

Celentano Biotech, Health and Medical Magnet School
Student Emergency Information Form

Basic Information

Student's Name: _____ Grade: _____ Teacher: _____
Date of Birth: _____ Age: _____ **MALE FEMALE** Address: _____
Home Phone: _____ Family Email address: _____

Parent/Family Information (Please update the school immediately if your phone number changes during the school year)

The child is living with: (circle one) **Both Parents Mother Father Guardian** Are other languages spoken in the home?

Please list your child's siblings who attend Celentano Biotech, Health and Medical Magnet:

1) _____	2) _____	3) _____			
Name	Grade	Name	Grade	Name	Grade

Mother's Name: _____ Work Phone: _____ Cell: _____

Father's Name: _____ Work Phone: _____ Cell: _____

Guardian's Name: _____ Work: Phone: _____ Cell: _____

Are there any custody arrangements or issues that the school should be aware of? (official documentation will be requested)

Are there any holidays or celebrations your child should not participate in? Please specify below:

Is your family currently working with a caseworker? Name: _____ Phone: _____

Are there any difficult or traumatic events your child has experienced that the school should be aware of? (divorce, death, illness, etc.)

PLEASE FILL OUT BOTH SIDES. THANK YOU.

Transportation Information

My child will: (please circle one) **RIDE BUS** **WALK** **BE PICKED UP**

Bus Number: _____ Bus Stop: _____

Write N/A if they are picked up or walk Please list intersecting streets

Emergency Pick Up/Contact

Identify those authorized to sign your child out of school or to be contacted in case of an emergency or important matter. **They will be required to show picture ID.**

_____	_____	_____	<u>YES</u> <u>NO</u>	<u>YES</u> <u>NO</u>
Name	Phone	Relationship	OK to pick up	OK to contact

_____	_____	_____	<u>YES</u> <u>NO</u>	<u>YES</u> <u>NO</u>
Name	Phone	Relationship	OK to pick up	OK to contact

_____	_____	_____	<u>YES</u> <u>NO</u>	<u>YES</u> <u>NO</u>
Name	Phone	Relationship	OK to pick up	OK to contact

Education History

Has your child attended any schools other than Celentano Magnet? YES NO

Which School(s)/Grade(s)? _____

Has your child been retained? YES NO Which grade(s)? _____ Does your child wear glasses? YES NO

Medical Information

List any allergies: _____ Medical Conditions: _____

Which medications does your child take regularly? _____

Health Care Provider: (Name) _____ Phone: _____

Preferred Hospital in case of emergency (circle one) YALE NEW HAVEN ST. RAPHAEL

Should an emergency arise, you have my permission to have my child taken to the hospital to be treated there by that facility's staff. You also have my permission to contact my child's medical providers to obtain and convey information regarding my child's health.

Signature of Parent/Guardian: _____ Date: _____ This form will need to be updated each marking period

PLEASE FILL OUT BOTH SIDES. THANK YOU.