

Student Name (Last, First)

Grade in Fall 2018

Street Address

Home Phone

City, State, Zip

Student Cell Phone

Parent/Guardian #1

Work Phone

Cell Phone

Parent/Guardian #2

Work Phone

Cell Phone

Alternate Contact Person #1 (non parent/guardian)

Relationship to Student

Phone

Alternate Contact Person #2 (non parent/guardian)

Relationship to Student

Phone

If a parent/guardian cannot be reached, do the alternate contacts have permission to transport or dismiss the student from school? Yes No

Student's Primary Care Physician Name/Practice

Phone

I give permission for the school to administer:

Acetaminophen (Tylenol) Yes No

Ibuprofen (Advil) Yes No

Does the student have asthma? Yes No

If yes, please provide a hard-copy printout of the student's asthma action plan.

Does the student have any known allergies? Yes No *If yes, please provide an explanation.*

Does the student use epinephrine or antihistamines for emergency treatment of anaphylaxis or other allergy?

Yes No *If yes, please provide a hard-copy printout of the student's emergency care plan.*

Does the student have other special dietary needs or restrictions? Yes No *If yes, please provide an explanation.*

Parent/Guardian Signature

Date