

The Shining Stars School

Student Personal Information

School Year: 2018-2019

This information is needed annually to provide safe, up-to-date care for your child.

Class: (Circle) M/W/F T/Th/F M/T/W/Th

Student's Name: (Last) _____ (First) _____ (Middle) _____

What name/nickname does the student want to be called at SS: _____

Physical Address: _____ City / Zip _____

Student Lives With: (Circle) Both Parents One Parent Other _____

1. Father's Name _____ Address _____

Phone _____ Cell _____

Place of Employment/Occupation _____

Work Phone _____ Email _____

2. Mother's Name _____ Address (If different from above) _____

Phone _____ Cell _____

Place of Employment/Occupation _____

Work Phone _____ Email _____

Please list any step-parents or legal guardians for your child:

3. Name _____ Relation to child _____ Address _____

Phone _____ Cell _____

4. Name _____ Relation to child _____ Address _____

Phone _____ Cell _____

Student Medical Information

Child's Health Insurance: _____ Policy Holder: _____

Insurance Telephone: _____ Policy #: _____ Group #: _____

Which Local Emergency Facility do you wish an ambulance to take your child if necessary? _____

Pediatrician: _____ Phone: _____ Date of Last Physical: _____

Dentist: _____ Phone: _____ Date of Last Dental Exam: _____

Other Physicians / Specialists: _____ Date of Last Eye Exam: _____

Student Health Information (please check all that apply):

_____ Hearing Impairment

_____ Wears Glasses / Contacts

_____ Unequal Pupils

_____ ADD / ADHD

_____ Diabetes

_____ Seizure Disorder

_____ Migraine Headaches

_____ Asthma List Triggers: _____

_____ Other: _____

ALLERGIES:

_____ Medications: _____

_____ Food: _____

_____ Latex: _____

_____ Other: _____

Please list any medication your child takes routinely:

Drug: _____ Reason: _____

Drug: _____ Reason: _____

Drug: _____ Reason: _____