

LEONDARD J. TYL MIDDLE SCHOOL

STUDENT'S NAME _____ Date of Birth _____
Last First MI

EMERGENCY INFORMATION

If any of this information changes, please contact your child's school immediately

Home address _____

Home E-mail address _____

Father's/Guardian's Name _____

Home Phone () _____ Work Phone () _____ Cell/Beeper _____

Mother's/Guardian's Name _____

Home Phone () _____ Work Phone () _____ Cell/Beeper _____

With whom does the child reside? _____

Local persons who have **AGREED** to care for child when parents/guardians cannot be reached:

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

HEALTH UPDATE

State health problems (allergies – including food or medication – seizures, asthma, vision or hearing loss) or physical limitations: _____

State any medication your child is taking at home or school: _____

Condition: _____

If your child was hospitalized during the past year, give date and reason: _____

ADMINISTRATION OF PRESCRIPTION MEDICINE: Medication will be given in the schools only upon written order from the family physician and written parental permission. Forms are available through the school nurse. Medication must be brought to the school nurse by the parent or guardian in a pharmacy-labeled bottle.

MEDICAL EXCUSES: Extended excuses from gym and all other normal children's activities will be granted only upon a written statement from the child's physician. Crutches and other appliances in school are not allowed unless accompanied by a doctor's note.

Name of Siblings: _____ School: _____

In the event of an emergency requiring an ambulance, I give permission to have my child taken to Backus____ or Lawrence & Memorial____ Hospital.

Family Physician _____ Phone _____

Signature of Parent/Guardian _____

Adopted: 9/16/08