

SAU16 - Swasey Central School
603-642-3487

Student Information

Student Name _____	Mailing Address _____	Student ID _____
Address _____	_____	SASID # _____
City, State, Zip _____	_____	Grade _____
Home Phone _____	_____	Date of Birth _____
		Gender _____

Mother's Name _____ Custodial parent: Home Phone _____
Cell Phone _____
Mailing Address (if non-custodial) _____ City, State, Zip _____ Employer Phone _____

Father's Name _____ Custodial parent: Home Phone _____
Cell Phone _____
Mailing Address (if non-custodial) _____ City, State, Zip _____ Employer Phone _____

Guardian's Name _____ Home Phone _____
Cell Phone _____
Employer Phone _____

Step Parent's Name _____ Home Phone _____
(Living with student) Cell Phone _____
Email Address Contact _____ Employer Phone _____

Permission to pick up child? YES / NO

Please list two other adults who would be willing to assume temporary care of your child and/or be contacted in case of our inability to contact a parent or guardian.

1 _____
Last Name, First Name Relationship Daytime Phone Number Cell Phone

2 _____
Last Name, First Name Relationship Daytime Phone Number Cell Phone

Doctor _____

Health Concerns/Allergies: Has your child been diagnosed with a chronic health concern? (ie: asthma, diabetes, allergies) ___ Yes ___ No If yes, please explain: _____

Is this a life threatening allergy? ___ Yes ___ No * **If yes, please contact Health Office for additional paperwork** *

Does your child have an Epi-Pen? ___ Yes ___ No

Medications: If your child currently on any medications? ___ Yes ___ No

If yes, please explain: _____

Is this medication to be given at school? ___ Yes ___ No

If your child has a health concern that requires medication during school, the Health Office will provide you with the necessary paper work.

Permission to Administer:

Antacid, Calamine Lotion, sting kill swabs, antibiotic ointment, hydrogen peroxide, betadine, Anbesol, Chloraseptic spray, cough drops, cortisone cream, eye wash, Vaseline, burn cream or equivalent.

X _____

Parent/Guardian Signature

Date