

112 East 8th Street
Smackover, Arkansas 71752
Phone: 870-725-3132 Fax: 870-725-2385

School Year: _____ Grade: _____
Student's Name: _____ Date of Birth: _____
Mailing Address: _____ City: _____ ZIP: _____
911/Physical Address: _____ City: _____ ZIP: _____
Home Phone #: _____ Cell Phone #: _____
Brothers/Sisters Attending School: _____

PARENT/LEGAL GUARDIAN INFORMATION

	<u>Name:</u>	<u>Relation to Child:</u>	<u>Cell #:</u>	<u>Work #:</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____

EMERGENCY CONTACTS

In the event of an emergency or illness, and a parent cannot be reached, please list 3 reliable names and phone numbers who can be contacted to care for your child:

	<u>Name:</u>	<u>Relation to Child:</u>	<u>Cell #:</u>	<u>Work #:</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Child's Doctor: _____ Phone #: _____

MEDICAL INFORMATION ABOUT YOUR CHILD

List any medical conditions, diagnosed by a doctor, which the school nurse needs to know about (Examples: Asthma, ADHD, Seizures, Diabetes, Hearing/Vision problems, ect...):

Allergies: _____ Drug Allergies: _____
Medications: _____

I, the undersigned, do hereby authorize officials of Norphlet School District to contact directly the person on this form and do authorize the named physician to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the foresaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent/Guardian: _____ Date: _____