

Student Information

Medical

Student Name: _____

Known Allergies: _____

Medication given at home: _____

Medication to be given at school with medication authorization form filed with school (ask teacher for form): _____

Any other know Health Conditions: _____

Doctor: _____

If we are unable to contact you or your designee at the listed phone numbers, do you give permission for school to get medical assistance? Yes No (please circle one)

Other Information

My child is a car rider and is picked up by _____
His/Her cell # _____
My child rides the school bus _____ Bus # _____ AM _____ PM _____
My child stays for after school care: _____

Any custody issues the school should be aware of : _____

I have internet access at home or work? Yes ___ No ___

Miscellaneous information the school should be aware of : _____
