Student Contact/Health Information Form

Family Name				
Only complete this form if the information		-		
<mark>changed</mark> , please check the box, sign the f		-		
Home Address				
City	State		Zip Code _	
Home Phone #	Primary Famil	y 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				
Child's Name (#1)		Sex	Grade	_DOB
Please list all allergies and health concerns_				
Please list all medication(s)				
Child's Name (#2)		Sex	Grade	DOB
Please list all allergies and health concerns_				
Please list all medication(s)				

Child's Name (#3)	Sex	Grade	DOB
Please list all allergies and health concerns			
Please list all medication(s)			
hild's Name (#4)Please list all allergies and health concerns			
Please list all medication(s)			
nild's Name (#5)	Sex_	Grade	DOB
lease list all medication(s)			
nild's Name (#6)lease list all allergies and health concerns	Sex	Grade	DOB
Please list all medication(s)			
Please list someone other than yourself or y			
Name	Pho	ne #	

Phone #_____

Name_

Transportation ~ (Choose ALL that apply to your child) If your child will be using different options please provide additional details

CAR	BUS	WALKER
U 11 1		***

n the case of an Emergency , if you or your on the judgement of the school authorities in authorities to send your child (properly according to the control of the control	nmediate and/or hospital is indicated	
As a parent and/or legal guardian, I autho icensed medical doctor in the event of a me may endanger his or her life, cause physical only after a reasonable effort has been made	dical emergency which, in the opinio disability or undue discomfort if dela	n of the attending physician
Signature / Mother	Print Name	/
Signature / Father	Print Name	// Date

