Signature School Student Profile

Student Full Legal Name:_____ Gender: _____ Soc. Security Number:_____

Address:_____ City: _____ State: _____ Zip:_____

Ethnicity: ___American Indian ___Hispanic ___Native Hawaiian or other Pacific Islander
___Black ___Asian ___Multiracial ___White

Birthdate: _____ Home Phone: _____ Student Cell Phone #: _____

Student Email: _____

Guardian Information

Guardian 1 Name: _____ Guardian 1 Cell Phone #: _____

Guardian 1 Relationship to Student:_____ Student Lives with ____Full-time ____Part-time ____Never

Guardian 1 Workplace: _____ Guardian 1 Work Phone #: _____

Guardian 2 Name: _____ Guardian 2 Cell Phone #: _____

Guardian 2 Relationship to Student:_____ Student Lives with ____Full-time ____Part-time ____Never

Guardian 2 Workplace: _____ Guardian 2 Work Phone #: _____

Guardianship : Mother & Father_____ Mother Only_____ Father Only_____ Other_____

Guardian Emails: _____ _____

Guardian Prefix and Name: (for mailing purposes)_____

Primary Guardian Address: _____

_____

Note: If for any reason a parent should not receive mailings or have access to his/her child's records, the appropriate documents must be on file in the school office. If you would like mailings to go to a secondary address, please provide the name and address on the back of this form.

Student Health History

Doctor's Name: _____ Doctor's Phone #: _____

List Student's Allergies: _____

List any Diseases, Operations, or Injuries w/date: _____

_____

Does the Student Require Medication at Home? Please List: _____

_____

If the student requires medication to be administered at school, a parent must come to the office to fill out paperwork. All medications must be in the original pill bottle with the prescription attached.

Does the Student have: (Please Circle) Glasses Contacts Hearing Impairment Hearing Aids

EpiPen Inhaler Other life-saving medication_____
Pease list life-saving medications

Emergency Information

In case of an EMERGENCY situation when we cannot reach you at home or work, please list two people who have agreed to take responsibility for your child and consent to the release of their phone numbers so we may reach them as an alternative. If emergency contacts are not provided or cannot be reached, the school may call an ambulance if needed.

Emergency Contact 1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact 2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

I give permission for school to dispense: (Please mark which one) _____Ibuprofen _____ Acetaminophen

If necessary, I give permission for school personnel to take whatever emergency steps necessary to care for my child. I acknowledge I have read and consent to the above.

Parent/Guardian Signature: _____ Date: _____