

**STUDENT INFORMATION SHEET**

Please use **BLACK pen.**

**C. E. Budd School 2016-2017**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_ Bus # \_\_\_\_\_

Address \_\_\_\_\_  
 Street or Road Number \_\_\_\_\_ P.O. Box \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone # (\_\_\_\_\_) \_\_\_\_\_ Unlisted? Yes or No Student's Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Pupil lives with: \_\_\_\_\_  
 Both Parents \_\_\_\_\_ Shared Parenting \_\_\_\_\_ Custodial Mother \_\_\_\_\_ Custodial Father \_\_\_\_\_ Step-Parent \_\_\_\_\_ Guardian \_\_\_\_\_

**Office Use Only: Legal Custody Papers On File? Yes No**

Father's Name \_\_\_\_\_ Home/Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

Parent Address \_\_\_\_\_  
 If different than student \_\_\_\_\_ E-Mail: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone # (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home/Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

Parent Address \_\_\_\_\_  
 If different than student \_\_\_\_\_ E-Mail: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone # (\_\_\_\_\_) \_\_\_\_\_

Step-Parent Name \_\_\_\_\_ Home/Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone # (\_\_\_\_\_) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Home/Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone # (\_\_\_\_\_) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

If applicable, indicate caseworker information:

Name \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

In order to better serve you and to offer the best protection and safety for your child, please list the name and phone numbers of individuals you would allow to pick up your child in the event we are not able to contact you (for instance: illness, injury or emergency dismissal).

**EVERY ATTEMPT WILL BE MADE TO CONTACT THE RESIDENTIAL PARENT FIRST.**

Emergency Contacts	Name	Number(s)
First Contact		# 1 Phone: _____ # 2 Phone: _____
Second Contact		# 1 Phone: _____ # 2 Phone: _____
Third Contact		# 1 Phone: _____ # 2 Phone: _____
Preferred Hospital		
Preferred Doctor		

**PLEASE COMPLETE THE REVERSE SIDE.**

Notify school office staff promptly if any information changes during the school year.

Please use **BLACK** pen.

**WHO SHOULD TEACHERS CALL IF THERE IS A NEED TO DISCUSS ACADEMIC PERFORMANCE?**

Name \_\_\_\_\_ Number \_\_\_\_\_

Would you prefer to be contacted by email instead of phone? **YES** **NO**

Email Address: \_\_\_\_\_

*Give the following information about student's school-aged brothers and sisters.*

Name	Grade	School

**FIELD TRIP PERMISSION:** Student's Name: \_\_\_\_\_

\_\_\_\_\_ **HAS my permission** **OR** \_\_\_\_\_ **DOES NOT have my permission** to participate in field trips sponsored by the Loudonville-Perrysville Schools during the 2016-17 school year. I understand that all field trips will be conducted either under the supervision of staff members of the L-P District or by other personnel approved by the Loudonville-Perrysville EVSD Board of Education.

**Parent/Student Handbook:** A digital copy is available to me at [www.lpschools.k12.oh.us/budd](http://www.lpschools.k12.oh.us/budd) under Student Information. A paper copy can be obtained by contacting the school office at 419-994-3327.

**Emergency Medical Situations (check either Part 1 or Part 2)**

When a student is ill or injured, we will always try to contact a custodial parent/guardian first. In a **MEDICAL EMERGENCY**, the school will contact the Loudonville/Perrysville Emergency Squad first and immediately call the parent/guardian.

\_\_\_\_\_ **Part 1: I hereby give my consent** for the administration of any treatment deemed necessary in the event of a medical emergency. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. **LIST BELOW FACTS CONCERNING THE CHILD'S MEDICAL HISTORY A DOCTOR SHOULD BE ALERTED TO.**

Medical History: \_\_\_\_\_

Allergic Reaction to: \_\_\_\_\_

Medications taken daily: \_\_\_\_\_

\_\_\_\_\_ **Part 2: Refusal To Consent:** In a medical emergency situation, what do you want school personnel to do?

To the best of my knowledge, all of the information on both sides of this form is true, **AND, as indicated above** I give, *or do not give*, my permission for fieldtrips; *and* I grant, *or refuse to grant* permission for medical treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form is VOID without the Parent/Guardian Signature**

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