

OLPH 2010-2011 AFTER SCHOOL CARE STUDENT INFORMATION RECORD

Family Information

Last Name	First Name	Date of Birth	Grade

Parent Information

Parent's Marital Status: Married Divorced Widow Other

Mother's/Guardian (Primary? Y N):

Father's/Guardian (Primary? Y N):

Cell Phone:	Home Phone:
Date of Birth:	Driver's License #:
Home Address:	
Employment:	Work Phone:
Business Address:	

Cell Phone:	Home Phone:
Date of Birth:	Driver's License #:
Home Address:	
Employment:	Work Phone:
Business Address:	

Family Authorized Persons

Full Name	Relation	Primary Phone	Alt. Phone

Family Medical Emergency Information

The school will not hesitate to call 911 if the director feels it's necessary. Parent(s) will be notified immediately.

Serious Health Problems? No ___ Yes ___

If Yes, Explain: _____

Allergies? No ___ Yes ___

If Yes, Explain: _____

Medications? No ___ Yes ___

If Yes, Explain: _____

Does student have permission for medicine and the medicine in school office? Yes _____

Physician	Medical Plan/No.	Address	Phone
Dentist	Medical Plan/No.	Address	Phone

If unable to reach physician, what action does parent authorize OLPH to take?

___ Call emergency hospital (preferred hospital _____)

___ Other, explain _____

Parent Signature _____ Date _____