



Student Name: _____ 8/18

Parent/Guardian #1: _____

Parent/Guardian #2: _____

Health Information and Emergency Contacts (Please complete one form PER student)

STUDENT NAME: _____ BIRTHDATE: ____/____/____

HOME ADDRESS: _____

MAILING ADDRESS (if different): _____

PARENT/GUARDIAN #1 NAME: _____
MOBILE PHONE: _____ HOME PHONE: _____
WORK PHONE: _____ EMAIL: _____

PARENT/GUARDIAN #2 NAME: _____
MOBILE PHONE: _____ HOME PHONE: _____
WORK PHONE: _____ EMAIL: _____

EMERGENCY CONTACT (OTHER THAN PARENTS):
NAME: _____ PHONE: _____
NAME: _____ PHONE: _____

MEDICAL INFORMATION: Does student have any special needs, physical limitations, allergies or medications? Please list: _____

PARENT/GUARDIAN AUTHORIZATION:

In the event that I cannot be reached in an emergency, I hereby give CHEC permission to secure medical treatment, including transportation and hospitalization, for my child _____.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Signature: _____

CHEC requests that you update your information on a yearly basis. Please review the above information, mark any changes and sign below.

I have reviewed the above information and verify that it is correct:

Parent/Guardian Signature: _____ Date (Year 1): _____

Parent/Guardian Signature: _____ Date (Year 2): _____

Parent/Guardian Signature: _____ Date (Year 3): _____