

COMPASS ACADEMY- Student's Last Name _____ Grade _____

PLEASE PRINT ALL INFORMATION: (This data sheet is kept on file and used for any emergency).

Student's FULL

NAME _____ Birthdate _____

Name student goes by _____ Student Social Security# _____

Guardian's Name(s) _____

Address _____ City _____ State _____ Zip _____

If parents are separated, with whom does the child reside? _____

Phone Numbers:

Guardian's cell _____ Email _____

Place of Employment _____ Work Phone _____

Guardian's cell _____ Email _____

Place of Employment _____ Work Phone _____

Siblings/grades/schools-

Name of person to call if parents cannot be reached: _____

Cell _____ Address _____

Relationship to student _____

Is this person authorized to take student from school? Yes No

Please list all adults authorized to take student from school: Name

Relationship Address City Phone #

Disease History: Measles German Measles Whooping Cough

Frequent Ear infections Mumps Chicken Pox Diabetes Frequent

throat infections Contracted Tuberculosis Defective Heart

other _____

Student's Abilities: Physical or emotional difficulties to make us aware of

Allergies (please list all)

Are any allergies life threatening? _____

Medication: Please list any medication(s) with dosage required to take at school: _____

Consent for Emergency Medical Care: Parents are contacted first in case of injury or illness. In cases of extreme emergency or life threatening situations, Compass Academy is authorized to obtain medical treatment at the nearest emergency medical facility on our behalf.

Name of Doctor: _____ Phone _____

I/We, _____, (mother, father, guardian) of above named student do hereby request and give consent to the principal of the school or his/her duly appointed representative for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents/guardian cannot be reached. Consent is also given for the principal or his/her duly appointed representative to transport said child for emergency medical treatment if the parents cannot be reached.

Insurance: Provider _____

Group and/or Policy Number _____

Liability Waiver Permission: (It is necessary for this section to be completed and remain on file. Your child will not be allowed to leave the school without this parental permission.) I, _____, give do not give permission for _____ to participate in off campus activities this year. Conference: I, the parent or guardian of this child, understand that I may ask for a conference with the teacher(s)/administrator(s) as needed.

Both Parent's/Guardian's Signatures

_____ / _____ Date _____