

Kent Center School
Pupil Information/ Emergency Form
2009-2010

This information is important and needs to be available for the safety of each child.
One form must be filled out for each child.

Home Room _____

Date _____

Student's Last Name	First Name	Middle Name
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Student Date of Birth: _____ Gender: _____ Race: _____

Home Address : _____

Mailing address: _____

_____ Home Tel. No: _____
Mother's Name

Place of Employment: _____ Work Phone: _____

Cell phone: _____ Email: _____

_____ Home Tel. No. _____
Father's Name

Place of Employment: _____ Work Phone: _____

Cell phone: _____ Email: _____

____ Legal Guardian: _____
Name (Address if different from above)

Student lives with: ___Both Parents ___Mother ___Father ___Other _____

Bus Route: _____ Is this child youngest at KCS? _____

Other Siblings at KCS _____ Home Room _____

_____ Home Room _____

_____ Home Room _____

_____ Home Room _____

PLEASE CONTINUE ON BACK OF THIS FORM

HEALTH INFORMATION

STUDENT'S NAME _____ DOB _____

Does this student have health insurance? (Please check one) Yes _____ No _____

Primary Physician: _____ Telephone: _____

Primary Dentist: _____ Telephone: _____

I give permission for the health care providers named above to communicate with the school nurse and for them to share health information regarding my child as named on this form.

Signature: _____ Date: _____

Preferred Hospital _____

If you cannot contact me at home or work, you may send or release my child to:

1 _____ Telephone: _____
Emergency Name & Relationship

2 _____ Telephone _____
Emergency Name & Relationship

Allergies and Medical concerns: _____

I give permission for the school nurse to share appropriate medical concerns with my child's bus driver. Please sign here: _____

NOTICE TO PARENTS:

The first consideration must be the child's welfare. In the event that neither parent, designated responsible persons, nor the child's physician can be reached in an emergency, the decision for moving and securing medical aid is transferred to the school physician or another physician called in his/her place, the school nurse, next – the principal, then the teacher. If this procedure is followed, parents must assume the expense of moving and treating the ill or injured child.

Signature of Parent or Legal Guardian: _____

If you are divorced, separated, remarried, or a single parent, please read on:

The law states that unless we have a court order saying one parent does not have a legal right to see the child or his/her records, we may not refuse to let either parent take the child from school or withhold information regarding school records.

Initial here if a court order is on file _____

A copy of the court order must be on file in the school office