

SCOOTER SCHOOL
STUDENT INFORMATION

2010-2011

CHILD'S NAME _____ DATE OF BIRTH _____

E-MAIL _____

HOME ADDRESS _____ ZIP CODE _____

Gender: (circle) MALE FEMALE

***ALLERGIES/SYMPTOMS/TREATMENT _____

MOTHER'S NAME _____

PHONE # _____ CELL# _____

PLACE OF
EMPLOYMENT _____ OFFICE# _____

FATHER'S NAME _____

PHONE# _____ CELL # _____

PLACE OF
EMPLOYMENT _____ OFFICE # _____

NAMES OF LOCAL RELATIVES/FRIENDS TO BE CONTACTED IN PARENT'S ABSENCE:
PERSONS LISTED IN THIS AREA MUST BE ABLE TO QUICKLY RESPOND TO THE
FOLLOWING EMERGENCIES: 1. CHILD BECOMES ILL 2. CHILD NOT PICKED UP
AFTER SCHOOL.

1. _____ PHONE # _____

ADDRESS _____ RELATIONSHIP TO CHILD _____

2. _____ PHONE # _____

ADDRESS _____ RELATIONSHIP TO CHILD _____

3. _____ PHONE # _____

ADDRESS _____ RELATIONSHIP TO CHILD _____

CHILD'S PHYSICIAN _____ PHONE # _____

CHILD'S DENTIST _____ PHONE # _____

HOSPITAL OF CHOICE _____

INSURANCE _____

I HEREBY GIVE CONSENT FOR MY CHILD TO BE TREATED BY THE ABOVE NAMED
PHYSICIAN/DENTIST/HOSPITAL OR BY A PHYSICIAN/DENTIST/HOSPITAL CHOSEN BY THE SCHOOL
DIRECTOR IF ILL OR INJURED AND THE ABOVE PERSONS CANNOT BE CONTACTED BY THE SCHOOL.

PARENT'S SIGNATURE

DATE