Amelia Academy

2016-17 Medical Data Sheet/School Closing

Date: _____ Student's Name: _____

School Year: _____ Grade: _____ Teacher: _____

Student's Social Security Number: _____ Student's Date of Birth: _____

Parents'/Legal Guardians' Names: _____

Address: _____ Home Phone: _____

Name of Family Physician: _____ Physician's Phone: _____

Address of Physician: _____

Insurance Company: _____ Policy No: _____

If your child is subject to any types of illness, allergy or seizure of which this office should be made aware, please state:

_____

_____

In case of an emergency, do we have the permission of the parents/guardians to have your child taken to an emergency room of a hospital? ☐ Yes ☐ No If so, what hospital? _____

In case of a sickness or emergency, where neither parent may be reached, please give the name of persons whom we may contact and their phone numbers:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

_____ _____
Father's Signature Mother's Signature

_____ _____ _____ _____
Father's Work/Cell Number Father's SSN Mother's Work/Cell Number Mother's SSN

In case of an early closing, please list below what instructions we need to follow, such as with whom to leave your child until you get home, or who will pick him/her up from school, or if he/she needs to go home with someone else (whom and what bus to ride, etc.). Should weather conditions or any other type of emergency force the closing of school, the Instant Alert system will be used. Please ensure you register to use the system and include all phone numbers where you wish to be contacted.

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