

Student Name: _____

Home Address: _____

Parent/Guardian Home Phone No.: _____

Parent/Guardian Work Phone No.: _____

Emergency Contact Phone No.: _____

X _____
Authorized Signature of Parent or Guardian

X _____
Parent or Guardian's Name (please print)

Date: _____

PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL.