



**STUDENT INFORMATION**

**Student's Name:** \_\_\_\_\_  
(Please Print) *First* *Middle* *Last*

**Race:** (please check one)  
 American Indian/Alaskan Native  
 Asian  
 Black  
 Hispanic/Latino  
 Middle Eastern/North African  
 Native Hawaiian/Pacific Islander  
 Two or more races  
 White

**Ethnicity:**  
 Hispanic  
 Non-Hispanic

**Health Information**

Allergies: \_\_\_\_\_

Other Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Physician: \_\_\_\_\_ phone # \_\_\_\_\_

Dentist: \_\_\_\_\_ phone # \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Parents/Guardians will be the first to be contacted if a child is ill or in the case of an emergency.

If we are unable to reach a parent/guardian, please list other emergency contacts below.

(please include any adult who can pick-up your child from school)

| <b>Name</b> | <b>Relationship</b> | <b>Phone #</b> |
|-------------|---------------------|----------------|
| _____       | _____               | _____          |
| _____       | _____               | _____          |
| _____       | _____               | _____          |
| _____       | _____               | _____          |
| _____       | _____               | _____          |