

## Emergency Contact Information

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name  
(full middle name - no initials)

\_\_\_\_\_  
Last Name

Grade Level Entering \_\_\_\_\_  
\_\_\_\_\_ Male \_\_\_\_\_ Female

Age \_\_\_\_\_

Gender

Please check if you have moved within the last year

Student's Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Beaver
- Bridgewater
- Brighton Twp
- Vanport

Home Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ City of Birth \_\_\_\_\_

Date of Entry in Pennsylvania \_\_\_\_\_ (if not born in Pa, when did student first come to PA)

## Parent/Guardian Information

Ethnicity: \_\_\_ American Indian \_\_\_ Asian/Pacific Islander \_\_\_ African American \_\_\_ Hispanic \_\_\_ Caucasian

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cell Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cell Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Father's email \_\_\_\_\_ Mother's email \_\_\_\_\_

Employer's name \_\_\_\_\_ Employer's name \_\_\_\_\_

Work phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Work phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student resides with: \_\_\_ Mother and Father \_\_\_ Father Only \_\_\_ Mother Only \_\_\_ Legal Guardian

Other \_\_\_\_\_ (please explain) \_\_\_\_\_

Are there any custodial arrangement/court orders pertaining to this child? \_\_\_ Yes \_\_\_ No  
If yes, please provide a copy of the court document that will be kept in the Principal's Office.

## Previous School Information

School last attended: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## People Authorized to Pick Up Your Child in Case of Emergency (after trying to contact parent(s))

Contact #1 Name \_\_\_\_\_  
Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Contact #2 Name \_\_\_\_\_  
Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Contact #3 Name \_\_\_\_\_  
Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to student: \_\_\_\_\_  
home cell work  
Relationship to student: \_\_\_\_\_  
home cell work  
Relationship to student: \_\_\_\_\_  
home cell work

## Health History

Name of pediatrician and/or doctor(s) student sees regularly \_\_\_\_\_

Significant Health History/Conditions/Allergies	Current Medications

Do you need an appointment with the school nurse? \_\_\_\_\_ Yes \_\_\_\_\_ No

By signing at the bottom of the page, I give permission for the nurse to share pertinent health information with staff who come in contact with my child. **DO NOT SHARE** the following:

\_\_\_\_\_

\_\_\_\_\_

In the case of an emergency, your child will be transported to  
Heritage Valley Beaver via Medic Rescue.

I give permission for the following medications to be administered to my child during school:

- |   |  |
|---|--|
| <input type="checkbox"/> Acetaminophen (Tylenol)<br><input type="checkbox"/> Ibuprophen (Advil)<br><input type="checkbox"/> Benadryl<br><input type="checkbox"/> Topical Antihistamine (Caladryl) | <input type="checkbox"/> Eye Wash Solution<br><input type="checkbox"/> Calcium Carbonate Antacid (Tums)<br><input type="checkbox"/> Oral Anesthetic (Orajel)<br><input type="checkbox"/> Potassium Iodide<br>(in case of radiation exposure emergency) |
|---|--|

Names of other children in household	Birthday	School

I give permission for the nurse to administer the above medications. I attest that all information is complete and accurate to the best of my knowledge. I give permission for the school nurse to communicate with the doctor/practice listed above if necessary regarding immunizations and issues that are related to education. I also give permission for the nurse to share pertinent health information with appropriate staff.

**FOR ELEMENTARY STUDENTS ONLY**-You will be notified by the nurse for ALL significant injuries and illnesses- please list an email address if you wish to be notified with all **MINOR** health office visits as well

\_\_\_\_\_ (email address)

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date