

Medical Alert # 1 _____ Medical Alert #2 _____

Physician's Name _____ Telephone _____ Ext _____

Initials

_____ I am the custodial parent/legal guardian of the above named student.

_____ The address listed above is the physical location where the student actually resides.

_____ I have presented the student's Certificate of Birth.

_____ I have provided the student's Certificate of Immunization for diphtheria, pertussis, and tetanus.

_____ I give permission to transport my child to the nearest medical facility in the event of an emergency.

_____ This student is currently not on suspension or expulsion from another school.

Parent/Legal Guardian

Date

Office Use Only

Advisor # _____ Advisor Name _____ Homeroom # _____

Counselor # _____ Counselor Name _____ Permit Code _____

Immunization _____ Hearing _____ Vision _____ Dental _____ Scoliosis _____ Discipline User Code (Y/N) _____

Bus 1 _____ Bus 2 _____ Other transportation home (e.g. walk, car, daycare bus, after-school program)