



STUDENT INFORMATION FORM
2020-2021

STUDENT NAME: _____ Age: _____ Grade: _____

Parent/Guardian: _____

Address: _____

E-mail: _____

Phone (please indicate which number to use first, second, etc.)

Home phone #: _____ Mother's/Guradian's phone #: _____

Other phone #: _____ Father's/Guardian's phone #: _____

Please list who may pick up your child from school other than parents/guardians. We will require that these contacts show us a picture ID when they pick up your child.

Emergency Contact: _____ Relationship: _____

Phone #: _____

Emergency Contact: _____ Relationship: _____

Phone #: _____

HEALTH INFORMATION:

Does your child have any of the following:

ALLERGIES: (i.e. food, medications, bees, other) _____

Eyeglasses: _____ Hearing Aids: _____ Asthma: _____ Seizures: _____ Diabetes: _____

Other: _____

Please list any HEALTH CONCERNS and restrictions related to your child:

Table with 3 columns: Health Concerns, Restrictions, Additional Info For School Staff

Please list any MEDICATIONS your child receives at HOME or to be taken at SCHOOL:

NOTE: Any medication to be administered at school requires a Medication Administration Form that is signed from your child's physician and a parent/guardian.

Table with 3 columns: Medications, Who Administers, Additional Info For School Staff

Please list any other concerns you have/information you would like us to know about your child: _____

Parent/Guardian Signature: _____ Date: _____