Clear Form

2012-2013 MOUNTAIN BROOK CITY SCHOOLS
STUDENT HEALTH INFORMATION SUPPLEMENT

School: _____ **Grade:**_____

Student Name: _____ **Date of Birth:** _____
Last First Middle

Preferred Student Name: _____ **Preferred Email:** _____

☐ **I authorized the school nurse to contact me electronically, via email or text.**

Emergency Contact Information: ***Please list in order to be contacted, please include yourself:***

1. Name: _____ **Relationship to Student** _____

Home Phone: *Work Phone:* *Cell Phone:*

2. Name: _____ **Relationship to Student** _____

Home Phone: *Work Phone:* *Cell Phone:*

3. Name: _____ **Relationship to Student** _____

Home Phone: *Work Phone:* *Cell Phone:*

4. Name: _____ **Relationship to Student** _____

Home Phone: *Work Phone:* *Cell Phone:*

Family Information

Student lives with:
☐ Both parents at same home.
☐ Mother as custodial parent.
☐ Father as custodial parent.
☐ Other. If other explain below.

_____
_____
_____

Student Insurance Information

Insurance Provider_____Insured's Name _____
Contract or Policy Number _____

As a parent/guardian, I consent to have my child receive first aid by school staff and volunteers. If necessary, I consent to have my child transported to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every school year.

Parent/Guardian Signature: **Date:**

Revised 01/26/12