

EMERGENCY INFORMATION and ANNUAL PARENT PERMISSION CARD

STUDENT'S NAME _____ GRADE _____ BIRTHDATE ____ / ____ / ____ HOME PHONE _____

ADDRESS _____ ZIP CODE _____ check here if address/phone number is different from previous year

STUDENT LIVES WITH: Mother Father Other (Name and Relationship) _____

MOTHER'S FULL NAME _____ WORK PHONE _____ CELL PH. _____

FATHER'S FULL NAME _____ WORK PHONE _____ CELL PH. _____

GUARDIAN'S NAME (IF APPLICABLE) _____ WORK PHONE _____ CELL PH. _____

PARENTS' HOME E-MAIL ADDRESS _____ (Please print legibly) MEDICAL INSURANCE CO. _____

POLICY # _____ GROUP # _____

PHYSICIAN _____ OFFICE # _____ HOSPITAL _____

DENTIST _____ OFFICE # _____

Please list below two people who will assume responsibility for the care of your child if you cannot be reached or if school is dismissed early due to weather or other special circumstances:

NAME _____
HOME PHONE _____
CELL# _____ WORK# _____
RELATIONSHIP TO STUDENT _____

NAME _____
HOME PHONE _____
CELL# _____ WORK# _____
RELATIONSHIP TO STUDENT _____

PLEASE NOTIFY SCHOOL NURSE IMMEDIATELY OF ANY CHANGES

(OVER)

➤ Does your child have a special health or physical limitation that the school nurse or teacher should be aware of?

No Yes Explain: _____

➤ List any medication that your child takes:

Medication:	Medication:	Medication:
Dosage:	Dosage:	Dosage:

➤ Does your child have a severe allergy? (Bee/insect sting, medication, food, other) No Yes

If yes, please specify: _____

Is any special treatment required for this allergy? No Yes

If yes, what treatment is necessary? _____

➤ Health Services Mandates by State Law (please check appropriate box)

Physical Exam (Grades K, 6, 11) By own doctor By School Doctor

Dental Exam (Grades K, 3, 7) By own dentist By School Dentist

NOTE: If you chose your own doctor/dentist, the exam forms must be completed and returned to the school by December 31. Other services such as growth, vision, hearing and scoliosis screenings will be provided to students as mandated by state law.

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated on the reverse side of this card and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements are deemed necessary for the well-being of my child.

PARENT/GUARDIAN SIGNATURE _____

DATE _____