

STUDENT INFORMATION

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

Ethnicity	Gender	Home Phone	Exclude from Directory
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Home Address	Exclude from Directory	Mailing Address	Exclude from Directory
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Church/Baptism Information		
Religion	Parish	Registered in Parish?

Baptism Date	Church	City/State	Cert. on File?
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Medical Information			
Doctor	Phone	Dentist	Phone

Preferred Hospital	Last Physical Date
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Medical Insurance Carrier	Policy Number	Dental Insurance Carrier	Policy Number
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Medical Considerations	Allergies
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Medicines Administered at Home	Medicines Administered at School
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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
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Contact 3 Name (Out of Area)	Relationship	Phone Number 1/Type	Phone Number 2/Type
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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