

Marble Charter School Student Information 2018/2019

Please fill out one form for each child in your family

Student Name: _____ Grade: _____ Birthday: _____

Home Phone: _____

Mailing Address: _____

Mom's contact info: Cell # _____ Work# _____

E-mail Address: _____

Dad's contact info: Cell # _____ Work # _____

E-mail Address: _____

Please list DAYTIME telephone numbers for people (other than parents) who may pick-up your child when he/she is ill or injured. Please include family, friends, neighbors, babysitters, etc. who are available during the day. We will always try to contact parents first!

Call 1st - Name: _____ Phone #: _____

Call 2nd - Name: _____ Phone #: _____

Doctor's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

Continued on back

Does your child have any health problems or other matters of which the MCS staff should be aware? Please circle any conditions/concerns listed below that are relevant to your child:

Diabetes Asthma Allergies Food Sensitivities Seizure Disorder

Anxiety Disorder Vision Hearing Focus/Concentration

Behavioral Academic Medication Needs (list below)

Other: _____

If any of the items listed above relate to your child, please explain:

Does your child have any limitation of school activities? Yes / No

If yes, please explain: _____

I give permission for my child to be given ____ Tylenol or ____ Ibuprofen if deemed necessary by the MCS staff. By marking one or both of these, I have indicated that my child is NOT allergic to Tylenol and/or Ibuprofen.

Is there anything else you would like to tell us about your child? _____

Parent Signature

Date