

Medical Information

Family Physician _____ Phone _____

Does this child have any special medical needs? Yes _____ No _____

If yes, please explain _____

Person to notify in case of an emergency: _____ Phone _____

I understand that all student medication must be given by the school staff. I give my permission for medications to be administered to my child with the proper authorizations and at the appropriate time.

Signature of Mother/Guardian _____ Date _____

Signature of Father/Guardian _____ Date _____

For Office Use Only

Registration Form	_____
Registration Fee	_____
Recent Report Card	_____
Birth Certificate	_____
Immunization Cert. (original)	_____
Eye Examination	_____
Physical Examination (kindergarten and 6 th grade)	_____