

Bethany Academy Emergency Information Form

4300 West 98th Street Bloomington, MN 55437 • 952-831-8686

2017-2018

- Please complete this form at the beginning of **every** school year to ensure that we have the most current information on your child.
- We will use this requested information to provide for your child's health and safety while at school.
- Please contact the school promptly with any changes in information on this form.

Student Information

2017-2018

Last name First name Middle Birth date Grade

Who has legal custody of this child? both parents mother father other (specify) _____

Parent / Guardian Information

Student's primary address _____

Address City State Zip

Father: _____
Name Address if different than above

Home phone Place of Employment Work phone Cell phone

Email Address: _____

Mother: _____
Name Address if different than above

Home phone Place of Employment Work phone Cell phone

Email address: _____

List relatives or neighbors who will assume temporary care of this child if you cannot be reached:

Name Relationship Home phone Other phone

Name Relationship Home phone Other phone

Name Relationship Home phone Other phone

Medical Information

 (Note: all prescription and non-prescription medications to be given at school require an order from your health care provider.)

Physician Name: _____ Phone Number: _____

Allergies: List all allergies to food, medications, latex, pollens, etc.	Medical Conditions: asthma, ADD/ADHD, diabetes, seizures, chronic conditions, etc.	Medications: list all medications your child is on and star * the ones given at school.	Immunizations <u>this past year</u>

Please use the back of form to give us any other information that you feel we should know.

Parent/Guardian Signature _____ Date _____

Health Office 952-831-8686 ext.112/BA Office ext.108