

## Persons Eligible to Pick up Student



Student's Name \_\_\_\_\_

(Name of persons eligible to check in and/or check out the above student.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

**\*Persons names listed on this document will be the ONLY INDIVIDUALS allowed to check in and/or check out the above named student, unless otherwise noted.**

### Health Information

Major Medical Problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

Routine Medications: \_\_\_\_\_

Disabling Condition: \_\_\_\_\_

Regular Physician: \_\_\_\_\_

Emergency Contact:  
Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work)

Health Insurance \_\_\_\_\_ Contract # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**Medical Emergency Consent: In case of a medical emergency and the school has made an attempt to reach the parent(s); the school has permission to call an ambulance to transport to nearest hospital.**

Parent/Guardian Signature \_\_\_\_\_