

| STUDENT'S LAST NAME    | FIRST NAME |      | MIDDLE NAME |          |  |  |
|------------------------|------------|------|-------------|----------|--|--|
|                        |            |      |             | •        |  |  |
| STUDENT'S HOME ADDRESS | CITY       |      | STATE       | ZIP CODE |  |  |
| STUDENT'S HOME PHONE   |            | DATE | OF BIRTH    |          |  |  |

| 1,04           | DEN                                      | 1   |                                  | - 1  |                                       |                      |                       | 1                       |  |
|----------------|--|---|----------------------------------|--|---------------------------------------|----------------------|-----------------------|-------------------------|--|
| _              | g the Future                             | STU   | DENT'S HOME PHONE                |  |                                       | DATE OF BIR          | RTH                   |                         |  |
|                | g me rotore                              | 1   |                                  |  |                                       |                      |                       |                         |  |
|                | WHO DOES STUDENT LIVE WITH?              | STUI  | DENT'S SOCIAL SECURITY NUMBER    |  | STUDENT'S BIRTHPL                     | ACE (CITY AND        | STATE)                |                         |  |
|                |  |   | STOPPIN S SSCIAL DESIGNATION DER |  | STOREM S DERTIFICACE (CELT AND STATE) |                      |                       |                         |  |
| 0              | O FATHER NAME:                           |   | HOME PHONE NUMBER                |  | WORK PHONE NUMBE                      | ER                   | CELL PHONE/P          | PAGER NUMBER            |  |
| INFO           | D GUARDIAN                               |   |                                  |  |                                       |                      |                       |                         |  |
| F              | OCCUPATION                               | EMPL  | LOYER                            |  | EMPLOYER ADDRESS                      |                      |                       |                         |  |
| Z              |  |   |                                  |  |                                       |                      |                       |                         |  |
| PARENT         | D MOTHER NAME: D STEPMOTHER D GUARDIAN   |   | HOME PHONE NUMBER                |  | WORK PHONE NUMBER                     |                      | CELL PHONE/ F         | PAGER NUMBER            |  |
| Δ.             | OCCUPATION                               | EMPI  | LOYER                            |  | EMPLOYER ADDRESS                      |                      |                       |                         |  |
|                | l  |   |                                  |  | 1                                     |                      |                       |                         |  |
|                | IN AN EMERGENCY WHEN NEITHER PARENT CA   | ,N  | HOME PHONE NUMBER                |  | CELL PHONE NUMBER                     |                      | RELATIONSHIP          | TO STUDENT              |  |
|                | BE REACHED CALL:                         |   |                                  |  |                                       | •                    |                       | .00.000                 |  |
|                | IN AN EMERGENCY WHEN NEITHER PARENT CA   | - N   | HOME PHONE NUMBER                |  | CELL PHONE NUMBER                     |                      | ST. ATTOMEUT          | -                       |  |
|                | BE REACHED CALL:                         | •   | NOME PROME NUMBER                |  | CELL PHONE NUMBER                     | i.                   | RELATIONSHIP          | 7 TO STUDENT            |  |
|                | IN AN EMERGENCY WHEN NEITHER PARENT CA   |   | Water Brights Allineau           |  |                                       |                      |                       |                         |  |
| INFO           | BE REACHED CALL:                         | N AN EMERGENCY WHEN NEITHER PARENT CAN<br>E REACHED CALL: |                                  | HOME PHONE NUMBER C                          |                                       | CELL PHONE NUMBER    |                       | RELATIONSHIP TO STUDENT |  |
| Z              | THE FOLLOWING PEOPLE ARE AUTHORIZED TO   | PICK MY   | CHILD UP FROM SCHOOL             |  |                                       |                      |                       |                         |  |
| <u> </u>       |  |   |                                  |  |                                       |                      |                       |                         |  |
| EMERGENCY      | THE FOLLOWING PEOPLE MAY NOT PICK UP MY  | / CHILD   | FROM SCHOOL                      |  |                                       |                      |                       |                         |  |
| ΙŪ             |  |   |                                  |  |                                       |                      |                       |                         |  |
| 8              | DOCTOR'S NAME                            | DOCTOR'   | 'S PHONE NUMBER                  | T DENT                                       | IST'S NAME                            |                      | DENTIST'S PHONE       | MINSED                  |  |
| Ā              |  |   | 5 / 110/12                       |  | ioi o firms                           |                      | DERIZOI S FROME       | NUMBER                  |  |
| 丘              | MEDICAL INSURANCE COMPANY I              | ID NUMB   |                                  | 1  |                                       |                      |                       |                         |  |
|                | MEDICAL INSURANCE COMPANY                | D RUMB:   | EK                               | DENT   | AL INSURANCE COMPANY                  |                      | ID NUMBER             | •                       |  |
|                |  |   |                                  |  |                                       |                      |                       |                         |  |
|                | PREFERRED HOSPITAL EMERGENCY CARE        |   |                                  |  |                                       |                      |                       |                         |  |
|                |  |   |                                  |  |                                       |                      |                       | 1                       |  |
|                | ALLERGIES (BE SPECIFIC)                  |   |                                  | ARE ANY OF THOSE ALLERGIES LIFE THREATENING? |                                       |                      |                       |                         |  |
| RY             |  |   |                                  |  | U YES WHICH ONES?                     |                      |                       |                         |  |
| 9              | FOOD RESTRICTIONS OR SPECIAL DIETARY NEE | EDS   |                                  |  |                                       |                      |                       |                         |  |
| S              | I  |   |                                  |  |                                       |                      |                       |                         |  |
| -              |  |   |                                  |  |                                       |                      |                       |                         |  |
| HEALTH HISTORY | PRESCRIPTION MEDICATIONS USED            | ATIONS USED   |                                  |  | DO ANY OF THOSE ME                    | EDICATIONS A<br>HOW? | AFFECT MY CHILD'S ACT | TIVITIES AT SCHOOL?     |  |
| ii.            | ADDITIONAL HEALTH PROBLEMS OR CONDITION  | NS THAT   | MAY REQUIRE SPECIAL ATTENTIO     | N OR AF                                      | FECT MY CHILD'S ACTIV                 | ITTES AT SCH         | IOOL                  |                         |  |
| I              | l  |   | -                                |  |                                       |                      |                       |                         |  |
|                |  |   |                                  |  |                                       |                      |                       |                         |  |

## PLEASE NOTE: STUDENTS ON ANY MEDICATION (INCLUDING OVER THE COUNTER MEDICATIONS) MUST HAVE A MEDICAL ADMINISTRATION FORM SIGNED AND ON FILE IN THE SCHOOL OFFICE

To the best of my knowledge all of the above information is correct, complete, and accurate. In the event of illness, accident, or injury, I give my permission that medical measures be instituted without delay as the judgement of the personnel dictates. I understand that Aspen Creek Academy is not engaged in the practice of medicine, including but not limited to: diagnosing undetected illness or adverse medical conditions. I also authorize the above information to be given to medical professionals in the event of an accident or if necessary for immediate medical attention

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| PARENT/ GUARDIAN'S SIGNATURE                                  | DATE     |
| PARENT/ GUARDIAN'S SIGNATURE                                  | <br>DAYE |
|   |          |