

Lake George Central School
Student Information Update
School Year _____

Student Name _____ Grade _____

Date of Birth _____

Please complete the following areas and sign below.

Please note that this information is VERY IMPORTANT and should be returned IMMEDIATELY.

1. Address:

_____ Home Phone _____
_____ Cell Phone _____

2. Parents/Guardians Student Resides With:

Name _____ Employer _____ W/Phone _____
Cell Phone _____

Name _____ Employer _____ W/Phone _____
Cell Phone _____

3. Persons to be called in an Emergency (if parents are unavailable):

Name _____ Relationship _____ Home Phone _____
Work Phone _____
Cell Phone _____

Name _____ Relationship _____ Home Phone _____
Work Phone _____
Cell Phone _____

4. Physician:

Name _____ Phone _____

5. Siblings: Name/Date of Birth _____

Please note any changes in your child's medical condition during the past year (include all serious injuries, hospitalizations, and illnesses with dates(s): _____

Allergies (please list): _____ Epi-Pen: Yes _____ No _____
Asthma: _____ Inhaler: Yes _____ No _____
Current medications: _____ Takes at home _____
Takes at school _____

NOTE: Attached is a medication authorization form to give medication, if needed, in school (prescription or over-the-counter). It must be signed by both parent and physician and returned to the Health Office.

Parent Signature _____ Date _____