



WATERFORD SCHOOL DISTRICT STUDENT INFORMATION CARD

Grade _____ Home Room _____ Date of Birth _____ Male Female

Student _____
Last First Middle

Address _____ Phone _____ Cell _____
Street Zip

Mother _____ Employer _____ Phone _____ Cell _____

Father _____ Employer _____ Phone _____ Cell _____

Guardian _____ Employer _____ Phone _____ Cell _____

List two neighbors or nearby relatives who are available during school hours and have agreed to assume temporary care of your child in case of emergency or early dismissal if you cannot be reached.

(1) Name _____ Phone _____
Address _____ Cell _____

(2) Name _____ Phone _____
Address _____ Cell _____

Custody Restrictions: NO YES If YES, release only to below individual or indicate restrictions.

Custody Papers: Resides with: Mother Father Guardian

In case of accident or serious illness, I request that school personnel contact me. If I cannot be reached, I hereby authorize school personnel to call the physician indicated below and to follow these instructions. If it is impossible to contact this physician, school personnel may make whatever arrangements they deem necessary. Any obligation for medical expenses resulting from treatment in such case is to be handled by me as a parent or guardian.

Physicians Name _____ Phone _____ Choice of Hospital _____

Indicate below if your child has any specific health problems:

Asthma _____
Diabetes _____
Seizure Disorders _____

Severe Allergies: Insect Sting _____
Penicillin _____
Specify Other _____

Describe any health problems indicated above.

Describe any other health problems your child may have.

List medication(s) your child requires regularly and specify instructions.

Describe if your child has any physical activity restrictions.

Permission is granted to Waterford Schools and Oakland County Health Department to release pertinent health records or related information on my child to each other. This consent may be withdrawn by written notification at any time before information is released and will expire when my child is no longer enrolled in the school district.

Parent/Guardian Signature _____

Date _____