian, grant permission to NDVS/SB staff to transport my child for instructional and/or recreational purposes while attending NDVS/SB programming.
	Publicity Authorization – I, the undersigned, fully authorize and irrevocably grant NDVS/SB and its authorized representatives the right to print, photograph, record, and edit my child's image, likeness, and/or voice on audio, video, film, slide, website, or any other electronic or printed formats currently developed or which may be developed (known as "Recordings"), for the purposes stated or related above or for any other lawful purpose.
Signature	Date