

STUDENT / FAMILY INFORMATION (Please fill out and return as soon as possible)

Student Name \_\_\_\_\_

Allergies: Foods \_\_\_\_\_

Insects \_\_\_\_\_

Other \_\_\_\_\_

Explain type of reaction and type of treatment required (use back if needed): \_\_\_\_\_

\_\_\_\_\_

Other health concerns (use back if needed): \_\_\_\_\_

\_\_\_\_\_

**MEDICAL RELEASE:**

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Name of Preferred Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
(If medical coupons are used, please send current month so a copy can be made and filed.)

**PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION:**

Parent/Guardian Names: Father \_\_\_\_\_ Mother \_\_\_\_\_

Father's Work \_\_\_\_\_ Phone No. \_\_\_\_\_

Mother's Work \_\_\_\_\_ Phone No. \_\_\_\_\_

Physical Address \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

e-mail address (if available) \_\_\_\_\_

Local Emergency Contact #1 \_\_\_\_\_ Phone No. \_\_\_\_\_

Local Emergency Contact #2 \_\_\_\_\_ Phone No. \_\_\_\_\_

Day Care \_\_\_\_\_ Phone No. \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_