

Emergency Data and Health Information

If parent(s) cannot be reached, in the event of illness or problem situations, please call:

Name _____ Daytime Phone (____) _____ Cell Phone (____) _____

Name _____ Daytime Phone (____) _____ Cell Phone (____) _____

In extreme emergency I authorize school personnel to obtain emergency medical care for the child named on the reverse side, in the event I cannot be reached. If transportation by ambulance is required, this may be obtained.

Physician _____ Phone (____) _____

Dentist _____ Phone (____) _____

Preferred Hospital _____

_____ I know of no health reason(s), other than the information indicated on this form, why my child should not participate in any school activity.

DIAGNOSED HEALTH CONDITIONS: (Please indicate WHICH CHILD when applicable!)

- | | |
|--|--|
| _____ Asthma | _____ Ear Infections (chronic/numerous) |
| _____ Heart/Blood Disease | _____ Frequent Headaches |
| _____ Epilepsy /Convulsions | _____ Frequent Stomach Aches |
| _____ Diabetes | _____ Throat Infections (chronic/numerous) |
| _____ Obsessive/Compulsive Behavior | _____ Bone Disease/Fractures |
| _____ Tubes in ears | _____ Menstrual Cramps |
| _____ Kidney Disease | _____ Arthritis |
| _____ Hearing Impairment _____ Wears hearing aid/s | _____ Skin problems/rashes |
| _____ Contact Lenses _____ Glasses | _____ Surgeries for _____ |
| _____ ADHD (Attention Deficit Disorder with Hyperactivity) | _____ Receives counseling |
| _____ ADD (Attention Deficit Disorder without Hyperactivity) | _____ Other (specify below) |
| _____ Special Dietary Regimen (Specify Below) | |

Please explain any answers that you checked above. Indicate any information useful to the office/teacher in relation to any of these health conditions and if medications are taken for them: _____

ALLERGIES (Check those that apply)

_____ Animals _____ Hay Fever _____ Medicine/Drugs _____ Food _____ Insects _____ Environment

Describe which foods, medicines, etc. cause allergies and the symptoms exhibited: _____

Are there any other factors that the school office, counselor or teacher should know of which might affect your child's school experience?

PARENTS' SIGNATURE _____ Date _____

A FAIR SHARE AGREEMENT or TUITION PLAN FOR THE YEAR MUST BE MADE BEFORE THIS REGISTRATION CAN BE APPROVED.

Office Use Only

The following forms have been received:

- Registration form received. Date _____
- Registration Payment Check # _____ Date _____
- Tuition
- Fair Share Plan