

Contact Information Card: School Year 2019 - 2020

Student Name: _____ Grade: _____

Home Address: _____ City: _____

Zip Code: _____ Home Phone: _____ DOB ____/____/____

	Name	Employer	Work #	Cell #
Mother	_____			
Email(s)	_____			
Father	_____			
Email(s)	_____			
Step Parent	_____			
Other	_____			

Does student have any health problems? No _____ Yes _____ Please explain below if "yes"

Current daily medications (ADHA, asthma, diabetes, etc.)

- 1) _____
- 2) _____
- 3) _____

Physician _____ Phone _____

EMERGENCY MEDICAL TREATMENT: School personnel will make arrangements for immediate transport and emergency treatment of a student in the case of extreme injury or illness. Such transportation and/or treatment shall be at the parent/guardian's expense.

List relative or adult who we may contact in the case of emergency when a parent cannot be contacted. If someone other than those listed is picking up the student, the school must be notified in writing.

1) Name _____ Relationship _____

Phone _____

2) Name _____ Relationship _____

Phone _____

List any person(s) who is **not permitted** to check this student out of school (custody, decree or court order).

1) _____ 2) _____

Parent Signature: _____ Date: _____