

## 2011-2012 STUDENT DATA & EMERGENCY INFORMATION

(PLEASE COMPLETE BOTH SIDES)

STUDENT NAME (LAST, FIRST, MIDDLE)			GRADE	TEACHER
NICKNAME	DATE OF BIRTH	GENDER	ETHNICITY	RELIGIOUS AFFILIATION
HOME STREET ADDRESS, CITY, STATE, ZIP			HOME PHONE	
NAME OF MOTHER OR RESPONSIBLE ADULT (LAST, FIRST MI)		NAME OF FATHER OR RESPONSIBLE ADULT (LAST, FIRST MI)		
ADDRESS, CITY, STATE, ZIP		ADDRESS, CITY, STATE, ZIP		
HOME PHONE		HOME PHONE		
EMPLOYER	OCCUPATION		EMPLOYER	OCCUPATION
WORK PHONE (EXT)	CELL PHONE		WORK PHONE (EXT)	CELL PHONE
EMAIL		EMAIL		
RELATIONSHIP TO STUDENT <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (SPECIFY)		RELATIONSHIP TO STUDENT <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (SPECIFY)		
NAME OF PATERNAL GRANDPARENTS			EMAIL	
ADDRESS, CITY, STATE, ZIP				
NAME OF MATERNAL GRANDPARENTS			EMAIL	
ADDRESS, CITY, STATE, ZIP				
SIBLING INFORMATION:				
NAME		GENDER	DATE OF BIRTH	
IF PARENT CANNOT BE REACHED, PERSON TO CONTACT IN CASE OF EMERGENCY (LAST, FIRST)				
PHONE (EXT)	CELL PHONE		EMAIL	
RELATIONSHIP TO STUDENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (SPECIFY)				
IF PARENT CANNOT BE REACHED, PERSON TO CONTACT IN CASE OF EMERGENCY (LAST, FIRST)				
PHONE (EXT)	CELL PHONE		EMAIL	
RELATIONSHIP TO STUDENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (SPECIFY)				

## 2011-12 STUDENT DATA & EMERGENCY INFORMATION

(PLEASE COMPLETE BOTH SIDES)

STUDENT NAME (LAST, FIRST, MIDDLE)	GRADE	TEACHER
NAME OF PHYSICIAN	PHYSICIAN PHONE	
NAME OF DENTIST	DENTIST PHONE	
HOSPITAL PREFERENCE		
ALLERGIES - MEDICATIONS		
ALLERGIES - BEE STINGS <input type="checkbox"/> NO <input type="checkbox"/> YES   ADDITIONAL INFORMATION		
ALLERGIES - OTHER		
CURRENTLY PRESCRIBED MEDICATIONS (OPTIONAL)		
OTHER CONCERNS		
HEALTH INSURANCE <input type="checkbox"/> NO <input type="checkbox"/> YES <b>A COPY OF YOUR MEDICAL INSURANCE CARD MUST BE ATTACHED</b>		
DOES STUDENT HAVE A HEALTH CONDITION REQUIRING POSSIBLE EMERGENCY CARE? <input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, SPECIFY		
IS MEDICATION BEING ADMINISTERED BY SCHOOL STAFF ON A CONTINUING BASIS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PRESCRIPTION MEDICATION AUTHORIZATION MUST BE COMPLETED AND RETURNED TO THE SCHOOL)		
OFTEN TIMES STUDENTS REQUIRE ASSISTANCE WITH MINOR ACCIDENTS RESULTING IN SCRAPES, BUMPS, TWISTS, RASHES, INSECT BITES/STINGS, TICKS, ETC.		
IN ORDER FOR STAFF MEMBERS TO PROPERLY ASSIST YOUR CHILD ACCORDING TO YOUR WISHES, PLEASE INDICATE YOUR REPOSE TO THE FOLLOWING:		
<input type="checkbox"/> I GRANT PERMISSION TO HAVE MY CHILD'S MINOR CUTS / BUMPS / STINGS / ETC. TREATED <input type="checkbox"/> I DO <b>NOT</b> GRANT PERMISSION TO PALISADES EPISCOPAL SCHOOL TO GIVE MY CHILD ANY MEDICAL ASSISTANCE. I WANT TO BE CONTACTED EACH TIME MY CHILD MAKES ANY MEDICAL REQUEST.		
<b>IT IS UNDERSTOOD THAT PARENTS WILL ALWAYS BE CONTACTED IN CASES OF FEVER, SEVERE NAUSEA OR SERIOUS ACCIDENTS.</b>		
<b>AUTHORIZATION TO CONSENT TO MEDICAL OR DENTAL TREATMENT</b>		
I/WE DO HEREBY AUTHORIZE THE STAFF AND/OR PARENT VOLUNTEERS OF PALISADES EPISCOPAL SCHOOL TO CONSENT TO ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL, SURGICAL OR DENTAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE, TO BE RENDERED TO MY/OUR MINOR CHILD UNDER THE GENERAL OR SPECIAL SUPERVISION AND ON THE ADVICE OF ANY LICENSED PHYSICIAN, SURGEON OR DENTIST. IT IS MY UNDERSTANDING THAT IF THE NATURE OF THE EMERGENCY ALLOWS FOR THE TIME OR OPPORTUNITY, ATTEMPTS WILL BE MADE TO CONTACT ME AT THE PHONE NUMBER I HAVE PROVIDED BEFORE ANY TREATMENT BY A PHYSICIAN, DENTIST OR HOSPITAL. <b>A COPY OF MY INSURANCE CARD IS ATTACHED.</b>		
PRINTED NAME OF PARENT OR GUARDIAN	SIGNATURE OR PARENT OR GUARDIAN	
DATE	PHONE	