

Name \_\_\_\_\_  
Last First M.I.



Address \_\_\_\_\_  
Number and Street City State Zip

Have there been changes to your phone numbers or addresses since last year?

Student Phone (Cell) \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Locker # \_\_\_\_\_ Bus # \_\_\_\_\_ / AM / PM

In case of an illness/emergency, list persons **in the order** to be called and **circle** the preferred telephone number. Check the appropriate line(s) to indicate which person(s) has legal authority to consent to medical treatment, and permission to pick up your child from school.

Parent/Guardian Name \_\_\_\_\_ Authority to Consent \_\_\_\_\_ Pick up \_\_\_\_\_  
Cell phone \_\_\_\_\_ Business \_\_\_\_\_ Home \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Authority to Consent \_\_\_\_\_ Pick up \_\_\_\_\_  
Cell phone \_\_\_\_\_ Business \_\_\_\_\_ Home \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Pick up \_\_\_\_\_  
Cell phone \_\_\_\_\_ Business \_\_\_\_\_ Home \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Pick up \_\_\_\_\_  
Cell phone \_\_\_\_\_ Business \_\_\_\_\_ Home \_\_\_\_\_

**It is your responsibility to update all new information during the school year and provide written notice to the school office.**

Parent Email 1 \_\_\_\_\_ Parent Email 2 \_\_\_\_\_ Student Email \_\_\_\_\_

Does your child have an specific physical/health problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies (please check)

\_\_\_\_\_ Medication(s) specify \_\_\_\_\_  
\_\_\_\_\_ Food (e.g. peanuts) specify \_\_\_\_\_  
\_\_\_\_\_ Products (e.g. latex) specify \_\_\_\_\_  
\_\_\_\_\_ Insects \_\_\_\_\_

Medical condition(s) (please check)

\_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes  
\_\_\_\_\_ Blood Abnormality \_\_\_\_\_ Neurologic  
\_\_\_\_\_ Cardiac \_\_\_\_\_ Orthopedic  
\_\_\_\_\_ Convulsive disorder, Seizures \_\_\_\_\_ Other: \_\_\_\_\_

Physician or specialist providing care for the above condition:

Physician name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Specify medication(s) \_\_\_\_\_

Does your child's health require that any of the following items be kept at school? (check items) Provide items and fill out Permission to Administer Medication Form obtained from school office.

\_\_\_\_\_ Epi-pen \_\_\_\_\_ Benadryl \_\_\_\_\_ Peak Flow Meter \_\_\_\_\_ Asthma Inhaler \_\_\_\_\_ Blood Sugar Test \_\_\_\_\_ Other \_\_\_\_\_

Student's Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

In case of emergency, the school authorities have my permission to take such action as they deem necessary. \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency personnel have the legal right "to save life or limb" so no child's life is in danger when a parent cannot be contacted. However, some emergency personnel, including physicians and hospitals, wait until a parent is present before initiating treatment. Some hospitals may be willing to proceed in the absence of a parent if a WITNESSED SIGNATURE is available. Please read and check ONE of the following statements. (Witnessed signature required.)

\_\_\_\_\_ In case of an injury or illness involving my son/daughter, \_\_\_\_\_, and when neither parent/guardian can be reached at the phone numbers provided, **WE AUTHORIZE** emergency personnel, as well as the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for our child's comfort and well-being.

\_\_\_\_\_ In case of an injury or illness involving my son/daughter, \_\_\_\_\_, and when neither parent/guardian can be reached at the phone numbers provided, we **DO NOT** give our consent for any medical treatment, including where illness or injury may require emergency treatment. We direct the District authorities, emergency personnel and any medical professional, hospital or medical facility to take no action whatsoever until we have been contacted. **NOTE TO PARENTS/GUARDIANS: This provision shall not apply to an emergency in which the child's life is in danger.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_