

REGISTRATION PAPERWORK CHECKLIST

Student Name: _____

Form A NEISD On Campus Practice Medical Consent (Page 1)

- All 6 medication lines are signed. If you do not sign the lines your child cannot receive the medication.
- Student signed and dated the form
- Parent signed and dated the form

Form B NEISD Parent Travel Consent and Supplement (Pages 2 and 3)

- This form is two pages—do not print double sided

Page 2 Parent Travel Consent Form

- Parent contact information is filled out
- Student signed the form
- Parent signed the form

Page 3 Supplement to the Parent Travel Consent Form

- A copy of both sides of your medical insurance card is attached. If Tricare is your insurance just write "Tricare" on the bottom of the form.
- Student signed the form
- Parent signed the form

Form C NEISD Parent Travel Consent and Medication Addendum (Pages 4 and 5)

- This form is two pages—do not print double sided

Page 4

- Insurance Information is filled out
- List allergies to food, medications, other. **If none, state "none."**
- Special health concerns. **If none, state "none."**
- Date of last Tetanus vaccine

Immunization information is available on Skyward. Select the student profile and there is an icon for external links, one of which is the immunization link. It is the DTP/TD/ACP immunization.

- Parent signed the form

Page 5

- All 6 medication lines are signed. If you do not sign the lines your child cannot receive the medication.
- Student signed and dated the form
- Parent signed and dated the form

Form D UIL Marching Band Acknowledgement (Page 6)

To be clear, the 8-hour rule begins the fourth week of August.

- Student signed and dated the form
- Parent signed and dated the form