

ACADEMIA MENONITA

EMERGENCY INFORMATION

20 - 20

Grade & Group

Please use black or blue ink to fill out this form. Any changes made during the year should be reported to the school.

PICTURE

Pupil's (2) Last Names (Surnames) _____, First Name _____ Middle Name _____ DOB (month/day/year) _____/_____/_____

Home Address _____ Zip Code _____ Home Phone # _____

Print Father's Name --not signature-- (por favor, letra de molde legible) _____

Print Mother's Name --not signature-- (por favor, letra de molde legible) _____

Work Phone # _____ Mobile Phone # (Cellphone) _____

Work Phone # _____ Mobile Phone # (Cellphone) _____

E-Mail _____

E-Mail _____

The parents are: married _____ divorced _____ separated _____ other _____ specify: _____

Paternal authority ("patria potestad") belongs to: both parents _____ mother _____ father _____ other _____ specify: _____

Legal custody ("custodia legal") belongs to: both parents _____ mother _____ father _____ other _____ specify: _____

Name and grade of any sibling, cousin, etc. who studies at Academia Menonita _____

Blood Type _____ Does your child have any history of illness that we should know about? Please specify _____

Is your child at present under medical treatment(s)? _____ For what reason(s)? _____

Medicine(s) taken for such treatment and dosis _____

Does your child have any allergies? Please specify. Include allergies to medications _____

Does your child have any physical handicap? Please specify _____

Any other special health information that we should be aware of _____

My child may receive (please check): Acetaminophen (Tylenol/Panadol) _____ Tums _____ Pepto-Bismol _____
Other: _____ during school hours when necessary from the school. (We DO NOT provide Aspirin.)

Student's doctor and phone number _____

In case of emergency and you cannot be reached by phone, what do you wish the school to do, and what hospital preference would you have? _____

Name of adults AUTHORIZED to pick up the student. (Please provide photograph with name written on back)

Mark with an "X" in the space provided those to be called in case of emergency, if parents cannot be reached.

Name _____	PICTURE
Relation _____	
Phone _____	
Call this person in case of emergency _____	

Name _____	PICTURE
Relation _____	
Phone _____	
Call this person in case of emergency _____	

CONTINUATION - Name of adults AUTHORIZED to pick up the student. (Please provide photograph with name written on back)

Mark with an "X" in the space provided those to be called in case of emergency, if parents cannot be reached.

Name _____	PICTURE
Relation _____	
Phone _____	
Call this person in case of emergency _____	

Name _____	PICTURE
Relation _____	
Phone _____	
Call this person in case of emergency _____	

Name _____	PICTURE
Relation _____	
Phone _____	
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Relation _____	
Phone _____	
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Phone _____	
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Name _____	PICTURE
Relation _____	
Phone _____	
Call this person in case of emergency _____	

Name _____	PICTURE
Relation _____	
Phone _____	
Call this person in case of emergency _____	

Name _____	PICTURE
Relation _____	
Phone _____	
Call this person in case of emergency _____	

Signature of Father (or guardian)

Signature of Mother (or guardian)

Name of the adults who are NOT AUTHORIZED to pick up the student. (Please provide photograph with name written on back)
(To unauthorize a parent, there must be an official court order stating it.)

Name _____	PICTURE
Relation _____	
Phone _____	

Name _____	PICTURE
Relation _____	
Phone _____	