

STUDENT PROFILE

Alanson Public Schools

Student's name: _____ Home Phone: _____ Grade: _____

Birthdate: _____ Gender: _____ Parent's E-mail address: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Father: _____ Father's Work: _____ Father's Day Phone: _____

Father's Cell Phone: _____

Mother: _____ Mother's Work: _____ Mother's Day Phone: _____

Mother's Cell Phone: _____

Step-Parent: _____ Step's Work: _____ Step's Day Phone: _____

Step's Cell Phone: _____

Who does the child live with? _____ Who has custody? _____

STUDENT'S HEALTH HISTORY

Doctor's Name: _____ Location: _____ Phone: _____

Dentist's Name: _____ Location: _____ Phone: _____

List your child's allergies. Give any hospitalization dates: _____

List any diseases, operations, or injuries and the year: _____

Does your child require medication(s) at school: _____ Home: _____

Additional paperwork needs to be filled out if your child requires medicine at school. **DO NOT SEND MEDS WITH THEM.**

INSURANCE INFORMATION

Insurance Company covering my child: _____ Policy #: _____

Name of Policyholder: _____ Policyholder's SSN: _____

Alanson Public Schools does not provide insurance for students.

The following information must be updated annually.

Is there a second parent or legal guardian who would like to receive school mailings? If yes, please list:

Name: _____ E-mail address: _____

Mailing address: _____

Is there someone who should NOT pick up your child from school?

List name(s): _____

Please provide any necessary documentation from the courts.

EMERGENCY INFORMATION

In an **EMERGENCY** situation when we cannot reach you at home or at work, please list three people who have agreed to take responsibility for your child and consented to the release of their address and phone numbers so we may reach them as an alternative.

Emergency Contact 1: _____ Phone: _____ Relationship to child: _____

Emergency Contact 2: _____ Phone: _____ Relationship to child: _____

Emergency Contact 3: _____ Phone: _____ Relationship to child: _____

I hereby give permission to Alanson Public School to secure emergency medical and/or emergency surgical treatment including emergency transportation for the above named minor while in care

Non-emergency treatment or elective surgery is not included in this authorization.

Parent or Guardian Signature _____

Date: _____