

Non-Custodial Parent(s)

Mother/Guardian Name _____
First Middle Last

Work Number _____ Home Number _____ Cell Number _____

Email Address _____

Father/Guardian Name _____
First Middle Last

Work Number _____ Home Number _____ Cell Number _____

Email Address _____

Physical Address _____
Street or Fire Number City/State/Zip Code

Emergency Information

In case of an emergency or illness and the parent/guardian cannot be reached, does the school have permission to contact a doctor?
Yes ___ No ___

Emergency Contacts other than parent/guardian:

I authorize the school to contact regarding or release my child to the following individual(s)

Name (Please Print) Relationship Telephone Number

Name (Please Print) Relationship Telephone Number

If the parent/guardian and emergency contacts cannot be reached, the Sheriff's Department will be contacted.

Does the student have: Hearing Difficulty___ Diabetes___ Seizures___ Allergies___ Asthma___ Heart Problems___
Is this student under medical supervision and/or medication for a health problem? No___ Yes___ (please describe)

Can medical information be shared with school staff involved with your child? Yes___ No___

If, in the judgment of the school authorities, emergency treatment is required, I authorize my child to be transported by ambulance to a hospital for treatment. I also understand that the ambulance does reserve the right to convey the patient to the nearest definitive care hospital should they deem it necessary. I hereby authorize the physician(s) at the hospital to give emergency treatment to my child.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

Transfer Student Data

School Transferred From _____
School Name and/or Telephone Number City State

I affirm that this student is not involved in a current expulsion.

Parent Signature & Date

Instructional/Support Data:

Does this student have medication needs related to capacity to learn? None or If yes, explain

Has this student been receiving Special Education Services, Health Plan or 504 Plan? Yes ___ No ___