

2016/2017 Hunterdon Preparatory School - Student Information Sheet

Student Information

Full legal name _____
 Nickname _____ DOB: ____/____/____
 Address _____

 Student Cell # _____

Alternate Emergency Telephone Numbers

In the event that I am unable to be reached, the following people have my permission to pick my child up from school:

Name _____
 Relationship _____
 Home phone _____ Cell _____

Name _____
 Relationship _____
 Home phone _____ Cell _____

Parent or Guardian Information

Parent/Guardian Name _____
 Address _____

 Email _____
 Home phone _____
 Cell phone _____ Work _____

Parent/Guardian Name _____
 Address _____

 Email _____
 Home phone _____
 Cell phone _____ Work _____

Are there any specific **custody** or **guardianship** issues that we should be aware of? If so, please explain here or on reverse side:

FYI: If your child DOES NOT have Health Insurance, NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online. If you would like us to release your name & address to the NJ FamilyCare program to contact you about health insurance, please sign below. *Written consent required pursuant to 20 U.S.C. 1232g(b)(1) and 34 C.F.R. 99.30(b).*

Signature: _____ Printed Name: _____ Date: _____

Medical Information

Physician Name _____ Phone () _____
 Address _____

Is student taking any medication? If yes, please indicate the name of medicine, dosage and time given. Please include any over-the-counter, non-prescription medications (*use back if more space is needed*):

Medicine _____ Dosage _____ Time(s) Administered _____
 Medicine _____ Dosage _____ Time(s) Administered _____

Does the student have any physical or activity restrictions? _____

Does the student have allergies to:

Medication	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: _____
Food	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: _____
Insect/Bee stings	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: _____
Contact/Skin	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: _____
Seasonal	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: _____
Animals/Other	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: _____

Does the student use any assistive or treatment devices such as:

Glasses/contacts	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: _____
Hearing Aids	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: _____
Braces (type)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: _____

If any prescription medicine is to be taken during school hours, please provide the school with a completed **"Parent's Request for Giving Medications at School"** form (*available on our website www.hunterdonprep.org*).

Should an emergency arise, I authorize a Hunterdon Preparatory School staff member to take my son or daughter to the nearest medical facility for administration of necessary medical treatment.

Date _____ Custodial Parent's or Guardian's Signature _____