

STUDENT IDENTIFICATION CARD

To be completed before the first week of school.

_____ M F
Last Name **First** **Middle Initial** **Date of Birth** **Grade** **Circle Gender**

Ethnicity: Is this student Hispanic or Latino? -Hispanic or Latino -Not Hispanic or Latino

Select all that apply to this student: -American Indian or Alaskan Native -Asian

-Black or African American -Native Hawaiian or Other Pacific Islander -White

Mother's Name _____ Address _____ City _____ Phone _____

Father's Name _____ Address _____ City _____ Phone _____

Child lives with: Both _____ Mother _____ Days _____ Father _____ Days _____

email(s) _____

Mother's Cell# _____ Father's Cell# _____ Student's Cell# _____

Mother's Employer _____ Phone _____ Father's Employer _____ Phone _____

In the case of an emergency, if the student's Mother or Father cannot be reached, please call:

1. _____

Name Relationship to student. Daytime Phone Number

2. _____

Name Relationship to student. Daytime Phone Number

In the case of an early dismissal the student should go _____ Phone _____

Bus Number a.m. _____ p.m. _____ Driver's Name _____ *For office use Internet Y/N Media 0 1 2

HEALTH INFORMATION

Family Doctor _____ Phone _____ Dentist _____ Phone _____

Please circle any conditions that apply:

HEART DISEASE - SEIZURE - ASTHMA - DIABETES - VISION - HEARING - (please explain)

ALLERGIES: _____

ACTIVITY OR DIET RESTRICTIONS: _____

REGULAR MEDICATIONS USED * _____

***Note: Prescription medications taken in school MUST have health care provider's written approval.**

If the need arises, which medical center would you prefer for your child? _____

If emergency treatment is required during school and parents/guardians cannot be immediately contacted, school authorities may use their own judgement in calling the doctor indicated above, or if not available, an alternate doctor, or the nearest medical center. As the parent or guardian of the above named child, I agree to assume all responsibility and expenses incurred in the handling of such an emergency.

Is your child covered by health insurance? Yes _____ No _____

Signature of Parent or Guardian

Date