

**Wise School – MEDICAL AND EMERGENCY INFORMATION**

Student Name: (Print) \_\_\_\_\_

Student Address: \_\_\_\_\_

Grade (2014/15): \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

1. Student resides with: (check all that apply) Parent/Guardian 1: \_\_\_\_\_ Parent/Guardian 2: \_\_\_\_\_  
Step-Parent: \_\_\_\_\_ Other (name/relationship): \_\_\_\_\_

2. **PARENT/GUARDIAN 1** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. **PARENT/GUARDIAN 2** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4. **STEP-PARENT** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

5. If the school is unable to reach a parent/guardian, my child may be released to any of the following:

Name/Relationship: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Please list any allergies your child has: \_\_\_\_\_

6. Please list any ailments or physical problems your child has \_\_\_\_\_

7. Has this child had any operations? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain \_\_\_\_\_

8. Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

9. Please check if you **DO NOT** want your address & phone included in the school roster. \_\_\_\_\_

10. Wise School has my permission to take my child for treatment to the nearest emergency hospital in the event that a parent/guardian cannot be reached.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_