

**The Diener School ~ Student Information and Emergency Form ~ 2018-2019**

**Full Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **Home Phone** \_\_\_\_\_

\*\*\*\*\*

**Mother/Guardian** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Home Address (if different from student)** \_\_\_\_\_

\_\_\_\_\_

**Father/Guardian** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Home Address (if different from student)** \_\_\_\_\_

\_\_\_\_\_

**Preferred Method of Communication During School Day: (Circle One)**

**Phone**                      **E-Mail**

**If you select phone, please indicate which phone number:**

**Mom** \_\_\_\_\_ **Dad** \_\_\_\_\_

\*\*\*\*\*

**WHEN PARENTS ARE NOT AVAILABLE, CONTACT**

**Name** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell/Work Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell/Work Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_

\*\*\*\*\*

**TRANSPORTATION INFORMATION Students will not be released to unlisted adults without written notification**

**List the adults authorized to pick up your child:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**The Diener School ~ Student Medical Information Form ~ 2018-2019**

**MEDICAL INFORMATION**

Does student need to wear glasses: Constantly?  yes  no For seatwork?  yes  no For distance?  yes  no

Does student wear contact lenses?  yes  no

Does your child have asthma?  yes  no If yes, please specify below:

Does your child have any allergies?  yes  no If yes, please specify below:

Does your child take any medication?  yes  no If yes, please specify below:

Medication to be given **at the Diener School** (indicate exact time(s) and dosage) \_\_\_\_\_

Medication **taken at home** (indicate exact time(s) and dosage) \_\_\_\_\_

All medication to be administered at school must be given to the staff. It must be in a container from a pharmacy or physician's office and be labeled with the child's name, doctor's name, name of medication, dosage, and time(s) to be administered, and number of pills/doses in the bottle. A current Medication Authorization Release (MAR) and doctor's order must accompany **all** medications to be given at school.

Prescribing Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\*\*

**IN CASE OF MEDICAL EMERGENCY**

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ ID Number \_\_\_\_\_ Group Number \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital where student should be taken if parents aren't available \_\_\_\_\_

\*\*\*\*\*

In case of accident, or serious illness, I request The Diener School to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_