

Bangor Elementary School New Family Information

Child's Name

Date of Birth

M ☐

F ☐

Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

Rank among siblings (circle) 1 2 3 4 5 6 7 8 9 10

Village or Township of Residence: _____

Ethnicity: Hispanic Y / N **Circle all that apply:**

Asian | Black-African American | American

Indian/Alaskan Native | Pacific Islander | White

Parent/Primary Caregiver Information

Primary Contact

Secondary Contact

Home
Phone

Work Phone

Home Phone

Work
Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Children Younger than School Age Living in Your Home

Child Name

Date of Birth

Physician's Name

Phone Number

Clinic

Dentist's Name/Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release Bangor Elementary School and individuals from liability in case of accident during activities related to Bangor Elementary School, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date