

Please print. If information changes during the school year, please call or write the school office.

PUPIL INFORMATION CARD

Student's Full Name _____
(Last) (First) (Middle)

Date of Birth ____ / ____ / ____

The phone and address information has changed from last year Yes No

Home Phone # (____) ____ - ____ Email Address: _____

Street Address _____ Apt. # _____
City _____ Zip Code ____ - ____

Grade ____ Home Room Teacher _____ School Bus # _____

Parent Status (circle one): Married Separated Divorced Single Other

Mother/Guardian Name _____ Home Phone # (____) ____ - ____
Street Address _____ Apt. # _____
City _____ Zip Code ____ - ____ Cell Phone # (____) ____ - ____
Place of Employment _____ Phone # (____) ____ - ____

Father/Guardian Name _____ Home Phone # (____) ____ - ____
Street Address _____ Apt. # _____
City _____ Zip Code ____ - ____ Cell Phone # (____) ____ - ____
Place of Employment _____ Phone # (____) ____ - ____

Name and grade of brothers and sisters in Buckeye Schools:

Name: _____ Grade: _____ School: _____
Name: _____ Grade: _____ School: _____
Name: _____ Grade: _____ School: _____
Name: _____ Grade: _____ School: _____

In case of illness or emergency and we are unable to reach you, please list whom we may contact. (If stepparents are to be included, please also specify.)

Name: _____ Phone #: (____) ____ - ____
Name: _____ Phone #: (____) ____ - ____
Name: _____ Phone #: (____) ____ - ____
Name: _____ Phone #: (____) ____ - ____

Comments/Concerns: _____

Do you wish to have your child's name/address/phone number listed in the school/student directory?

Yes No

PARENT EMAIL

FIRST NAME

LAST NAME

Please print. Complete either Part I or Part II. If information changes during the school year, please call or write the school office.

Part I Consent

School: _____

EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name _____ Address _____ Date of Birth ____/____/____
Telephone # (____) _____ - _____

Residential Parent/Guardian:

Mother's Name _____ Daytime Phone # (____) _____ - _____
Father's Name _____ Daytime Phone # (____) _____ - _____

Other name of relative or childcare provider:

Name _____ Daytime Phone # (____) _____ - _____
Relationship _____

I hereby give my consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone (____) _____ - _____
Dentist _____ Phone (____) _____ - _____
Medical Specialist _____ Phone (____) _____ - _____
Local Hospital _____ Phone (____) _____ - _____

Statement regarding consent when contact is unsuccessful:

If contact is unsuccessful, I give my permission for the appropriate personnel to treat my child in the following manner: _____

Special medical history, including allergies my child has: _____

_____/_____/_____
Date Signature Address

Part II Refusal to Consent

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish to school authorities to take the following action:

_____/_____/_____
Date Signature Address