

Teacher: \_\_\_\_\_  
Room Number: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Birthdate: \_\_\_\_\_

<b>Student's Last Name</b>	<b>First Name</b>	<b>Parents Names</b>	<b>Work Phone Numbers</b>
<b>Home Phone Number:</b>			
<b>Authorized Pick up ( Name and Phone Number)</b>			
<b>1.</b>			
<b>2.</b>			
<b>Medical Conditions (such as asthma, epilepsy, heart conditions etc.):</b>			
<b>Allergies ( such as bee stings, food, etc):</b>			
<b>Taking Medication (what kind):</b>			
<b>I understand that medical information will be shared with staff as necessary for my child's health and safety.</b>			
<b>Parent Signature</b> _____		<b>Date</b> _____	

Staff Signature	Title	Initials	Staff Signature	Title	Initials
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[illegible]

**STUDENT'S LAST NAME**  
(Please print in LARGE letters)

**STUDENT NAME:** \_\_\_\_\_

Date	Time In/ Out	Initial	Reason for Visit	Care Given	Parent Notified