



FIRE SCIENCE ACADEMY

OUT OF DISTRICT APPLICATION

2023-2024

This packet includes the following mandatory forms that must be completed and signed:

1. Select T-shirt/Sweatshirt Size
2. Parent/Guardian Approval Form
3. KHS Student Registration Form
4. KHS Ethnicity Form
5. Health History and Immunization (CIS) Form

** Applicants taking drugs or with prior felony convictions will not be allowed to participate in this program.*

** Applicants may be expected to pass a drug screen and criminal background check after school begins.*

Student provided personal transportation preferred.

Do you require district transportation? YES NO

NOTE: This is an elective course; therefore, district transportation is not guaranteed. It is based on student enrollment and driver availability.

PLEASE READ, COMPLETE AND RETURN THE REQUIRED FORMS

APPLICATIONS DUE BY 3:00PM JUNE 16, 2023
EMAIL COMPLETED APPLICATIONS TO:

denise.prescott@kelsosd.org

Denise Prescott, Administrative Assistant
(360) 501-1838

Questions about the course? Ask the instructor...

Mike Ellis, Fire Academy Instructor
(360) 575-6281 (desk)
(360) 957-7070 (cell)
mike.ellis@c2fr.org

FIRE SCIENCE

COURSE OVERVIEW - FIRE

Fire Science Academy is a high school collaborative program that presents an overview of the firefighter occupation emphasizing basic professional knowledge, ethics, skills, and responsibility. Students may have the option of earning a “National Firefighter I Certificate” and being a volunteer firefighter at the end of the course.

This course is offered to either juniors or seniors interested in a career as an essential worker. Students will learn the basic firefighter skills required in the State of Washington to become an entry-level firefighter. Other career path options include: wild land firefighting, emergency medical response, fire inspector, fire marshal, fire officer, fire educator, public information officer, and more. Course concepts include: Incident command systems; fire service history; equipment safety; rescue and extrication; forcible entry; pre-hospital emergency care; and more.

FIRE SCIENCE ACADEMY INFORMATION

- **Fire Academy Instructor:** Mike Ellis, mike.ellis@c2fr.org
- **Class location:** Cowlitz 2 Fire Station: 701 Vine Street, Kelso, WA 98626
- **Course Length:** Full year, 3 trimesters
- **Class Time:** 8:00am to 9:30am M-F

1. Students must provide their own transportation to class unless other transportation accommodations have been requested.
2. Students will follow the policies of Cowlitz 2 Fire & Rescue related to Dress Code (while in uniform), Attendance, Confidentiality, Professional Behavior, and Safety.
3. There is a **MANDATORY** orientation meeting for parents/guardians in September. Time and date to be announced.
4. Students should be in good health. Any health problems or history of health problems need to be discussed with the academy director when class begins.
5. Students must pass a fire department physical and drug test to take the academy. Arrangements will be made after school starts for this to happen. The fire department will pay for it.
6. Students are required to purchase black work pants and black leather boots that can be polished
7. Students are required to wear a Fire Science T-shirt and sweatshirt as part of the class uniform. These items are provided to students at no charge. **Please select your size:** S M L XL 2XL
8. ***Students must pay \$150.00 for live fire training at the end of the school year.*** Payment will be due to the Clark County Fire Cadets prior to February 1st.
9. **WAIVERS AVAILABLE FOR ANY STUDENT NEEDING FINANCIAL ASSISTANCE**

*These items are **REQUIRED**:

- ✓ Black leather boots that can be shined
- ✓ Black work pants (Dickey, Carhartt, Ben Davis, etc.)
- ✓ Black belt (military type or professional)
- ✓ MERTS Live fire field trip at end of year (approx. \$150)



FIRE SCIENCE

PARENT/GUARDIAN APPROVAL - FIRE

PLEASE READ VERY CAREFULLY, INITIAL AND SIGN WHERE REQUIRED

Date: _____

Student Name: _____

School: _____

Student email: _____

Student Phone: _____

- I understand my student has been given the opportunity to participate in an off-campus Fire Science Academy Class which involves hands-on emergency training that meets the industry standard.
- I understand my student will spend considerable time working with paid and volunteer firefighters, riding in fire department vehicles, and using all types of emergency response equipment.
- I understand my student cannot take drugs, use alcohol, have a felony background, or violate fire department policies to participate in this program. Therefore, I give the fire department permission to do background checks and drug tests on my student as necessary to insure this policy is adhered to. I further understand if my student fails to meet or adhere to these expectations, he/she/they will be asked to immediately leave the academy regardless of high school standing.
- I authorize any emergency procedures deemed necessary by the fire department. All efforts to contact me or other contact persons listed on this form will be made in the event emergency medical treatment is necessary.
- I understand my student must provide his/her/their own transportation to the fire station or to the class site unless other transportation accommodations have been requested.
- I understand that pictures and/or video clips of my student may be taken throughout the year as a component of the class. I understand that the pictures and/or video clips may be used for promotional purposes and may be posted on a variety of platforms for the Kelso School District and Cowlitz County 2 Fire and Rescue.

Student Transportation Agreement, please INITIAL each statement you agree to:

_____ My student has permission to drive a private vehicle to the fire station or to the class site.

_____ My student has permission to provide transportation for other Fire Science students.

_____ My student has permission to ride with other Fire Science students.

- I understand it is my responsibility to provide and/or arrange transportation for my student. I agree to hold Kelso School District and employees harmless in the event of injury to my student during transport to or from class.
- I agree to allow my student to participate in the Fire Science Academy based on the information and conditions outlined in this application packet and I verify that my student has not been convicted of a felony crime. I also give the fire department permission to do background checks and drug tests on my student.
- I ACCEPT. ***By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound by this Agreement's terms and conditions as listed above.***

Parent/Guardian Name: _____

Parent/Guardian Signature: _____





Kelso High School

1904 Allen St
PH: 360-501-1800

Kelso, Wa 98626
FAX: 501-1422

STUDENT REGISTRATION FORM

Fire Science

DATE _____

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY					
SCHOOL ENTRY DATE	LUNCH PROGRAM Free Reduced Full Pay	HEALTH INFORMATION	BUS ROUTE AM PM	CHOICE STUDENT FROM:	RECORDS REQUESTED ON:

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
RACE: PLEASE FILL OUT ATTACHED ETHNICITY / RACE COLLECTION FORM **This is a required form**			PRIMARY LANGUAGE STUDENT SPEAKS AT HOME: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Chunkese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other	

PRIMARY HOUSEHOLD Female Last Name First Name <i>(parent/guardian of student's primary residence)</i>		PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #3 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Male Last Name First Name		PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #3 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
EMAIL ADDRESS		STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Foster Parent <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparents <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other		
RESIDENT ADDRESS	Street	Apt #	City	State
MAILING ADDRESS (If different from above)	Street or P O Box	Apt #	City	State

FEMALE GUARDIAN WORK	PHONE	MALE GUARDIAN WORK	PHONE
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SECOND HOUSEHOLD Last Name First Name <i>(parent/guardian of student's secondary residence)</i>		PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #3 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Last Name First Name		PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #3 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
EMAIL ADDRESS		RELATIONSHIP TO STUDENT <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Foster Parent <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparents <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other		
SECOND HOUSEHOLD MAILING ADDRESS (Street/PO Box, City, State, ZIP)				RECIEVE MAILINGS ? <input type="checkbox"/> Yes <input type="checkbox"/> No

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	If yes, at what grade level(s) _____
HAS YOUR CHILD EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> IEP <input type="checkbox"/> Gifted <input type="checkbox"/> ELL <input type="checkbox"/> Other _____	

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State)
HAS STUDENT EVER ATTENDED A KELSO PUBLIC SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE ATTENDED (Month/Year)
IF YES, NAME OF SCHOOL ATTENDED: _____		
HAS STUDENT EVER BEEN ENROLLED IN A STATE OF WASHINGTON SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		
IF YES, NAME OF SCHOOL ATTENDED: _____		

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

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

Restraining order is against: Mother Father Other _____

HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION? Yes No Date: _____

Military Parent or Guardian (Family 1 and Family 2)

Does your student have parents/guardians currently serving as a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard?

(PLEASE CHECK ALL THAT APPLY)

U.S. Armed Forces (Active Duty)

Both Parents/Guardians are Affiliated

Information applies to Family 1

U.S. Armed Forces (Reserves)

Non Applicable

Information applies to Family 2

National Guard (Washington/Oregon)

No Response/Refuse to State

PLEASE LIST OTHER SIBLINGS ATTENDING KELSO PUBLIC SCHOOLS

Last Name	First Name	School	Grade

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (Please provide information to school in writing)

MEDICAL CONDITIONS: LIFE THREATENING? Yes No

MEDICATIONS STUDENT TAKES ON A REGULAR BASIS:

STUDENT RELEASE AUTHORIZATION/EMERGENCY CONTACTS

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. If you wish to add more than 3 emergency contacts, please list on an additional page.

FIRST CONTACT (other than parent/guardian) Last Name First Name	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

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.

Legal Parent/Guardian Signature _____ *Date* _____

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.

Legal Parent/Guardian Signature _____ *Date* _____

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 within the Kelso School District.

Legal Parent/Guardian Signature _____ *Date* _____

Kelso School District

Race/Ethnicity Collection Form (Formulario de Recopilación de Raza/Origen Étnico)



Date (Fecha): _____

Student Last Name: _____ Student First Name: _____
 (Apellido del estudiante) (Nombre del estudiante)

School: _____ Grade: _____ Gender (Sexo): M F (circle one)
 (Escuela) (Nivel escolar) (haga un círculo alrededor de uno)

QUESTION 1. Is your child of Hispanic or Latino origin?

PREGUNTA 1. ¿Es su niño de origen hispano o latino?

H01 **NOT HISPANIC/LATINO**

HISPANIC/LATINO (may check categories and use write-in)

- | | | | |
|---|--|---|--|
| H00 <input type="checkbox"/> Hispanic | H08 <input type="checkbox"/> Costa Rican | H15 <input type="checkbox"/> Jamaican | H23 <input type="checkbox"/> Puerto Rican |
| H02 <input type="checkbox"/> Argentine | H09 <input type="checkbox"/> Cuban | H16 <input type="checkbox"/> Mexican | H24 <input type="checkbox"/> Salvadoran |
| H03 <input type="checkbox"/> Bolivian | H10 <input type="checkbox"/> Dominican | H17 <input type="checkbox"/> Mestizo | H25 <input type="checkbox"/> Spaniard |
| H04 <input type="checkbox"/> Brazilian | H11 <input type="checkbox"/> Ecuadorian | H18 <input type="checkbox"/> Native | H26 <input type="checkbox"/> Surinamese |
| H05 <input type="checkbox"/> Chicano (Mexican American) | H12 <input type="checkbox"/> Guatemalan | H19 <input type="checkbox"/> Nicaraguan | H27 <input type="checkbox"/> Uruguayan |
| H06 <input type="checkbox"/> Chilean | H13 <input type="checkbox"/> Guyanese | H20 <input type="checkbox"/> Panamanian | H28 <input type="checkbox"/> Venezuelan |
| H07 <input type="checkbox"/> Colombian | H14 <input type="checkbox"/> Honduran | H21 <input type="checkbox"/> Paraguayan | H29 <input type="checkbox"/> Hispanic/Latino Write in: _____ |
| | | H22 <input type="checkbox"/> Peruvian | |

QUESTION 2. What race(s) do you consider your child? (check all that apply)

PREGUNTA 2. ¿Qué raza(s) considera que es su niño? (Marque todo lo que corresponda).

AMERICAN INDIAN/ALASKA NATIVE (may check categories and use write-in)

N00 American Indian/Alaskan Native

- | | | |
|--|---|---|
| N01 <input type="checkbox"/> Chinook Tribe | N13 <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation | N24 <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation |
| N02 <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation | N14 <input type="checkbox"/> Marietta Band of Nooksack Tribe | N25 <input type="checkbox"/> Skokomish Indian Tribe |
| N03 <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation | N15 <input type="checkbox"/> Muckleshoot Indian Tribe | N26 <input type="checkbox"/> Snohomish Tribe |
| N04 <input type="checkbox"/> Confederated Tribes of the Colville Reservation | N16 <input type="checkbox"/> Nisqually Indian Tribe | N27 <input type="checkbox"/> Snoqualmie Indian Tribe |
| N05 <input type="checkbox"/> Cowliitz Indian Tribe | N17 <input type="checkbox"/> Nooksack Indian Tribe of Washington | N28 <input type="checkbox"/> Snoqualmoo Tribe |
| N06 <input type="checkbox"/> Duwamish Tribe | N18 <input type="checkbox"/> Port Gamble S'Klallam Tribe | N29 <input type="checkbox"/> Spokane Tribe of the Spokane Reservation |
| N07 <input type="checkbox"/> Hoh Indian Tribe | N19 <input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation | N30 <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation |
| N08 <input type="checkbox"/> Jamestown S'Klallam Tribe | N20 <input type="checkbox"/> Quileute Tribe of the Quileute Reservation | N31 <input type="checkbox"/> Steilacoom Tribe |
| N09 <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation | N21 <input type="checkbox"/> Quinault Indian Nation | N32 <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington |
| N10 <input type="checkbox"/> Kikiallus Indian Nation | N22 <input type="checkbox"/> Samish Indian Nation | N33 <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation |
| N11 <input type="checkbox"/> Lower Elwha Tribal Community | N23 <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington | N34 <input type="checkbox"/> Swinomish Indian Tribal Community |
| N12 <input type="checkbox"/> Lummi Tribe of the Lummi Reservation | | N35 <input type="checkbox"/> Tulalip Tribes of Washington |

N36 Alaska Native Write in: _____

N37 American Indian Write in: _____

ASIAN (may check categories and use write-in)

- | | | | |
|--|---|--|--|
| A00 <input type="checkbox"/> Asian | A08 <input type="checkbox"/> Filipino | A15 <input type="checkbox"/> Mien | A22 <input type="checkbox"/> Sri Lankan |
| A01 <input type="checkbox"/> Asian Indian | A09 <input type="checkbox"/> Hmong | A16 <input type="checkbox"/> Mongolian | A23 <input type="checkbox"/> Taiwanese |
| A02 <input type="checkbox"/> Bangladeshi | A10 <input type="checkbox"/> Indonesian | A17 <input type="checkbox"/> Nepali | A24 <input type="checkbox"/> Thai |
| A03 <input type="checkbox"/> Bhutanese | A11 <input type="checkbox"/> Japanese | A18 <input type="checkbox"/> Okinawan | A25 <input type="checkbox"/> Tibetan |
| A04 <input type="checkbox"/> Burmese/Myanmar | A12 <input type="checkbox"/> Korean | A19 <input type="checkbox"/> Pakistani | A26 <input type="checkbox"/> Vietnamese |
| A05 <input type="checkbox"/> Cambodian/Khmer | A13 <input type="checkbox"/> Lao | A20 <input type="checkbox"/> Punjabi | A27 <input type="checkbox"/> Asian Write in: _____ |
| A06 <input type="checkbox"/> Cham | A14 <input type="checkbox"/> Malaysian | A21 <input type="checkbox"/> Singaporean | |
| A07 <input type="checkbox"/> Chinese | | | |

BLACK (may check categories and use write-in)

- B00 Black/African American B01 African American B02 African Canadian B02

Caribbean

- B03 Anguillian
- B04 Antiguan
- B05 Bahamian
- B06 Barbadian
- B07 Barthélemois/Barthélemoises (Saint Barthélemy)

- B08 British Virgin Islander
- B09 Caymanian (Cayman Island)
- B10 Cuba Dominican
- B11 Dominican (Dominican Republic)

- B12 Dutch Antillean (Netherlands Antilles)
- B13 Grenadian
- B14 Guadeloupian
- B15 Haitian

- B16 Jamaican
- B17 Martiniquais/Martiniquaise
- B18 Montserratian
- B19 Puerto Rican
- B20 Caribbean Write in: _____

Central African

- B21 Angolan
- B22 Cameroonian
- B23 Central African (Central African Republic)

- B24 Chadian
- B25 Congolese (Republic of the Congo)

- B26 Congolese (Democratic Republic of the Congo)
- B27 Equatorial Guinean
- B28 Gabonese

- B29 São Toméan
- B30 Principe
- B31 Central African Write in: _____

East African

- B32 Burundian
- B33 Comoran
- B34 Djiboutian
- B35 Eritrean
- B36 Ethiopian
- B37 Kenyan

- B38 Malagasy (Madagascar)
- B39 Malawian
- B40 Mauritian (Mauritius)
- B41 Mahoran (Mayotte)
- B42 Mozambican
- B43 Reunionese

- B44 Rwandan
- B45 Seychellois/Seychelloise
- B46 Somali
- B47 South Sudanese
- B48 Sudanese
- B49 Ugandan

- B50 Tanzanian (United Republic of Tanzania)
- B51 Zambian
- B52 Zimbabwean
- B53 East African Write in: _____

Latin American

- B54 Argentine
- B55 Belizean
- B56 Bolivian
- B57 Brazilian
- B58 Chilean
- B59 Colombian

- B60 Costa Rican
- B61 Ecuadorian
- B62 El Salvadoran
- B63 Falkland Islander
- B64 French Guianese
- B65 Guatemalan

- B66 Guyanese
- B67 Honduran
- B68 Mexican
- B69 Nicaraguan
- B70 Panamanian
- B71 Paraguayan
- B72 Peruvian

- B73 South Georgia and the South Sandwich Islands
- B74 Surinamese
- B75 Uruguayan
- B76 Venezuelan
- B77 Latin American Write in: _____

South African

- B78 Botswanan

- B79 Mosotho (Lesotho)
- B80 Namibian

- B81 South African
- B82 Swazi

- B83 South African Write in: _____

West African

- B84 Beninese
- B85 Bissau-Guinean
- B86 Burkinabé (Burkina Faso)
- B87 Cabo Verdean

- B88 Ivorian (Cote d'Ivoire)
- B89 Gambian
- B90 Ghanaian
- B91 Liberian

- B92 Malian
- B93 Mauritanian
- B94 Nigerien (Niger)
- B95 Nigerian (Nigeria)
- B96 Saint Helenian

- B97 Senegalese
- B98 Sierra Leonean
- B99 Togolese
- C01 West African Write in: _____

C02 Black Write in: _____

MIDDLE EASTERN and NORTH AFRICAN (may check categories and use write-in)

- W08 Algerian
- W09 Amazigh or Berber
- W10 Arab or Arabic
- W11 Assyrian
- W12 Bahraini
- W13 Bedouin
- W14 Chaldean
- W34 Middle Eastern Write in: _____
- W35 North African Write in: _____

- W15 Copt
- W16 Druze
- W17 Egyptian
- W18 Emirati
- W19 Iranian
- W20 Iraqi
- W21 Israeli

- W22 Jordanian
- W23 Kurdish Kuwaiti
- W24 Lebanese
- W25 Libyan
- W26 Moroccan
- W27 Omani

- W28 Palestinian
- W29 Qatari
- W30 Saudi Arabian
- W31 Syrian
- W32 Tunisian
- W33 Yemeni

PACIFIC ISLANDER (may check categories and use write-in)

- P00 Native Hawaiian/Other Pacific Islander
- P01 Carolinian
- P02 Chamorro
- P03 Chuukese
- P04 Fijian

- P05 i-Kiribati / Gilbertese
- P06 Kosraean
- P07 Maori
- P08 Marshallese
- P09 Native Hawaiian
- P10 Ni-Vanuatu

- P11 Palauan
- P12 Papuan
- P13 Pohpeian
- P14 Samoan
- P15 Solomon Islander
- P16 Tahitian

- P17 Tokelauan
- P18 Tongan
- P19 Tuvaluan
- P20 Yapese
- P21 Pacific Islander Write in: _____

WHITE (may check categories and use write-in)

- W00 White

Eastern European

- W01 Bosnian
- W02 Herzegovinian
- W03 Polish
- W04 Romanian
- W05 Russian
- W06 Ukrainian

- W07 Eastern European Write in: _____

W36 White Write in: _____

Kelso School District

Student Health History & Emergency Medical Treatment Consent Form



Student Name: _____ **School:** _____
Address: _____ **Birth date:** _____ **Gender:** _____
Student's Doctor/Healthcare Provider: _____ **Phone:** _____

The Kelso School District requires that a parent/guardian complete a Student Health History Form. The district may use this information to advise families of the need for further medical attention, and to plan for potential health concerns during the school day.

NOTE: If your student has a life-threatening condition, such as severe bee sting or severe food allergies, asthma, diabetes, seizure, etc., they are required by Washington State Law to have a medication, treatment order, and nursing plan in place BEFORE they can attend school. The medication and treatment order must be from the student's licensed health care provider and needs to be reviewed/renewed before the start of EACH school year in accordance with RCW 28A.210.320. The law defines life-threatening condition as a "health condition that will put the student in danger of death during the school day if a medication, treatment order, and a nursing plan are not in place".

INDICATE IF STUDENT HAS BEEN DIAGNOSED BY A LICENSED HEALTHCARE PROVIDER WITH ANY OF THE FOLLOWING:

HEALTH CONDITION	YES	NO	EXPLANATION
Medication Allergies			List: _____
Food Allergies			Food(s): Peanut <input type="checkbox"/> Dairy <input type="checkbox"/> Eggs <input type="checkbox"/> Other: _____ Life Threatening: Yes (requires Epi-pen at school) <input type="checkbox"/> No <input type="checkbox"/>
Allergy to Bee Stings			Life Threatening: Yes (requires Epi-pen at school) <input type="checkbox"/> No <input type="checkbox"/>
Asthma (requires an IHP)			Last date inhaler was used: _____
Diabetes (requires an IHP)			Type 1: <input type="checkbox"/> Insulin Injection: <input type="checkbox"/> Insulin Pump: <input type="checkbox"/> Type 2: <input type="checkbox"/> Insulin Injection: <input type="checkbox"/> Oral Medication <input type="checkbox"/> Diet: <input type="checkbox"/>
Seizure Disorder (requires an IHP)			Type: _____ Medications: _____ Date of last seizure: _____
Neurological Disorders			Specify: _____
Heart Condition			Specify: _____
Blood Disorder			Specify: _____ Treatment: _____
Cancer			Specify: _____ Treatment: _____
Bowel/Bladder Issues			Specify: _____ Treatment: _____
Bone/Muscle Problems			Specify: _____
Scoliosis			Treatment: _____
ADD/ADHD			Medication: _____ Needed at school: Yes <input type="checkbox"/> No <input type="checkbox"/>
Mental Health/Behavioral			Specify: _____ Treatment: _____
Wears Glasses/Contacts			Glasses: <input type="checkbox"/> Contacts: <input type="checkbox"/>
Hearing Loss			Right Ear: <input type="checkbox"/> Left Ear: <input type="checkbox"/>
Other Health Concerns			Specify: _____ Treatment: _____
Medication Taken at Home			List (if not listed above): _____

The information on this form may be shared confidentially with school staff and emergency responders as needed. In the event of a medical emergency with my student, I understand every effort will be made to inform me. If emergency care is needed, I authorize qualified professionals to provide assessment, diagnosis, and any necessary emergency treatment. I understand that the school district assumes no financial liability for expenses incurred due to accident, injury, and/or unforeseen circumstances.

By completing and signing this form, you as the parent/guardian agree that you will be responsible for communicating ANY changes to this form with the school office and health specialist.

_____ Parent/Guardian Printed Name _____ Parent/Guardian Signature _____ Date

FOR OFFICE USE ONLY:

Reviewed by Health Specialist: _____ **Date:** _____ **School Year:** _____ **Grade:** _____ **Grad Year:** _____



Kelso School District Immunization Verification Requirements

The State of Washington and the Kelso School District recognize the importance of healthy students and require that all immunization records submitted to schools, by state law, be medically verified. This means immunization records turned in to the school must be from a health care provider, or you must attach to your handwritten form, paperwork from a health care provider to verify the accuracy of your student's records.

Immunization records must be turned in to the school on or before the first day of attendance. **Your child will not be able to attend any Kelso public school until these records are provided.**

The following are examples of medically verified immunization records:

- A completed [Certificate of Immunization Status \(CIS\)](#) signed by a health care provider. Find the CIS form by visiting <https://www.doh.wa.gov/SCCI> and clicking on "Certificate of Immunization Status."
- A CIS filled out by you or another parent/guardian with medical records attached.
- A CIS printed by a health care provider or school from the Washington State Immunization Information System.
- A CIS printed from [MyIR](#) which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to <https://wa.myir.net/register> to begin the sign-up process.

If you are requesting an exemption from one or more of the immunization requirements, you must provide the school a completed Certificate of Exemption. Found on our website www.kelso.wednet.edu (Documents>Departments>Student Services>Health Information) or from your school office.

If your child already meets immunization requirements and has verified records on file with a Kelso school, you do not need to do anything.

If you have any questions, please contact one of our district nurses.

Stephanie Toms, BSN, RN
KSD Nurse
stephanie.toms@kelsosd.org

Laura Dieter, RN
KSD Nurse
laura.dieter@kelsosd.org



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
 Signed COE on File? Yes No

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ Parent/Guardian Signature		X _____ Parent/Guardian Signature Required if Starting in Conditional Status	
Date		Date	

▲ Required for School ● Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae type b</i>)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:

A verified history of varicella (chickenpox) disease.
 Laboratory evidence of immunity (titer) to disease(s) marked below.

<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"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella

Polio (all 3 serotypes must show immunity)

▶ _____
 Licensed Health Care Provider Signature Date

▶ _____
 Printed Name

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
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Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

Ask if your health care provider’s office enters immunizations into the WA Immunization Information System (Washington’s statewide registry). If they do, ask them to print the CIS from the IIS and your child’s immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn’t use the IIS, email or call the Department of Health to get a copy of your child’s CIS: waisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

1. Print your child’s name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state’s IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider’s electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 June 2021