

EMERGENCY AND PERSONAL DATA

Student's Last Name _____ *Family Name (if different)* _____ *Father's Name* _____ *Mother's Name* _____

Home Address _____ *City* _____ *Zip* _____ *Primary Phone* _____

(If applicable) Step-Mother's Name _____ *Step-Father's Name* _____

Please list all students

_____ *2018-2019 Grade* _____ *Date of Birth* _____

_____ *2018-2019 Grade* _____ *Date of Birth* _____

_____ *2018-2019 Grade* _____ *Date of Birth* _____

_____ *2018-2019 Grade* _____ *Date of Birth* _____

E-mail address for receiving school information _____

↓ **Please indicate calling preference order (1 – 3)**

___ *Father* _____ *Business Phone* _____ *Cell Phone* _____

(Employer Name)

___ *Mother* _____ *Business Phone* _____ *Cell Phone* _____

(Employer Name)

___ *Step-Parent* _____ *Business Phone* _____ *Cell Phone* _____

(Employer Name)

LOCAL PERSONS TO CONTACT IF PARENTS ARE NOT AVAILABLE (this MUST be completed)

Name _____ *Address* _____ *Relationship to Student* _____ *Phone(s)* _____

Name _____ *Address* _____ *Relationship to Student* _____ *Phone(s)* _____

PLEASE CHECK ANY THAT APPLY BELOW. IF MORE THAN ONE CHILD IN FAMILY, INCLUDE NAME: *(use backside of this page, if necessary)*

___ *ADD* ___ *Arthritis* ___ *Allergy (list)* _____ *Glasses/Contacts* ___ *Internal Irregularities* ___ *Physical Limitations (list)* _____

___ *ADHD* ___ *Bee Sting Allergy* ___ *Hearing Loss* ___ *Headaches* ___ *Migraine Headaches* ___

___ *Asthma* ___ *Diabetes* ___ *mild* ___ *severe* ___ *Heart* ___ *Seizure Disorder* ___ *Other (explain)* _____

PLEASE PROVIDE ANY PERTINENT INFORMATION RELATING TO ANY OF THE ABOVE ON BACKSIDE →

Family Doctor _____ *Phone* _____ *Hospital Preference* _____

If emergency treatment is required and the parent/guardian cannot be reached immediately, your signature below empowers the school authorities to exercise their own judgment in calling the physician indicated, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

→ **PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____