

4. Alternative person to contact if parent/guardian cannot be reached.

Last Name	First Name	Relationship to Student
Home Phone	Cell Phone	Work Phone

5. Broadcast Phone Messages and Email Contacts

- For school closings or other emergencies, your home phone number will be called. If you would like an additional number called (work or cell phone), please list here _____
- For messages containing general school announcements, your home phone number will be called. If you would like a different number called (work or cell phone), please list here _____
- Email address to receive information and announcements from school _____
- Email address to receive information and announcements from PTC/PTO _____

HEALTH INFORMATION

Name of Child	List Allergies/Health Concerns/Daily Medications*
_____	_____
_____	_____
_____	_____

*Health concerns include: glasses, contact lenses, hearing or ear problems, headaches, asthma, allergies (please list), medications taken regularly (please list), diabetes, heart problems, anything else your child sees a doctor for or requires special treatment. List on a separate sheet of paper if needed.

Physician Name _____ Phone _____
Dentist Name _____ Phone _____

I do not wish to provide the Health Information on this form. Please have the school nurse contact me for this information.

STUDENT DIRECTORY CONSENT

I give _____ do not give _____ permission to use the following information in the school's student directory:

Parent/Guardian Name(s) _____
Home Address _____ Home Phone _____
Email _____

Date

Signature of Parent/Guardian