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| **Student Information** |
| Last Name: | First Name: | Preferred Name: |
| Address:  |
| Birth date: | Birth place: |
| Grade:  | Language(s) spoken at home: |

**Emergency Student Data Form 2018-19**

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| **Parent Information** |
| Parent/Guardian Name:  | Parent/Guardian Name:  |
| Relationship to Child: | Relationship to Child: |
| Address:  | Address:  |
| City/Zip:  | City/Zip: |
| Home Phone | Cell Phone:  | Home Phone: | Cell Phone |
| Email:  | Email: |
| Place Employed: | Place Employed: |
| Title:  | Work Phone: | Title: | Work Phone: |
| Special Contact Instructions: | Special Contact Instructions: |
| **Emergency Contact and Pick Up Authorization** |
| **Name:** | **Name:** |
| Relationship: | Relationship: |
| Phone Number: | Phone Number: |
| Contact Instructions:  | May pick up student?(Please Circle) | Contact Instructions: | May pick up student?(Please Circle) |
| Yes No | Yes No |
|  |
| **Name:** | **Name:** |
| Relationship: | Relationship: |
| Phone Number: | Phone Number: |
| Contact Instructions: | May pick up student?(Please Circle) | Contact Instructions: | May pick up student?(Please Circle) |
| Yes No | Yes No |
| **Emergency Contact and Pick Up Authorization (Continued)** |
| **Name:** | **Name:** |
| Relationship: | Relationship: |
| Phone Number: | Phone Number: |
| Contact Instructions: | May pick up student?(Please Circle) | Contact Instructions: | May pick up student?(Please Circle) |
| Yes No | Yes No |

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| **Race and Ethnic Information (Optional)** |
| Student’s ethnicity | 🞏 Hispanic or Latino 🞏 Not Hispanic or Latino |
| Student’s race  | 🞏 American Indian or Alaska Native 🞏 Asian 🞏 Black or African American🞏 Native Hawaiian 🞏 Pacific Islander 🞏 White |

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| **Consent** |
| I give permission to allow my child to be photographed or interviewed and used in printed materials. **Yes** or **No** (**Please Circle**) |
| I give permission to post a picture of my child (without name) on electronic materials such as the school website or social media. **Yes**  or **No** (**Please Circle**) |

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| **Current Health** |
| Medical Information/ restrictions/ allergies or alerts for child: |
| List any medications and the doses that are given on a regular basis:**\*\*If medication is to be taken at school be sure to fill out correct forms and bring into the office.\*\*** |
| Does the child need any corrective devices including glasses, contacts or hearing aids? |

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| **Health Care** |
| Doctor/ Physician: | Address: | Phone: |
| Dentist: | Address: | Phone: |
| Insurance Information: Do you have medical insurance? Yes or No If Yes is it: Private Medicaid Hawk-I  |
| **If parent/guardian or authorized person cannot be reached, I authorize school officials, in the event my child is injured or in need of medical attention, to take emergency action at parent/ guardian expense.**Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |