

Taconic Hills Central School District

STUDENT & PARENT/GUARDIAN INFORMATION/ EMERGENCY CONTACT / MEDICAL INFORMATION FORM

Student & Parent/Guardian Information:

Student Name: _____ Birth Date: _____
(Last) (First) (Middle)

Student ID #: _____ Grade: _____ Teacher: _____

Residence Address: _____

Mailing Address (if different): _____

Home Phone: _____

Lives With: Parent/Guardian Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____ E-Mail: _____

Lives With: Parent/Guardian Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____ E-Mail: _____

Please be advised:

**If there is any change in custody/guardianship, you must provide legal documentation to support the change.
All documents must be kept in the student's file.**

Emergency Contact:

Other than yourself, in the event of illness or injury, we will contact the following person for care & transportation.

Note: Please advise this individual that you are listing them for emergency care in case the school is unable to reach you.

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

The school authorities will use this form to exercise their responsibility in providing emergency care to students when parents/guardians or emergency contacts are not available.

Medical Information:

Please list below any information about your child that the school should be aware of:

Physician: _____ Phone Number: _____

Dentist _____ Phone Number _____

Allergies: _____ Medications: _____

Special Health Considerations/Other: _____

Please sign and date below to certify all information provided on these forms.

Signature of Parent/Legal Guardian

Date