

Student Name(last,first,middle): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Lives With: Mother / Father

\_\_\_\_\_ Ethnicity: \_\_\_\_\_ Parents / Other \_\_\_\_\_

Physical Address: \_\_\_\_\_ U.S. Citizen: (circle one) Yes No

\_\_\_\_\_ Birth Order: \_\_\_\_\_ of \_\_\_\_\_ Children

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell/message: \_\_\_\_\_ Cell/message: \_\_\_\_\_

**PARENT/GUARDIAN CERTIFICATION OF RESIDENCY:** I certify that I live with the student named above at the street address identified above. I understand that the MSAD #34 School District reserves the right to require proof of residency and that I have the burden of proof regarding residency. If this residency information changes, I agree to bring it to the immediate attention of the MSAD #34 School District.

\_\_\_\_\_  
Parent/Guardian signature Date

**EMERGENCY CONTACTS:** In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

Name	Relationship	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Age & Name of Siblings at home: \_\_\_\_\_ **ALTERNATIVE DESTINATION:** In case of emergency school closure, your child will be dismissed to his/her regular after school destination unless notified here: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Insured by: \_\_\_\_\_

*Responsibility for getting the student home in case of illness belongs to the parent/guardian. In case of accident, the student will be transported as deemed best by the nurse and/or administrator. This could be by car or by ambulance. Students without private insurance are encouraged to get school accident insurance. All students participating in team sports and/or intramurals must have private or school health/accident insurance.*

*If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child. All medical expenses are the responsibility of the parent/guardian.*

**My child receives regular care for the following conditions:**  NO MEDICAL CONDITIONS  YES, Please check below

Significant Injuries	Major Illnesses	Date of Last
<input type="checkbox"/> Dislocations	<input type="checkbox"/> Asthma( <input type="checkbox"/> Meds)	Physical Exam _____
<input type="checkbox"/> Fracture	<input type="checkbox"/> Cancer	Dental Exam _____
<input type="checkbox"/> Ligament/Tendon	<input type="checkbox"/> Diabetes	Eye Exam _____
<input type="checkbox"/> Sprain	<input type="checkbox"/> Heart Disease	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Heart Murmur _____	
	<input type="checkbox"/> Hemophilia	
	<input type="checkbox"/> Migraines	
	<input type="checkbox"/> Seizures	
	<input type="checkbox"/> Other _____	

Do you know of any reason why your child would not be able to participate in sports or physical education? \_\_\_\_\_

**My child is allergic to: FOODS:** \_\_\_\_\_ **MEDICATIONS:** \_\_\_\_\_ **BEES:** \_\_\_\_\_

Date of last reaction \_\_\_\_\_ Describe last reaction: \_\_\_\_\_

How was the situation handled? \_\_\_\_\_

Current Medications and for what: \_\_\_\_\_

\* Is there a family history of heart disease? \_\_\_\_\_

\* My child has had surgery or been hospitalized with in the past year for: \_\_\_\_\_

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

**HIGH SCHOOL & MIDDLE SCHOOL STUDENTS: My Child is not allergic to Tylenol(acetaminophen) or Ibuprofen and I give permission to the school nurse to administer Tylenol or Ibuprofen, as needed, to my child. Parent/Guardian Signature** \_\_\_\_\_