

Student Last name

First name

Teacher

Grade

LOCAL contact person and **EMERGENCY** phone number if parents CAN NOT be reached (other than work and doctor):

Name: _____

Phone Number: _____

In order to take care of unforeseen emergencies and illnesses that might arise, it is necessary to have a parents' consent to have the principal, or his/her designee, act as the parents' agent in case neither can be reached immediately. This procedure expedites the care of your son/daughter with the necessary treatment that requires permission before it can be given.

___ Yes, I give my consent to the above emergency paragraph ___ No, I do not give consent to the emergency paragraph

Signature of Parent: _____ **Date:** _____

PLEASE LIST ANY ALLERGIES: _____

If your child has a food allergy, you must complete the **Dietary Special Needs Form** available in the office. *This form needs to be updated ANNUALLY.*

THE FOLLOWING INFORMATION WILL BE HELPFUL IN TAILORING A PROGRAM THAT WILL FIT YOUR CHILD'S NEEDS. PROVISION OF THIS INFORMATION IS OPTIONAL, BUT NECESSARY FOR YOUR CHILD TO RECEIVE SPECIAL ACCOMMODATIONS. *IMPORTANT: A DOCTOR'S WRITTEN DIAGNOSIS MUST BE ON FILE BEFORE SPECIAL ACCOMMODATIONS CAN BE MADE.***

Has your child been diagnosed with any problems that might impact his behavior or ability to learn? (Learning Disability, Attention Deficit Disorder, Anxiety Disorder, Depression, Diabetes, or other medical conditions?) _____

If so, date of diagnosis and physician caring for your child: _____

Does your child take any medication to treat the above conditions? _____

Does your child receive counseling to help deal with the above conditions? _____

Any restrictions or communications? _____

If any medication needs to be dispensed during school hours, please refer to student handbooks for instructions.

OFFICE USE: DX on File? YES NO