

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F Grade: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name/Guardian: \_\_\_\_\_ Father's Name/Guardian: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

**In case of emergency in which the parents/guardians cannot be reached, please call:**

Name	Relationship	Phone Number(s)	Permission granted to pick child up from school?
			YES
			YES
			YES

Family Physician \_\_\_\_\_ City \_\_\_\_\_ Phone: \_\_\_\_\_

Choice of Hospital \_\_\_\_\_ Insurance Company \_\_\_\_\_

Has the child any drug/food/environmental/insect, etc. allergies: \_\_\_\_\_

Any additional medical information: \_\_\_\_\_

Would your child require medication **during school hours**/sports or any extracurricular activities? If yes, please list for what condition and the name of the medication?  
 \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

If any emergency arises, the school will try to contact the student's parent/guardian. If neither parent nor guardian can be reached, I give permission to \_\_\_\_\_ to be wholly responsible for the care of my child. If the physician is unavailable in the event of a major emergency, the administration is directed to seek emergency care at the medical or hospital facility indicated above. I will be responsible for the payment of all expenses incurred.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_