



**PLEASE FILL IN ALL AREAS AND RETURN TO THE SCHOOL OFFICE BY THE FIRST DAY OF CLASSES. THANK YOU.**

|   |                          |  |                    |
|---|--------------------------|--|--------------------|
| Student Last Name                         | Student First Name       | Student Middle Name/MI   | Grade in 2018-2019 |
| Street                                    | City                     | State  | Zip                |
| Mailing Address (if different from above) | City                     | State  | Zip                |
| Date of Birth                             | Gender                   | Home Phone   |                    |
| Student Lives With                        | Guardian (if applicable) |  |                    |
| Religion                                  | Parish                   | Race<br>(used to provide information for yearly state statistical reports) |                    |

**FATHER'S INFORMATION**

|                        |                     |                       |
|------------------------|---------------------|-----------------------|
| Father's Name          | Father's Home Phone | Father's Mobile Phone |
| Father's Email Address | Father's Work Phone |                       |
| Father's Occupation    | Father's Employer   | Father's Work Address |

**MOTHER'S INFORMATION**

|                     |                     |                       |
|---------------------|---------------------|-----------------------|
| Mother's Name       | Mother's Home Phone | Mother's Mobile Phone |
| Mother's Email      | Mother's Work Phone |                       |
| Mother's Occupation | Mother's Employer   | Mother's Work Address |

**Please indicate if we should be providing information to a parent other than the one with whom the student is living:**

List two available neighbors/relatives who could assume temporary care of your son/daughter should you be unavailable. Must be available during school hours.

|      |              |       |
|------|--------------|-------|
| Name | Relationship | Phone |
| Name | Relationship | Phone |

**PLEASE TURN OVER →**

Are there any individuals who are restricted from picking up your son/daughter? YES NO (Legal documentation required)

Name of individual Relationship to child

Is there a court ordered restraining order? YES NO (Legal documentation required)

Official Parent Signature

HEALTH INFORMATION

Health Update for: \_\_\_\_\_ Grade: \_\_\_\_\_

If allergies exist, please describe specific allergic reaction:

Allergies:

Vision Problems:

Glasses?

Contacts?

Hearing Problems:

Illness, injuries, concussions, or surgery since last year? \_\_\_\_\_ If yes, please describe. (Please use a separate piece of paper if needed.)

MEDICATION INFORMATION

Please note that no medicine of any type (aspirin, Motrin, Tylenol, vitamins, and the like) can be taken without written authorization from a parent or guardian. No student may have any medicine in his/her possession at any time. \*Only exception, nurses give inhalers to students on field trips.

I give permission for Motrin and/or Tylenol to be given, as needed: YES NO (Please circle one)

Please refer to medication administration policy in the JPII Parent Student Handbook. Medication/prescription order forms from your child's physician are needed for any medication given to students at school (with the exception of Motrin and/or Tylenol).

List medications taken on a regular basis, dosage, and time taken and reason that the medication is taken (Please use a separate piece of paper if needed.)

Table with 4 columns: Medication, Dose, Time taken, Reason for medication

Is there additional information of which the Health Clinic should be aware? If yes, please explain:

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Information Per Department of Public Health:

Student must have a documented physical exam on file by Grade 9. Student must have a complete Record of Immunization on file.

I understand that in the event of an accident or serious illness the school will try to contact me. If the school is unable to reach me, I authorize the school to contact the physician named and to follow his/her instructions. If the physician cannot be reached and my child requires medical attention and/or transportation to another location for treatment, I give the school permission to make arrangements deemed necessary to secure treatment.

I hereby certify that I have read and understand the above stated procedures and duly authorize the administration of the school and/or school nurse to secure medical treatment and/or transport my child when they deem it necessary and share pertinent medical information with the school staff for the benefit of my child.

Parent(s) signature

Date