



School Year: 2018-2019 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: _____