

Please read the information below and **PRINT** any corrections to the right of the current record in the "Corrections" column.

Emergency Contacts (Other Than Parents)	Current Record	Corrections
Contact 1 (last name, first name)		
#1 Relationship:		
#1 Home Phone / Cell Phone:		
#1 Day (Work) Phone:		
Contact 2 (last name, first name):		
#2 Relationship:		
#2 Home Phone / Cell Phone:		
#2 Day (Work) Phone:		
Contact 3 (last name, first name):		
#3 Relationship:		
#3 Home Phone / Cell Phone:		
#3 Day (Work) Phone:		
Medical Information	Current Record	Corrections
Primary Doctor:		
Doctor's Phone Number:		
Medications:		
Allergies:		
Medical Conditions:		
Language in Home	Current Record	Corrections
Language Spoken at Home:		
Primary Student Language:		
Consents	Current Record	Corrections
Video Consent?		
Photo Consent?		
Field Trip Consent?		

Where does the student stay at night?		
<input type="checkbox"/> In a house, apartment, or mobile home	<input type="checkbox"/> In a shelter	<input type="checkbox"/> In a car
<input type="checkbox"/> Temporarily with more than one family in a house, mobile home, or apartment	<input type="checkbox"/> In a motel/hotel	<input type="checkbox"/> Other
	<input type="checkbox"/> At a campsite	

Additional Information

I give permission to share health information with the appropriate staff. Yes No (Please circle)

I certify that the above information is correct. _____
Signature
Date