## STUDENT MEDICAL/EMERGENCY INFORMATION

Student's Name	Grade
Date of Birth	SS#
Homeroom Teacher	
INS	URANCE VERIFICATION
Name of your Health/Accident Insurer	
Policy #	Date of Expiration
Family Physician	Phone Number
EMERGENCY INFORMAT	TON AND MEDICAL TREATMENT CONSENT
may be necessary and further recognize the for emergency medical care. I do hereby cocare, as may be deemed necessary under the notations on my son/daughter's records:	ne parent or guardian of,, n student activities, medical treatment on an emergency basis at school personnel may be unable to contact me for my consent onsent in advance to such emergency care, including hospital ne then existing circumstance. Please make the following
	illness and medication):
Relevant medical information (e.g., contact murmur):	lens wearer, history of family diabetes, epilepsy, heart
Signature	Date
t is the parent's responsibility to keep all ins hroughout the entire school year.	surance and medical/emergency information current
May Tylenol be given to child? Yes	No

## INFORMATION FOR PERMANENT RECORDS Andrew Jackson Academy

	Last	First	Middle
Birthdate			
	Month	Day	Year
Place of Birth	Town		
	Town	State	
Social Security Number	er		
No. of Children in Fam	ilyTotal	<u> </u>	
	Total	Boys	Girls
FAMILY DATA			
Name of Parents			
Home Address			
Occupation/Place of Em	nployment	· · · · · · · · · · · · · · · · · · ·	
3.4 1.10			
Deceased			
With Whom Does Child	Reside		
Mother's Name		Home Phone	
Work Phone		Cell Phone	
Work Phone		Cell Phone	
School Last Attended (if a			