

ELLINGTON PUBLIC SCHOOLS

GRADE: _____

Contact and Health Update

Date: ____/____/____

Last:	First:	Middle:
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Birth Date: / /	Nickname:
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Student address:	P.O. Box:
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City:	State: CT	ZIP Code:
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Home: *Required () -	Unlisted?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Custody Alert:	Documentation must be provided
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1ST HOME - PARENT/LEGAL GUARDIAN(S) LIVING AT STUDENT ADDRESS

Note: School Messenger is used to provide timely communication to the parents' home phones, cell phones, and e-mails listed here. Please use Contact Manger to control the ways you prefer to be contacted. Set-up instructions are available in the school office.

Relationship to student:	
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<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	First <u>and</u> Last Name:
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E-mail:	Cell: () -
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Work: () -	Ext:	Employer:
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Relationship to student:	
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<input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	First <u>and</u> Last Name:
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E-mail:	Cell: () -
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Work: () -	Ext:	Employer:
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2ND HOME – PARENT/LEGAL GUARDIAN(S) LIVING AT DIFFERENT ADDRESS

Please include phone numbers only if intended for an additional emergency contact. Additional mailings must be requested.

Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother	
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<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	First <u>and</u> Last Name:
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Address:	
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City:	State:	Zip:	Home: () -
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E-mail:	Cell: () -
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Work: () -	Ext:	Employer:
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Stepparent	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	First <u>and</u> Last Name:
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Cell: () -	Work: () -
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ADDITIONAL EMERGENCY CONTACTS

In case of emergency, calls are made in the order listed on this form starting with 1st Home unless otherwise specified here.

Call Order:

Name:	Relationship:
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Home: () -	Cell: () -	Work: () -
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Name:	Relationship:
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Home: () -	Cell: () -	Work: () -
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SPECIAL TRANSPORTATION ISSUES

Please fill out if the student plans **not** to take the bus **from home** in the morning or **to home** in the afternoon.

<input type="checkbox"/> Personal Transportation <input type="checkbox"/> Alternate Bus	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F am	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F pm
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Other Location:	Phone: () -
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SIBLINGS LIVING AT STUDENT ADDRESS

Sibling First <u>and</u> Last Name	Date of Birth	Sibling First <u>and</u> Last Name	Date of Birth
1.		4.	
2.		5.	
3.		6.	

FOR STATE AND FEDERAL REPORTING	Does the student currently have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ELLINGTON PUBLIC SCHOOLS

Contact and Health Update Form

HEALTH UPDATE

Student Name:

Student's Physician:

Phone:

Student's Dentist:

Phone:

Preferred Hospital:

Does your child have any of the following allergies?

Bee Sting: Yes No

Type of reaction:

Treatment:

Food or Nut: Yes No

List:

Type of reaction:

Treatment:

Environmental: Yes No

List:

Type of reaction:

Treatment:

Other Allergies: Yes No

List:

Has your child had any illness, injury, or operation during the past year?

Yes No

(specify with dates)

Does your child take any medications on a daily or regular basis?

Yes No

Please list:

Vision: Glasses Distance Reading Worn constantly Contact Lenses

Other Vision Problems:

Hearing: Frequent Infections Tubes Known hearing loss Right Left Both
 Hearing Aid Cochlear Implant Classroom FM System

Are there any other issues the nurse should now be aware of?

Yes No

Please specify:

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary, including transportation to the hospital in case of emergency.

Signature of parent/guardian _____ **Date** _____.