



# Student Contact Information Verification

Please complete all fields. This information will be used for Connect-ED calls regarding school news, events, closings and emergencies. Connect-ED is a parent notification system that allows the district to contact you rapidly via phone and e-mail.

## PLEASE PRINT CLEARLY

Child's Name: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Child Lives With: *(check one)*:

- |   |   |
|---|---|
| <input type="checkbox"/> Mother                   | <input type="checkbox"/> Guardian - List name: _____                              |
| <input type="checkbox"/> Father                   | <input type="checkbox"/> Step Parent(s) - List name: _____                        |
| <input type="checkbox"/> Both parents             | <input type="checkbox"/> Foster Parent(s) - List name: _____                      |
| <input type="checkbox"/> Splits week with parents | <input type="checkbox"/> Other Family Member(s) - List name & relationship: _____ |

Child's Primary Home Address: \_\_\_\_\_

Child's Primary Home Phone Number: \_\_\_\_\_

*\* Home phone numbers will be used for ALL Connect-ED calls. Please indicate if a cell phone is used as a home phone.*

Mother/Guardian's Name: \_\_\_\_\_

Mother/Guardian's Address *(if different than child's)*: \_\_\_\_\_

Mother/Guardian's Home Phone<sup>1</sup> *(if different than child's)*: \_\_\_\_\_

Mother/Guardian's Cell Phone<sup>2</sup>: \_\_\_\_\_

Mother/Guardian's Work Phone<sup>3</sup>: \_\_\_\_\_

*\* These phone numbers will be used for Emergency-Only Connect-ED calls.*

Mother/Guardian's Employer: \_\_\_\_\_

Mother/Guardian's E-mail Address<sup>2</sup>: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Father/Guardian's Address *(if different than child's)*: \_\_\_\_\_

Father/Guardian's Home Phone<sup>1</sup> *(if different than child's)*: \_\_\_\_\_

Father/Guardian's Cell Phone<sup>2</sup>: \_\_\_\_\_

Father/Guardian's Work Phone<sup>3</sup>: \_\_\_\_\_

*\* These phone numbers will be used for Emergency-Only Connect-ED calls.*

Father/Guardian's Employer: \_\_\_\_\_

Father/Guardian's E-mail Address<sup>2</sup>: \_\_\_\_\_

### Notes:

- <sup>1</sup> In the case of shared custody, Connect-ED can accept two home phone numbers for a child. If applicable, please provide current custody papers to your child's school.
- <sup>2</sup> Connect-ED can accept a maximum of two work phone numbers, two cell phone numbers, and two e-mail addresses per child.
- <sup>3</sup> Connect-ED cannot dial a phone extension. Be sure the numbers you include are direct lines.

Please have your child return this form to his or her  
**HOMEROOM/HOMEBASE TEACHER** on the **FIRST DAY OF SCHOOL.**



# Health Maintenance Form

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_

Home Base Teacher or HR# \_\_\_\_\_ Grade Level \_\_\_\_\_ Date of Birth \_\_\_\_\_

## MEDICAL CONTACTS

Please list local persons whom the school may contact in the event that a parent or caregiver is unavailable to pick up the student from school if he or she becomes ill. **Do NOT use names of parents listed on the reverse side of this form.**

Contact #1 (Relationship to student _____) Name _____ Home Phone _____ Cell Phone _____	Contact #2 (Relationship to student _____) Name _____ Home Phone _____ Cell Phone _____
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Primary Physician's Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Phone Number \_\_\_\_\_

## HEALTH HISTORY

Does the student have any allergies? No \_\_\_ Yes (describe) \_\_\_\_\_

Does the student have any chronic health problems? No \_\_\_ Yes (describe) \_\_\_\_\_

Has the student had a serious illness or operations in the past year? No \_\_\_ Yes (describe) \_\_\_\_\_

Is the student under doctor's care now? No \_\_\_ Yes (describe) \_\_\_\_\_

## MEDICATION

List any current medications and the dosages below. **Check here if none** \_\_\_\_\_

*Please indicate below if medication needs to be given at school.*

*All medications given at school require a doctor's order.*

Medications: \_\_\_\_\_ Dosages/Time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the student **carry or keep** the following in the nurse's office?

• **Inhaler?** No \_\_\_ Yes (type) \_\_\_\_\_

*Grades 5-12 only:* Is student able to self-administer the inhaler medication? No \_\_\_ Yes \_\_\_

• **Epi-pen?** No \_\_\_ Yes (type) \_\_\_\_\_

*Grades 5-12 only:* Is student able to self-administer the Epi-pen medication? No \_\_\_ Yes \_\_\_

Does the student have any allergies to medication? No \_\_\_ Yes (type) \_\_\_\_\_

The School Nurse may administer the following medication:

### **ALL Grades (K-12):**

Acetaminophen (Tylenol) yes / no

Antacids yes / no

### **Grades 7-12 only:**

Imodium (diarrhea) yes / no

Benadryl (allergic reactions) yes / no

Ibuprofen-(Motrin-Advil) yes / no

Nasal decongestant (non-Sudafed) yes / no

Yes \_\_\_ No \_\_\_ I give permission for the school nurse to share information concerning my child's health with appropriate GMSD personnel in order to ensure the students optimal care safely.

*If school personnel cannot contact me and my child is ill, injured at school or at a school function, and/or needs emergency care, the school has my authorization to take my child to the nearest hospital. I understand that the information on this card may be shared with pertinent school district personnel.*

Parent or Guardian Signature \_\_\_\_\_