STUDENT INFORMATION CARD (Please fill out in blue or black ink)
OTSEGO LOCAL SCHOOLS School Year 2011-2012

Name ______________________________ Home Phone ______________
First Middle Last

Grade ________ Gender: M F Cell Phone (Mom) ______________

Teacher: ______________ Cell Phone (Dad) ______________

Birth Date ________ Birth Place ____________ Parent Email Address ______________

Address ______________ P.O. Box_____ Lot # _____ City______________ Zip________

*******Please check if there is a change in address or phone:** ______ County ________

PRIMARY CONTACTS

Father ______________ Mother______________ (______________)
(Maiden Name)

Student resides with: father___ mother___ both___ step-dad___ step-mom___ guardian___
(Check all that apply)

Race: White Hispanic Black Asian
(Circle all that apply)

Mother/Stepmother works at ______________________ Phone ______________
(Circle one)

Father/Stepfather works at ______________________ Phone ______________
(Circle one)

Other Children in Home

	Name	Grade	Gender		Name	Grade	Gender
1.	______________	______	M F	3.	______________	______	M F
2.	______________	______	M F	4.	______________	______	M F

Please note any restraining orders/custody issues (copies of all court documentation need to be attached): ______________

EMERGENCY MEDICAL AUTHORIZATION

SECONDARY CONTACT LIST

In the event of illness/emergency, the following three people (other than parents/guardians listed above) are authorized to pick up my child. Please list in the order you wish them called. You must complete all required information.

	Name/Relationship	Address	Phone/Cell
1.	______________	______________	__________
2.	______________	______________	__________
3.	______________	______________	__________

PERMANENT FIELD TRIP PERMISSION

______________________ has my permission to attend all field trips during the present school year. Written notice including all details of each field trip will be sent home with your daughter/son.

Parent/Guardian Signature ______________________

PART I

I GIVE MY CONSENT FOR TREATMENT BY:

or

(in the event of an emergency another licensed practitioner, and also the transportation and treatment by any reasonably accessible hospital). This does not cover major surgery unless the medical opinion of two other physicians deems it necessary.

***All Information must be completed in full**

______________________ (preferred physician/clinic) ______________ (phone)

______________________ (Address)

______________________ (preferred hospital) ______________ (phone)

______________________ (Address)

______________________ (preferred dentist) ______________ (phone)

______________________ (Address)

Parent/Guardian Signature ______________________ Date____________ for school year **2010-2011**

Please list medical problems: ____

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PART II

****DO NOT COMPLETE IF YOU COMPLETED PART I***

I do not wish any type of emergency treatment and do not wish the school to take any action in the event of illness or injury requiring emergency treatment. I would like the school in an emergency to ______________________

Parent Signature ______________________ Date ______________

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THE FOLLOWING PEOPLE DO NOT HAVE PERMISSION TO PICK UP MY CHILD

Name	Relationship
1. ______________________	______________
2. ______________________	______________
3. ______________________	______________
4. ______________________	______________