

Cuba Middle-Senior High School

Student Information Sheet

Date _____

Grade _____

Student Name _____
First Full Middle Last

Date of Birth _____

Place of Birth _____

Student Physical Address _____ Social Security# _____

Student Mailing Address _____

Please circle phone number
you want school messaging
service to use.

Name of Mother/Guardian _____ Phone Number _____

Address of Mother/Guardian _____ Cell Phone _____

Email of Mother/Guardian _____

Place of Employment _____ Work Phone _____

Name of Father/Guardian _____ Phone Number _____

Address of Father/Guardian _____ Cell Phone _____

Email of Father/Guardian _____

Place of Employment _____ Work Phone _____

In case of illness or emergency, I give permission for the following people to be contacted:

Name & Phone Number to Call in case of Illness (mother) _____

Second Phone Number to Call in case of Illness (father) _____

Third Name & Phone Number to Call in case of Illness _____

Fourth Name & Phone Number to Call in case of Illness _____

Family Doctor _____ Phone Number _____

Designated Hospital _____ Hospital Phone Number _____

FIELD TRIP PERMISSION

Rather than send numerous permission slips home during the school year, you have the option of signing one form at registration. I give permission for my child to attend the various field trips that may be offered during the school year. I may still notify the school if there are any individual field trips throughout the year that I do not wish for my child to attend.

YES NO Parent/Legal Guardian Signature _____ Date _____

ADMINISTERING OVER the COUNTER MEDICATION

I hereby confirm that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so, I authorize a CUSD #3 Fulton County employee on my behalf to administer, attempt to administer, allow my child to self-administer while under the supervision of the employees of the school district, over the counter medication in the manner described below. I acknowledge that it may be necessary for the administration of medication to my child to be performed by an individual other than a school nurse, and specifically consent to such practice. I further acknowledge and agree that when the over the counter medication is administered or attempted to be administered, I waive any claims I might have against the School District, its employees and agent arising out of the administration, of said medication. In addition, I agree to hold harmless and indemnify the School District, its employees and agents either jointly or individually, from and against any and all claims, damages, causes of action, or administration of said over the counter medication.

Tylenol Ibuprofen I DO grant permission I DO NOT grant permission
Parent/Legal Guardian Signature _____ Date _____

Administering First Aid

For the administration of first aid in case of an emergency to my child by school officials or the designated representative of school officials during the school day or any school activity and for transporting my child by ambulance to and from a designated medical facility, as their judgment deems advisable, and to make necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any surgery, except when delay is such that communication would endanger my child's life. In case of a medical emergency, I understand that every effort will be made to contact the physician selected by school officials or the designated representative of school officials to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for my child.

I DO grant permission I DO NOT grant permission

Parent/Legal Guardian Signature _____ Date _____

KNOWN ALLERGIES _____ MEDICATION ALLERGIES _____

BEE STING ALLERGY FOOD ALLERGIES _____

OTHER MEDICAL PROBLEMS: Asthma Heart Disorder Diabetes Kidney Disorder Seizures

Contacts Glasses Hearing Device History of mononucleosis Date of last tetanus shot _____

OTHER (specify) _____

ACTIVE MILITARY DUTY

Is a Parent/Legal Guardian of this student deployed to active duty or expected to be deployed to active duty during this school year?

NO Yes

PESTICIDE SPRAY

I want to be notified when pesticide spraying is scheduled at the school.

NO YES