



Are both parents in the home? Yes:  No:

Unusual factors in Students life: \_\_\_\_\_

Is there any court order in effect limiting the presence of or removal of Student by any persons during school hours? Yes:  No:

Dated: \_\_\_\_\_ # \_\_\_\_\_

Explain: \_\_\_\_\_

**Emergency Medical Statistics:**

**I. Medic Alert: (i.e.: diabetes; epilepsy; allergies to medications):**

1. \_\_\_\_\_

2. Current medication being taken: \_\_\_\_\_

**II. Emergency Contacts: (Other than Parent):**

Name:	Phone:	Address:	Relationship:
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1. \_\_\_\_\_ ( )

2. \_\_\_\_\_ ( )

3. \_\_\_\_\_ ( )

**III. Physician:**

Name:	Phone:	Address:
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1. \_\_\_\_\_ ( )

Is your signature on file with this physician authorizing him to give emergency care in your absence? Yes:  No:

**IV. Permission for treatment:**

I hereby give my consent for \_\_\_\_\_ to receive emergency medical treatment as may be considered necessary in the opinion of the attending physician or paramedics.

**Signature of Both Parents:**

_____ FATHER/STEPFATHER/LEGAL GUARDIAN	_____ MOTHER/STEPMOTHER
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1. Has Student had any scholastic difficulties in School? Yes:  No:

If yes, please explain briefly: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Has Student had any disciplinary difficulty in school? (Detention, Suspension) Yes:  No:

If yes, please explain briefly: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Has Student ever been expelled from school? Yes:  No:

If yes, please explain briefly: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

