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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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |