

(Please Print, Complete, sign and return to school)

STUDENT INFORMATION			
Student's Last name:	First:	Middle:	Home phone no: ( )
Father's name:		Mother's name:	
Father's cell phone: ( )		Mother's cell phone: ( )	
Father's Employer ☐	Father's work address ☐		Father's work phone no.: ( )
Mother's Employer ☐	Mother's work address ☐		Mother's work phone no.: ( )
Physician name	Physician address		Physician's phone no.: ( )
Dentist name	Dentist address		Dentist's phone no.: ( )
Hospital preference :			

HEALTH INFORMATION
Are there any unusual health problems of which we should be aware?
Is your child required to wear any special devices? (i.e. glasses, hearing aid, special shoes etc.)
Does your child suffer from allergies? (hay fever, drugs, insect stings, food)
When was your child last examined by a medical professional?
Any other information we should be aware of?
<b>Please note</b>
<ul style="list-style-type: none"> <li>• Continue on back if necessary.</li> <li>• No medicines will be dispensed by the school without a completed parental permission form on file at the school</li> <li>• If birth certificate and immunization records are not included in school records, please include copies with this form.</li> </ul>

IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to Student:	Home phone: ( )	Work/cell phone: ( )
Name of local friend or relative (not living at same address):	Relationship to Student:	Home phone: ( )	Work/cell phone: ( )

In case of accident or serious illness, I request the school to call the physician indicated above and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements are necessary.

\_\_\_\_\_  
*Patient/Guardian signature*

\_\_\_\_\_  
*Date*