STUDENT INFORMATION/EMERGENCY FORM
TUNICA ELEMENTARY SCHOOL

DATE: _____ **ENTRY CODE:**

_____
(Office use only)

STUDENT INFORMATION

GRADE/TEACHER: _____

LEGAL NAME: _____
(First) (Middle)
(Last)

DATE OF BIRTH: _____ RACE/SEX: _____

PARENT(S)/GUARDIAN(S) INFORMATION

NAME: _____

MAILING ADDRESS: _____

_____

PHYSICAL ADDRESS: _____

HOME PHONE NUMBER: _____ MOTHER'S MAIDEN NAME_____

FATHER'S WORK NUMBER: _____ ____ MOTHER'S WORK NUMBER: _____

CONTACT PERSON INFORMATION

Other than the child's Parent/Guardian who can we contact if Parent/Guardian **CANNOT** be reached?

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP TO STUDENT: _____

MEDICAL INFORMATION

STUDENT'S DOCTOR _____ PHONE NUMBER _____

IS YOUR CHILD HYPER-SENSITIVE TO ANY FORM OF PEST CONTROL?

_____ YES _____ NO

LIST ANY ITEM STUDENT IS ALLERGIC TO: _____

_____

LIST ANY MEDICINES STUDENT IS TAKING ON A LONG TERM BASIS: _____

_____

LIST ANY MEDICAL OR PHYSICAL PROBLEMS STUDENT HAS _____

_____

IF IN A MEDICAL EMERGENCY, WE ARE **NOT ABLE TO CONTACT YOU,** DO WE HAVE YOUR PERMISSION TO TRANSPORT YOUR CHILD TO THE HOSPITAL? _____ YES _____ NO

IF IN AN EMERGENCY, THE STUDENT'S DOCTOR CANNOT BE REACHED. DO WE HAVE YOUR PERMISSION FOR THE HOSPITAL AND PHYSICIAN ON CALL TO TREAT YOUR CHILD?

_____ YES _____ NO

PARENT/GUARDIAN SIGNATURE _____