



## School Year: 2017-2018 LIST NAMES OF CHILDREN

Last name \_\_\_\_\_ First name \_\_\_\_\_ Grade \_\_\_\_\_  
Last name \_\_\_\_\_ First name \_\_\_\_\_ Grade \_\_\_\_\_  
Last name \_\_\_\_\_ First name \_\_\_\_\_ Grade \_\_\_\_\_  
Last name \_\_\_\_\_ First name \_\_\_\_\_ Grade \_\_\_\_\_

### FAMILY/STUDENT INFORMATION

Is there a court order regarding custody?  Yes  No  N/A  
Is there a copy of the court order on file in the school office?  Yes  No  N/A

Father/Step-Father Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Employment: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother/Step-Mother Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Employment: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

### In an Emergency

Person(s) to contact/release child(ren) to if parents are not available:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

The school will assist students who have minor accidents or ailments, by using ordinary external supplies such as bandages, antiseptic solution, adhesive tape, cold packs, etc. If you DO NOT wish any of these supplies used for your child(ren), please explain:

### AUTHORIZATION FOR SCHOOL OFFICIALS IN CASE OF EMERGENCY

I authorize school officials to secure emergency treatment for my child(ren) if I cannot be reached. I will assume responsibility for any expenses incurred.

Date: \_\_\_\_\_ Parent signature: \_\_\_\_\_

Student Health Form

Student Name

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Birthdate

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The staff has permission to give my child the following:

- |              |                           |                           |                           |                           |
|--------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Tums         | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes |
| Tylenol      | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes |
| Ibuprofen    | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes |
| Pepto Bismol | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes |
| Cough drops  | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes |

Please list any allergies or other health issues your child/children have:

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Please list any medications your child/children takes:

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My child has permission to visit destinations within walking distance of the school (Mobil On-The- Run, Panera Bread, Schuman Park, Dairy Queen, MS&T Campus, Rolla Public Library, The Centre, etc.) with teacher supervision.

- |                           |                           |                           |                           |
|---------------------------|---------------------------|---------------------------|---------------------------|
| <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes |
| <input type="radio"/> No  | <input type="radio"/> No  | <input type="radio"/> No  | <input type="radio"/> No  |

Include family information in the school directory?

- Yes  No

Exclude the following information from the directory:

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Include e-mail address in the Home and School Association e-mail communication list?

- Mother  Father  Both

Parent signature: \_\_\_\_\_