

General Information

Student Name (Last, First Middle) Birth Date Birthplace Cert. on File?

Ethnicity Gender Home Phone Exclude from Directory

Home Address Exclude from Directory Mailing Address Exclude from Directory

Church/Baptism Information

Religion Parish Registered in Parish?

Baptism Date Church City/State Cert. on File?

Medical Information

Doctor Phone Dentist Phone

Preferred Hospital Last Physical Date

Medical Insurance Carrier Policy Number Dental Insurance Carrier Policy Number

Medical Considerations Allergies

Medicines Administered at Home Medicines Administered at School

Non-Guardian Emergency Contact Information

Contact 1 Name Relationship Phone Number 1/Type Phone Number 2/Type

Contact 2 Name Relationship Phone Number 1/Type Phone Number 2/Type

Contact 3 Name (Out of Area) Relationship Phone Number 1/Type Phone Number 2/Type

If emergency treatment is required, and the parent or guardian listed above cannot be reached immediately, I request that the school exercise its own judgment in securing the health and safety of my child. Actions taken may include calling the physician and/or dentist listed above, calling 911 (giving permission to Medic 1 to administer medical attention, including medications and nursing care deemed necessary according to 911's contact/physician in charge) and transporting to the hospital listed above or to the nearest emergency center. I agree that, in the event of a disaster such as an earthquake, emergency medical services may be unavailable, and school staff may be the sole emergency medical providers.

Parent/Guardian Signature

Date

Guardian 1
Guardian Name (Last, First) Relationship to Student

Home Address Receive Mail? In Directory? Email Address(es)

Phone #1-Directory (Type) Phone #2 (Type) Phone #3 (Type) Phone #4 (Type)

Employer Job Description

Called to Protect Initial Training Called to Protect Refresher Course Background Check Date

Auto Insurance Carrier Policy Number Expiration Date Liability Limit

Guardian 2
Guardian Name (Last, First) Relationship to Student

Home Address Receive Mail? In Directory? Email Address(es)

Phone #1-Directory (Type) Phone #2 (Type) Phone #3 (Type) Phone #4 (Type)

Employer Job Description

Called to Protect Initial Training Called to Protect Refresher Course Background Check Date

Auto Insurance Carrier Policy Number Expiration Date Liability Limit

Guardian 3
Guardian Name (Last, First) Relationship to Student

Home Address Receive Mail? In Directory? Email Address(es)

Phone #1-Directory (Type) Phone #2 (Type) Phone #3 (Type) Phone #4 (Type)

Employer Job Description

Called to Protect Initial Training Called to Protect Refresher Course Background Check Date

Auto Insurance Carrier Policy Number Expiration Date Liability Limit