

# The Diener School ~ Student Information and Emergency Form ~ 2022-2023

## STUDENT CONTACT INFORMATION:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## PARENT/GUARDIAN CONTACT INFORMATION:

### Parent/Guardian 1:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Parent/Guardian 2:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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## EMERGENCY CONTACTS FOR REMIND.COM (EMERGENCY ALERT SYSTEM)

1) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

3) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

4) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**\*\*Remind.com is an emergency alert system that will contact you via Email in case of an emergency.  
All parents/guardians will be added to Remind.com automatically.  
Please only add additional emergency contacts (if applicable).**

**The Diener School ~ Student Medical Information Form ~ 2022-2023**

**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 complete the Asthma Action Plan.**

Does your child have any allergies?  yes  no **If yes, please complete the Allergy Action Plan.**

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

Medication to be given **at the Diener School** (if yes, please complete the **Physician's Order Form**)

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

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 \_\_\_\_\_

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**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 \_\_\_\_\_

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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 \_\_\_\_\_