



Student Information Form

Student Name: _____ Age: _____ Grade: _____

Parent/Guardian: _____

Address: _____

E-mail: _____

Phone (Please indicate which number to use first, second, etc.)

Home Phone #: _____ Mother's/Guardian Phone # _____

Other Phone #: _____ Father/Guardian Phone # _____

Please list who may pick up your child from school other than parents/guardians. We will require that these contacts show us a picture ID when they pick up your child.

Emergency Contact: _____ Relationship _____

Phone #: _____

Emergency Contact: _____ Relationship _____

Phone #: _____

Health Information:

Does your child have any of the following:

ALLERGIES: (I.e. food, medications, bees, other) _____

Eyeglasses ___ Hearing Aids ___ Asthma ___ Seizures ___ Diabetes ___ Other _____

Please list any Health Concerns and restrictions related to your child:

Health Concerns	Restrictions	Additional Info for School Staff

Please list any MEDICATIONS your child receives HOME or to be taken at SCHOOL. Note: Any medication to be administered at school requires a Medication Administration Form that is signed for your child's physician and a parent/guardian.

Medications	Who Administers	Additional Info for School Staff

Please list any other concerns you have/information you would like us to know about your child:

Parent/Guardian Signature _____ Date _____

****Consents are only valid from one year of dated signature****