

STUDENT INFORMATION/EMERGENCY AUTHORIZATION

STUDENT(s) Name (Last, First)	Birthdate	Grade	Medical Alert (allergy,asthma,food,heart,other)

HOUSEHOLD #1: Student resides Full time ☐ Part time ☐ Indicate days _____

Physical Address _____

Mailing Address (if different) _____

Contact #1 Name _____ Phone(s) _____

Relationship to Student(s) _____ Email _____
(Mom,Dad,Stepmom,Stepdad,Foster Mom,Foster Dad,Legal Guardian,Grandma,Grandpa,Aunt,Uncle,other)

Contact #2 Name _____ Phone(s) _____

Relationship to Student(s) _____ Email _____
(Mom,Dad,Stepmom,Stepdad,Foster Mom,Foster Dad,Legal Guardian,Grandma,Grandpa,Aunt,Uncle,other)

HOUSEHOLD #2 (if applicable): Student resides Part time ☐ Indicate days _____

Physical Address _____

Mailing Address (if different) _____

Contact #1 Name _____ Phone(s) _____

Relationship to Student(s) _____ Email _____
(Mom,Dad,Stepmom,Stepdad,Foster Mom,Foster Dad,Legal Guardian,Grandma,Grandpa,Aunt,Uncle,other)

Contact #2 Name _____ Phone(s) _____

Relationship to Student(s) _____ Email _____
(Mom,Dad,Stepmom,Stepdad,Foster Mom,Foster Dad,Legal Guardian,Grandma,Grandpa,Aunt,Uncle,other)

Physician Name _____ **Phone** _____

PreK, K, 1, 3, 5, 7, 9, 11 grade students are mandated to have physicals. If proof of physical is not received by Oct.1st student will be examined by school physician. Your signature below authorizes the school nurse to share confidential information with necessary school and/or medical personnel.

Emergency Contacts (Authorized to pick up student(s))

Name	Phone	Relationship to student(s)

If school is unable to reach contacts, your child may be taken to nearest Emergency Room for treatment if necessary.

ALERT: Person who may NOT have access to student(s) due to Custody or Order of Protection (provide documentation)
Name _____ Relationship to student(s) _____

Parent/Guardian Signature _____ **Date** _____