

SECOND FAMILY INFORMATIONReport card to be mailed to second family? Yes NoHome Phone: Public Confidential

<input type="text"/>	<input type="text"/>
Mailing Address	City, State, Zip

Names of parent, step-parent or guardian & relationship to above student (first & last name):Name: Relationship: Legal Custodian? Yes NoEmployer: Work Phone: Cell Phone: Name: Relationship: Legal Custodian? Yes NoEmployer: Work Phone: Cell Phone: **Names, grades and DOB of all children living in this residence & relationship to above student (first & last name):**Name: Relationship: Grade: DOB: Name: Relationship: Grade: DOB: Name: Relationship: Grade: DOB: **EMERGENCY INFORMATION:**

In case of EMERGENCY the school will contact the parent at home/work or the emergency contact. It is the parent's responsibility to make arrangements for proper care in case your child should meet with an accident or become too ill to remain in school.

Emergency Contacts (not parent or guardian):Name: Relationship: Phone: Name: Relationship: Phone: Family Physician: Phone: Family Dentist: Phone: Hospital Preference: Health Ins. Carrier: **Current Health Concerns** nurse/office/teacher should know about (check all that apply): Allergies To: Vision Problems Type: Glasses Contacts Asthma Other Hearing Problems Type: Hearing Aids Heart Disease Crutches/walker Wheelchair Other Seizures Describe symptoms and treatment for any checked health concerns below: Diabetes **Does student have life-threatening reactions**, i.e., shock or difficulty breathing due to allergies? Yes No*If yes and student needs epipen, it is parent's responsibility to provide epipen and form signed by parents and doctor.***Does student take any medications?** Yes No Name of Medication: *If yes, a signed medication form is required for school personnel to give medication. Giving medication to student is parent's responsibility until forms are signed and medication is provided in a properly labeled container.*

List surgeries, injuries and communicable diseases the student has had in the past year only below:

List immunizations, exact date and type, the student has had in the past year only below:

*I am the parent or legal guardian of the above named student and certify the information given above is true. I give consent for this information to be shared with relevant staff. I hereby authorize the principal or other school employee to contact and/or transport my child to the doctor or dentist named above **if an emergency** exists or to a substitute doctor or dentist if the above is not available. In major emergencies, school authorities may call the nearest rescue squad. A copy of this form may accompany student in an emergency.*

Parent/Guardian Signature: _____ **Date:** _____