

Student Contact/Health Information Form

Family Name _____

Only complete this form if the information has changed. If any of the information below **has not changed**, please check the box, sign the form at the bottom and you **will not need** to complete.

Home Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone # _____ **Primary Family Email** _____

Ethnicity (Please list all) _____

Father's Name _____ **Cell Phone #** _____

Father's Address
(If differs from student) _____ **Work Phone #** _____

Father's Email _____

Mother's Name _____ **Cell Phone #** _____

Mother's Address
(If differs from student) _____ **Work Phone #** _____

Mother's Email _____

<p>Child's Name (#1) _____ Sex _____ Grade _____ DOB _____</p> <p>Please list all allergies and health concerns _____</p> <p>_____</p> <p>Please list all medication(s) _____</p> <p>_____</p>
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<p>Child's Name (#2) _____ Sex _____ Grade _____ DOB _____</p> <p>Please list all allergies and health concerns _____</p> <p>_____</p> <p>Please list all medication(s) _____</p> <p>_____</p>
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Child's Name (#3) _____ **Sex** _____ **Grade** _____ **DOB** _____

Please list all allergies and health concerns _____

Please list all medication(s) _____

Child's Name (#4) _____ **Sex** _____ **Grade** _____ **DOB** _____

Please list all allergies and health concerns _____

Please list all medication(s) _____

Child's Name (#5) _____ **Sex** _____ **Grade** _____ **DOB** _____

Please list all allergies and health concerns _____

Please list all medication(s) _____

Child's Name (#6) _____ **Sex** _____ **Grade** _____ **DOB** _____

Please list all allergies and health concerns _____

Please list all medication(s) _____

Please list someone other than yourself or your spouse as an Emergency Contact

Name _____ **Phone #** _____

Name _____ **Phone #** _____

