Address Number and Street City State Zip  Setudent Phone (Cell)  Birthdate  Grade Sex Locker # Bus # / AM / PM   In case of an illness/emergency, list persons in the order to be called and circle the preferred telephone number. Check the appropriate line(s) to indicate which person(s) has legal authority to consent to medical treatment, and permission to pick up your child from school.  Parent/Guardian Name Authority to Consent Pick up Cell phone Business Home  Parent/Guardian Name Relationship Pick up Cell phone Business Home  Cell phone Business Home  Relationship Pick up Cell phone Business Home  Relationship Pick up Diabetes Home Pick up Cell phone Business Home Pick up Diabetes Pick up Cell phone Business Home Pick up Diabetes Products (e.g. larey) specify Blood Abnormality New Johnson Products (e.g. larey) specify Blood Abnormality New Johnson Products (e.g. larey) specify Blood Abnormality New Johnson Physician name(s) Products (e.g. larey) specify Blood Abnormality New Johnson Physician name(s) Physician name(s) Phone Phone Phone Phone Physician name(s) Phone Phone Phone Phone Phone Physician name(s) Phone Phone Physician name(s) Phone Phone Phone Phone Physician name(s) Phone Phone Physician name(s)	Name						Ø D:	unain ah ana
Student Phone (Cell)   Birthdate   City   State   Typ   Pick sty year?		First		M.I.			<b>DI</b>	rmingnam
Student Plane (Cell)  Birthdate  Grade  Sex  Locker 2  Bus 3  AM / PM  AM / PM  and case of an illiness/emergency, list persons in the order to be colleed and circle the preferred telephone number. Check the appropriate line (s) to indicate which person(s) has logad authority to consent to medical treatment, and permission to pack up your child from school.  Parent/Guardian Name  Cell phone  Business  Home  Parent/Guardian Name  Cell phone  Business  Home  Relationship  Pick up  Cell phone  Business  Home  Relationship  Pick up  Cell phone  Business  Home  Relationship  Pick up  Cell phone  Business  Home  Make Relationship  Pick up  Cell phone  Business  Home  Make Relationship  Pick up  Cell phone  Business  Home  Mis your responsibility to update all new information during the school your and provide written notice to the school office. Parent Limit 1  Parent Limit 2  Student Limit  Parent Limit 2  Student Limit  Provides on a specific physicalhorally problems? Yes  Medical condition() (please check)  Adama  Medical condition() (please check)  Adama  Medical condition() (please check)  Adama  Physician or specialist providing care for the above conditions:  Physician or specialist providing care for the above conditions:  Physician or specialist providing care for the above conditions:  Physician or specialist providing care for the above conditions:  Physician or specialist providing care for the above conditions:  Physician or specialist providing care for the above conditions:  Physician or specialist providing care for the above conditions:  Physician or specialist providing care for the above conditions:  Physician or specialist providing care for the above conditions:  Physician or specialist providing care for the above conditions:  Physician or specialist providing care for the above conditions:  Physician or specialist providing care for the above conditions:  Physician or specialist providing care for the above conditions:  Physician or specialist providing and the providing care for the above cond	Address							
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In case of an illness/emergency, list persons in the order to be called and circle the preferred telephone number. Check the appropriate line(s) to indicate which person(s) has legal authority to consent to medical recatment, and permission to pick up your child from school.  Parent/Guardian Name	Student Phone (Cell)	Birthdate			_			
In case of an illness/emergency, list persons in the order to be called and circle the preferred telephone number. Check the appropriate line(s) to indicate which person(s) has legal authority to consent to medical recatment, and permission to pick up your child from school.  Parent/Guardian Name	School		Grade _		_Sex	Lo	cker#	Bus #/
Parent/Guardian Name	In case of an illness/emergency, list pers	sons <b>in the order</b> to be calle	ed and <b>circle</b>	the pre	eferred tel	lephone numb	er. Check t	AM / PM he appropriate
Parenti Guardian Name	Parent/Guardian Name					Authorit	y to Conse	nt Pick up
Relationship	Cell phone	Business				_ Home		
Name	Parent/Guardian Name					Authorit	y to Conse	nt Pick up
Relationship	Cell phone	Business				_ Home		
Relationship	Name		Relation	ıship _				Pick up
Cell phone Business Home  It is your responsibility to update all new information during the school year and provide written notice to the school office.  Parent Email 1 Parent Email 2 Student Email  Does your child have an specific physical/health problems? Yes No	Cell phone	Business				Home		
Parent Email 1 Parent Email 2 Student Email  Does your child have an specific physical/health problems? Yes No	Name		Relation	ıship _				Pick up
Parent Email 1 Parent Email 2 Student Email 2 Parent Email 1 Parent Email 2 Parent Email 2 Parent Email 1 Parent Email 2 Parent Email 3 Parent Email 2 Parent Email 3 Parent Email 4 Parent Email 5 Parent Email 5 Parent Email 6 Parent Email 6 Parent Email 7 Parent Email 7 Parent Email 7 Parent Email 7 Parent Email 8 Parent Email 9 Paren	Cell phone	Business				Home		
No   Allergies (please check)   Medical condition(s) (please check)   Ashma   Diabetes		•	ing ine school	•	-		uce to the s	school office.
Physician name(s)	Allergies (please check)  Medication(s) specify Food (e.g. peanuts) specify Products (e.g. latex) specify	Medical condition(s) (please check)  Asthma Blood Abnormality Cardiac Diabetes Neurologic Orthopedic						
Does your child's health require that any of the following items be kept at school? (check items) Provide items and fill out Permission to Administer Medication Form obtained from school office.  Epi-pen Benadryl Peak Flow Meter Asthma Inhaler Blood Sugar Test Other  Student's Primary Physician Phone  Health Insurance Company Policy Number  In case of emergency, the school authorities have my permission to take such action as they deem necessary.  Emergency personnel have the legal right "to save life or limb" so no child's life is in danger when a parent cannot be contacted. However, some emergency personnel, including physicians and hospitals, wait until a parent is present before initiating treatment. Some hospitals may be willing to proceed in the absence of a parent if a WITNESSED SIGNATURE is available. Please read and check ONE of the following statements. (Witnessed signature required.)  In case of an injury or illness involving my son/daughter, and when neither parent/guardian can be reached at the phone numbers provided, WE AUTHORIZE emergency personnel, as well as the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for our child's comfort and well-being.  In case of an injury or illness involving my son/daughter, and when neither parent/guardian can be reached at the phone numbers provided, we DO NOT give our consent for any medical treatment, including where illness or injury may require emergency treatment. We direct the District authorities, emergency personnel and any medical professional, hospital or medical facility to take no action whatsoever until we have been contacted. NOTE TO PARENTS/GUARDIANS: This provision shall not apply to an emergency in which the child's life is in danger.								
Does your child's health require that any of the following items be kept at school? (check items) Provide items and fill out Permission to Administer Medication Form obtained from school office.  Epi-pen Benadryl Peak Flow Meter Asthma Inhaler Blood Sugar Test Other  Student's Primary Physician Phone  Health Insurance Company Policy Number  In case of emergency, the school authorities have my permission to take such action as they deem necessary.  Emergency personnel have the legal right "to save life or limb" so no child's life is in danger when a parent cannot be contacted. However, some emergency personnel, including physicians and hospitals, wait until a parent is present before initiating treatment. Some hospitals may be willing to proceed in the absence of a parent if a WITNESSED SIGNATURE is available. Please read and check ONE of the following statements. (Witnessed signature required.)  In case of an injury or illness involving my son/daughter, and when neither parent/guardian can be reached at the phone numbers provided, WE AUTHORIZE emergency personnel, as well as the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for our child's comfort and well-being.  In case of an injury or illness involving my son/daughter, and when neither parent/guardian can be reached at the phone numbers provided, we DO NOT give our consent for any medical treatment, including where illness or injury may require emergency treatment. We direct the District authorities, emergency personnel and any medical professional, hospital or medical facility to take no action whatsoever until we have been contacted. NOTE TO PARENTS/GUARDIANS: This provision shall not apply to an emergency in which the child's life is in danger.								
Health Insurance Company Policy Number  In case of emergency, the school authorities have my permission to take such action as they deem necessary.  Parent/Guardian Signature  Parent/Guardian Signature  Date  Emergency personnel have the legal right "to save life or limb" so no child's life is in danger when a parent cannot be contacted. However, some emergency personnel, including physicians and hospitals, wait until a parent is present before initiating treatment. Some hospitals may be willing to proceed in the absence of a parent if a WITNESSED SIGNATURE is available. Please read and check ONE of the following statements. (Witnessed signature required.)  In case of an injury or illness involving my son/daughter,, and when neither parent/guardian can be reached at the phone numbers provided, WE AUTHORIZE emergency personnel, as well as the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for our child's comfort and well-being.  In case of an injury or illness involving my son/daughter,, and when neither parent/guardian can be reached at the phone numbers provided, we DO NOT give our consent for any medical treatment, including where illness or injury may require emergency treatment. We direct the District authorities, emergency personnel and any medical professional, hospital or medical facility to take no action whatsoever until we have been contacted. NOTE TO PARENTS/GUARDIANS: This provision shall not apply to an emergency in which the child's life is in danger.	Does your child's health require that any of the for from school office.	ollowing items be kept at school? (	check items) Pr					
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Emergency personnel have the legal right "to save life or limb" so no child's life is in danger when a parent cannot be contacted. However, some emergency personnel, including physicians and hospitals, wait until a parent is present before initiating treatment. Some hospitals may be willing to proceed in the absence of a parent if a WITNESSED SIGNATURE is available. Please read and check ONE of the following statements. (Witnessed signature required.)	Health Insurance Company			Polic	ey Number_			
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numbers provided, WE AUTHORIZE emergency personnel, as well as the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for our child's comfort and well-being.	including physicians and hospitals, wait until a pa	arent is present before initiating tre	atment. Some h	ospitals r	cannot be co	ntacted. Howeve	r, some emerg	ency personnel,
numbers provided, we <b>DO NOT</b> give our consent for any medical treatment, including where illness or injury may require emergency treatment. We direct the District authorities, emergency personnel and any medical professional, hospital or medical facility to take no action whatsoever until we have been contacted. <b>NOTE TO PARENTS/GUARDIANS: This provision shall not apply to an emergency in which the child's life is in danger.</b>	numbers provided, WE AUTHORIZE emergence							
Parent/Guardian Signature Date Witness Signature (Required) Date	numbers provided, we <b>DO NOT</b> give our consent District authorities, emergency personnel and any	t for any medical treatment, include medical professional, hospital or n	ing where illnes medical facility	ss or injur to take n	ry may requi o action wha	re emergency tre	atment. We di	rect the
	Parent/Guardian Signature	Date	Witness	Signatu	re (Require	d)		Date