STUDENT INFORMATION CARD

Student's Name ________________________ ________________________ ____
Last First MI

Home Phone ____________________ Birth Date _______________ Sex _____ Grade ______

Street Address ____

City, State ______________________________________ Zip Code ____________

Parents/Guardians (Put in order of who to contact first in case of emergency.)

1. Mr./Ms./Mrs. ____
Phone (H) ______________________________ Cell ______________________
Email ____

2. Mr./Ms./Mrs. ____
Phone (H) ______________________________ Cell ______________________
Email ____

Additional Emergency Contact ____
Phone (H) ______________________________ Cell ______________________

Health Care Contacts

Clinic/Physician ______________________________ Phone ______________________
Dentist ______________________________ Phone ______________________
Health Insurance Company ____

In case of accident or serious illness, I request that the church staff contact me. If I cannot be reached, I hereby authorize the church staff to call the physician indicated above or make reasonable arrangements deemed to be in the best interest of the child.

Signature of Parent or Guardian ________________________________ Date __________

Student's Medical History (Check those that apply):

___ ADHD
___ ADD
___ Allergy: Bee Sting
___ Allergy: Food
___ Allergy: Latex
___ Allergy: Medication
___ Allergy: Pesticide/Chemical
___ Allergy: Seasonal
___ Asthma

___ Dental Problems
___ Diabetes
___ Disability – Physical
___ Earaches – Frequent
___ Eczema
___ Fainting Spells
___ Headaches – Frequent
___ Hearing Problems
___ Heart Condition

___ Kidney Problems
___ Bladder Problems
___ Seizure Disorder
___ Sore Throats
___ Speech Problem
___ Stomachaches
___ Vision Problems/ Wears Glasses/ Contacts

Does your child need medication for any condition?

Name of Medication/Reason: ____
Name of Medication/Reason: ____