

STUDENT INFORMATION SHEET

Date: _____

Name (first, middle, last) _____

Mailing & Street Address (if different) _____

City _____ State _____ Zip _____

Home Phone _____ Gender _____ Grade _____ Date of Birth _____

Is student Hispanic or Latino? _____ Ethnicity: African American, American Indian, Asian, Caucasian, Hispanic, Other, Pacific Islander (Please circle one)

Father Name _____

Address (if different from child's) _____

Home Phone _____

Employer _____ Work Phone _____

Cell Phone _____

E-mail address _____

Mother Name _____

Address (if different from child's) _____

Home Phone _____

Employer _____ Work Phone _____

Cell Phone _____

E-mail address _____

Single Parent Household? _____ Student currently lives with? _____

Emergency/Medical Contacts

Contact #1

Name _____ Relationship to Child _____

Number _____ Phone Type _____

Contact #2

Name _____ Relationship to Child _____

Number _____ Phone Type _____

Contact #3

Name _____ Relationship to Child _____

Number _____ Phone Type _____

Medical Information

Family Doctor or Clinic _____ Phone _____

Dentist _____ Phone _____

Allergies _____

Does student use an Epi-Pen? _____

Medications: (Please List) _____

Health Problems – Circle all existing medical conditions. Describe.

-Asthma -Diabetes -Hearing – Frequent Infections, Hearing Aids, or Tubes

-Heart Problem (Describe) -Seizures -Vision-Contacts/Glasses -Other (Describe)

To Be Completed by the Legal Decision Maker

In case of a medical emergency, and I cannot be reached, I give my child’s doctor or any attending physician permission to administer medical treatment.

Yes

No

If there is any additional information about the health and welfare of your child of which the school needs to be aware, please contact the school office directly.

(Signature of Legal Decision Maker)

(Date)