

(4) Child's Health Condition (mental, physical, medications, restrictions, allergies, etc.) :

(5) Doctor's Name or Medical Group: _____

Address: _____

Phone: _____

(6) In an emergency, if parents cannot be reached, call:

Name Phone Number

Relation to student

(7) Name of Father or Guardian: _____
First Middle Last

Address: _____
Street

City State Zip Home Phone: (_____) _____

Occupation: _____

Employer: _____

Business Address: _____

Business Phone: _____

(8) Name of Mother or Guardian: _____
First Middle Last

Address: _____
Street

City State Zip Home Phone: (_____) _____

Occupation: _____

Employer: _____

Business Address: _____

Business Phone: _____

