

“STARS” CHILD INFORMATION FORM

Child’s Name _____ Date of Birth _____

Age _____ 2017/2018 Grade _____ Teacher _____

Mother’s Name: _____ Home Phone _____
Cell Phone _____
Work _____

Address _____ City/State _____ Zip _____

Father’s Name _____ Home Phone _____
Cell Phone _____
Work Number _____

Address _____ City/State _____ Zip _____

E-mail address _____

List names and phone numbers of three people who are authorized to pick up your child. These people may also be contacted in case of emergency.

Name	Relationship	Phone Numbers
1. _____	_____	Home _____ Work _____
2. _____	_____	Home _____ Work _____
3. _____	_____	Home _____ Work _____

If parents are divorced which parent has custody? _____

- List any illness, disabilities, special medications or routines that affect your child’s routine.

Does your child have a current health form at the school Yes _____ No _____

Does your child have health insurance Yes _____ No _____ (Must have insurance)

Child’s Physician _____
Phone _____

Preferred Hospital _____

Insurance Co. _____ Policy # _____

To my knowledge this information is correct. In the event I cannot be reached in an emergency, I hereby give my permission to the Director, or designee to secure emergency medical services, including transportation and physician. I also give permission to the attending physician to order injection, anesthesia or surgery if necessary, for my child as name above.

Parent Signature _____ Date _____