



Allergies:

Student name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Pediatician: \_\_\_\_\_ Pediatician phone: \_\_\_\_\_  
Custodial Agreement: N/A\_\_\_\_ Sole\_\_\_\_ Dual\_\_\_\_ Restraining order: Yes\_\_\_\_ No\_\_\_\_

**PARENT/GUARDIAN 1 CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Cellular phone: \_\_\_\_\_ Best phone to reach you during the day: \_\_\_\_\_

**PARENT/GUARDIAN 2 CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Cellular phone: \_\_\_\_\_ Best phone to reach you during the day: \_\_\_\_\_

**AUTHORIZED INDIVIDUALS FOR STUDENT RELEASE AND EMERGENCY CONTACT**

List in order the persons who are authorized by parents for student release and for contact in the event of an emergency, illness, or dismissal.

- 1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_