

STUDENT NAME: _____

HR: _____

(Please print neatly)

Primary Contacts: _____

Relationship: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Primary Address: _____

E-mail Address: _____

List two relatives/neighbors who will provide transportation and assume responsibility for your child if a parent or guardian cannot be reached:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

If a parent lives at a different address and requires copies of educational documents (report cards, etc), please complete this section:

Name: _____ Relationship: _____

Address: _____

Phone #1: _____ Phone #2: _____

Does the student have any health or emotional problems? (Please list):

Does the student have any allergies? (Please list):

Does the student take any medication, routinely? (Please list):

All information is CONFIDENTIAL, but may be shared with other school personnel if necessary. PARENTS/GUARDIANS ARE RESPONSIBLE TO PROVIDE TRANSPORTATION FROM SCHOOL WHEN THE STUDENT IS ILL. If any of the information on this card changes, I will notify the school/nurse in writing.

Date

Signature of Parent/Guardian