

Emergency Information

Emergency Numbers If Parents Cannot Be Reached – Please Include One Local Family Member And Number. Please Include Sitter, If Applicable.

Name (Last, First, Middle)	Phone & Ext./Cell #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please List Day Care Provider: _____

Doctor: _____ Phone: _____

Dentist _____ Phone: _____

IF PARENTS AND FAMILY PHYSICIAN CANNOT BE REACHED AT THE TIME OF AN EMERGENCY AND IF IMMEDIATE TREATMENT IS URGENT IN THE JUDGEMENT OF THOSE IN CHARGE, DO YOU AUTHORIZE AND DIRECT THE SCHOOL AUTHORITIES TO SEND THE CHILD, PROPERLY ACCOMPANIED, TO THE HOSPITAL OR DOCTOR AVAILABLE?

Yes-[] No-[] Date _____ Signature: _____

Health Information

What illnesses, injuries or operations has the student had (include childhood diseases and allergies).

Does the student have any physical disabilities or any restrictions on physical activity? If so, what?

Is the student under medical care or taking regular medication? If so, for what? _____

List any recent vaccinations and dates that the student has received and not previously listed on the student’s school immunization record. (example H1N1, Hep A, Tdap etc.)

Language History Questionnaire

Yes-[] No-[] Does the student speak a language other than English? (Do not count languages in foreign language class.)

Yes-[] No-[] Does the student understand a language other than English? (Do not count languages learned in foreign language classes.)

Yes-[] No-[] Does anyone in the student’s home speak a language other than English? (Count parents, guardians, babysitter, sibling, grandparents and others only if they live or work in the student’s home.)

Yes-[] No-[] Is the student attending the school as a foreign exchange student?

----FOR OFFICE USE ONLY: Forward to Student Programs Yes-[] No-[]

A yearly dental exam is recommended:

Date of Exam: _____ Dentist: _____

A yearly eye exam is recommended if child wears glasses or contacts:

Date of Exam: _____ Physician: _____

Parent/Guardian’s Signature: _____ Date: _____