

STUDENT NAME: _____ SS# _____ DATE OF BIRTH: _____

STUDENT ENTRY DATE _____ STUDENT EXIT DATE _____

HOME ADDRESS: _____

Street City State Zip

STUDENT RESIDES WITH: _____

PRIMARY FAMILY E-MAIL ADDRESS TO USE FOR ALL CORRESPONDENCE

Please Place the Phone Numbers in order for PBS Staff, Teachers and Nurse to Call for ANY reason:

1- _____ Relationship _____

2- _____ Relationship _____

3- _____ Relationship _____

PERSON(S) WHO WILL CARE FOR YOUR CHILD IN CASE PARENT CANNOT BE REACHED

NAME: _____ RELATION: _____ PHONE: _____

NAME: _____ RELATION: _____ PHONE: _____

BE SURE TO COMPLETE BOTH SIDES OF THIS CARD

STUDENT'S FULL NAME _____ AGE _____
First Middle Last

Known Allergies: _____

I understand that unless I request an exemption in writing (to the Director), my child _____ will participate in the School Health Service Program, which may include health appraisal and screenings in vision, hearing, growth and development, nutrition, dental health, scoliosis and communicable diseases as required by Florida Law.

I give permission for Pace-Brantley School to administer prescription medicine with forms completed by a physician.

In the event of serious accident or illness, I request the school to contact me. If I cannot be reached, I hereby give consent to members of the Pace Brantley school staff to make whatever arrangements are necessary to provide emergency care and treatment for my child. I will assume responsibility of payment for services rendered.

In case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at school, I request that the school contact me or my spouse to arrange transportation for my child.

Signature of Parent or Legal Guardian: _____ Date: _____

Print Name: _____

Please remember that it is your responsibility to keep the information on this card current by notifying the school

BE SURE TO COMPLETE BOTH SIDES OF THIS CARD