

The Diener School ~ Student Information and Emergency Form ~ 2024-2025

STUDENT INFORMATION:

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Address: _____ **Date of Birth:** ____/____/____

Is this student Hispanic or Latino? (Select one answer.)

Yes No Prefer not to answer

Indicate this student's race. (Select all that apply.)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Race unknown
- Prefer not to answer

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:** _____

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 ~ 2024-2025

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: _____

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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 _____