

STUDENT INFORMATION

Date _____

Student Name _____ Grade _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Home Phone _____ Birth Date _____ Race _____ Sex _____

Birthplace (City, State, Zip) _____

Email _____

Last School Name _____ Address _____

Father _____ Address _____

Employer of Father _____ Work Phone _____

Mother _____ Address _____

Employer of Mother _____ Work Phone _____

Guardian _____ Relationship to Student _____

Father Cell _____ Mother Cell _____ Guardian Phone _____

SCHOOLWIDE EMERGENCY (Weather, Intruder, Disaster, etc.) NOTIFICATION CELL NUMBER for Automated TEXT from School Messenger is: _____

If emergency service involving medical action or treatment is required & the parent(s)/guardian(s) emergency contact cannot be contacted, I/we hereby consent for the above name student to be given medical care by the physician or hospital selected by the school, if unable to contact my preference. I/we give permission for the trainer, coach, and qualified (First Aid Certified) school personnel to apply first aid treatment until the family doctor can be contacted. I/we give our consent for athletic trainers to evaluate & provide ongoing treatment and assessment for sports injuries.

Emergency Contact for Student Below:

Name _____ Relationship _____

Phone Number _____ List Medicines used _____

Medical Considerations: _____

Hospital Preference: _____

Family Physician: _____ Phone #: _____

Allergies: _____

Insurance Carrier _____

I/we give our child permission to travel with the team or group on school sanctioned contests & activities.

Hearing screening is conducted as part of the Office of Public Instruction's Hearing Conservation Program. Test grades are K, 1, 10, new and referral students. I/we give consent for my child to have their hearing screened.

Parent/Guardian Signature _____