

To the Parent/Guardian: Correct or Add Information and return to your child's Homeroom Teacher by : create function to allow user to input specific date

STUDENT NAME: _____

Last First Middle

Birthdate: ____/____/____ Gender: Female Male Not specified Primary Phone: _____

Home Address: _____ Apt. _____ City _____ Zip _____

Parent/guardian Name (primary contact): _____ Relationship _____

Mobile Phone: _____ Work phone: _____ Other phone: _____ Email: _____

Parent/guardian Name (second contact): _____ Relationship _____

Address(if different): _____ Apt. _____ City _____ Zip _____

Mobile Phone: _____ Work phone: _____ Other phone: _____ Email: _____

If parents are divorced or separated, who has legal physical custody? Parents should notify the district immediately if there is a change.

Joint _____ Mother _____ Father _____ Guardian _____

In case of illness, emergency or accident and parent/guardian cannot be reached; the following adults are authorized to act on behalf of the parent/guardian:

- 1. Name: _____ Relationship _____ Phone _____
- 2. Name: _____ Relationship _____ Phone _____
- 3. Name: _____ Relationship _____ Phone _____
- 4. Name: _____ Relationship _____ Phone _____

*Date of your child's most recent physical examination ____/____/____ location of exam _____

*Date of your child's most recent dental examination ____/____/____ location of exam _____

* I give my permission to share necessary medical information with appropriate staff who work directly with my child in the interest of their health, safety, and welfare.

Parent/Guardian signature _____ Date ____/____/____

****I give permission for the Muhlenberg School District Health Services licensed school nursing staff to administer over-the-counter medications (such as medication for pain, fever, stomach upset, coughing or allergic reaction) and/or emergency medications as needed according to the Muhlenberg School District's standing physician orders.**

Medication Allergies (list the reaction): _____

**Parent/Guardian signature: _____ Date ____/____/____

*******COMPLETE the BACK of this PAGE*******

