

**Compass SchoolHouse
STUDENT INFORMATION FORM**

Child's Name _____ DOB _____

Street Address _____ Town _____ Zip _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Mother's Employer _____

Employer's Address _____ Work Phone _____

Father's Name _____ Cell Phone _____

Father's Employer _____

Work Address _____ Work Phone _____

PRIMARY EMAIL ADDRESS _____
email is the primary form of CSH communications

ALLERGIES AND SPECIAL MEDICAL HISTORY (PLEASE LIST or WRITE 'NONE' if none)

EPI PEN REQUIRED? Yes _____ No _____ If 'Yes' please complete the following:

1. EPI PEN PARENT PERMISSION FORM and 2. EPI PEN PHYSICIAN FORM

EMERGENCY CONTACTS – LIST AT LEAST 2 LOCAL NAMES OTHER THAN PARENTS
(WITHIN 15 MINUTE RADIUS OF CSH)

Name _____ Phone _____

Address _____ Relationship to Child _____

Name _____ Phone _____

Address _____ Relationship to Child _____

PHYSICIAN'S NAME _____ Phone _____

List any **additional** individuals that may pick up your child:

Name _____ Name _____

I authorize the director or supervising staff person to take whatever measures may be necessary to obtain medical care if warranted. These steps may include, but are not limited to the following:

- Attempt to contact parent or guardian.
- Attempt to contact the child's physician.
- Attempt to contact a parent through any of the emergency names listed above.
- In the event of a medical emergency as deemed necessary by the director, we will do any or all of the following
 - Call another physician or paramedics
 - Call an ambulance
 - Have the child taken to an emergency hospital in the company of a staff member.
 - Any expenses incurred will be the responsibility of the child's family.

Signature _____ Date _____
parent or legal guardian