



PUPIL'S NAME _____
LAST FIRST Birthday

HOME ADDRESS _____
NUMBER STREET CITY ZIP

Bus # _____ RESIDING WITH: PARENTS FATHER MOTHER LEGAL GUARDIAN

Parent / Guardian 1 (Last Name, First Name) Parent / Guardian 2 (Last Name, First Name)

Parent / Guardian 3 (Last Name, First Name) Parent / Guardian 4 (Last Name, First Name)

Please fill in the following as completely as you can. In case of emergency, illness, or accident to the child named above, the school is authorized to proceed as indicated below: -- **MINIMUM OF THREE (3) CONTACTS** --

NUMBER EACH ITEM IN ORDER OF DESIRED ACTION: _____

_____ Contact Home (parents/guardian) RESIDENCE _____
CELL PHONE: WORK:
_____ Contact Mother _____
_____ Contact Father _____
_____ Contact (Name/Relationship) _____
_____ Contact (Name/Relationship) _____

FAMILY DOCTOR _____ HOSPITAL CHOICE _____

* I AGREE TO PAY ANY AND ALL CHARGES WHICH MAY BECOME NECESSARY DURING ANY EMERGENCY TREATMENT AND/OR PAY ANY AND ALL HOSPITAL CHARGES IF MY CHILD MUST BE TAKEN TO THE HOSPITAL SHOULD THE SCHOOL BE UNABLE TO LOCATE ME BY TELEPHONE AT THE TIME OF SAID EMERGENCY.

DATE _____ SIGNED _____

E-MAIL _____

PLEASE FILL OUT COMPLETELY AND ACCURATELY

GENERAL INFORMATION:

HOSPITALIZATION COMPANY: _____ POLICY # _____

ARE THERE ANY KNOWN ALLERGIES/CHRONIC HEALTH PROBLEMS THAT WOULD AFFECT YOUR CHILD'S PROGRESS IN A CLASSROOM SITUATION? PLEASE CHECK ALL THAT APPLY:

- Hearing Cerebral Palsy Diabetes Asthma Vision
- Epilepsy Allergies Speech Hemophilia
- Bee Stings (Epi-pen) None Other _____

PLEASE LIST ANY (YOUR CHILD'S) MEDICAL CONDITION THAT WE SHOULD BE AWARE OF:

PLEASE LIST ANY PRESCRIPTION MEDICATION YOUR CHILD TAKES THAT WE SHOULD BE AWARE OF:

IF YOUR CHILD HAS MEDICATION TO BE TAKEN DURING SCHOOL HOURS, PLEASE COMPLETE THE PRESCRIPTION/NON-PRESCRIPTION MEDICATION FORMS AVAILABLE IN YOUR SCHOOL OFFICE.

DATE OF LAST TETANUS TOXOID BOOSTER: MO. _____ YR. _____

ADDITIONAL COMMENTS: _____

Note: IF THERE IS ANY CHANGE IN THE INFORMATION ON THIS CARD WHICH OCCURS DURING THE SCHOOL YEAR, PLEASE CONTACT YOUR CHILD'S SCHOOL OFFICE

EMERGENCY INFORMATION