

201 West Merrick

Fax: (516) 379-0997

Freeport, NY 11520

www.woodwardchildren.org**Parent/Guardian checklist:**

Please use this list a guide of the documents you signed and documents that need physician signature.

Lista/guia del padre / tutor:

Utilice esta lista como guía para los documentos que firmó y los documentos que necesitan la firma del médico.

Please include copy of: ___ Birth Certificate ___ Social Security Card ___ Insurance Card

Por favor incluya copia de: ___ Acta de Nacimiento ___ Tarjeta de Seguro Social ___ Seguro Médico

| Check when completed ----- Marque aqui cuando halla completado | | TO BE COMPLETED BY Parent/Guardian Signature Para ser completado por el Padre/Tutor | TO BE COMPLETED BY Physician Signature Para ser completado por el médico |
|--|---|--|---|
| | Intake page | | |
| | Authorization for use or disclosure | | |
| | Emergency health record | | |
| | Counseling training | | |
| | Permission for testing and intervention | | |
| | Recreational Field Trip | | |
| | Photographic release | | |
| | Policy on school vandalism and property | | |
| | Restriction on Electronic Digital Devices | | |
| | Personal Property on School Grounds | | |
| | Computer Network | | |
| | Unauthorized late arrivals | | |

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|--|-----------------------------------|--|--|
| | Parents Survey | | |
| | Emergency Contact Information | | |
| | Behavior Modification Program | | |
| | Donations | | |
| | Dress Code | | |
| | After School Program | | |
| | Lunch Application ENGLISH | | |
| | Lunch Application SPANISH | | |
| | HIPAA Form | | |
| | Physical Examination | | |
| | Immunization Verification | | |
| | General medication administration | | |
| | Asthma Therapy Consent | | |
| | Asthma Action Plan | | |
| | Over the counter consent form | | |