

Student's name _____ Grade _____ Home phone _____

Parent/guardian's name _____ Address _____

Father's work phone _____ Mother's work phone _____

Name of two persons you recommend we call in the event you cannot be reached as well as their phone numbers:

1. Name _____ Phone _____

2. Name _____ Phone _____

Preference of physicians:

1. Name _____ Phone _____ Address _____

2. Name _____ Phone _____ Address _____

If neither physician is available, do we have your permission to take your child to a hospital or an available physician? Yes No

Preference of hospital _____

Insurance company name _____ Policy number _____

X Parent's signature _____ Date _____