



In order to receive a class schedule, student or parent/guardian MUST submit this Health/Emergency Card Lower/Middle School Form ISD 622/Mounds Park Academy ANNUAL HEALTH & EMERGENCY INFORMATION Custody Issue*: Resides with: ☐ Parent 1/Guardian *see back side if checked ☐ Parent 2/Guardian ☐ Both ☐ Other School: Student: First Last (legal) Primary ______ City: ______ State: ____ Zip: _____ Phone: (____) Address: _ Work/Cell Number Parent 1/Guardian Student Resides with (Print) Place of Employment Parent 2/Guardian Student Resides with (Print) Place of Employment Work/Cell Number __ Parent 2/Guardian _____ Email: Parent 1/Guardian_____ Emergency Contact(s) if Parent/Guardian cannot be reached (Print) Relationship Work/Cell Number List any health conditions/needs, allergies, dietary needs, and/or physical restrictions. over

Parent 2/Guardian Signature

Parent 1/Guardian Signature





Lower/Middle Form

ISD 622/Mounds Park Academy ANNUAL HEALTH & EMERGENCY INFORMATION

Family Doctor/Clinic:	Phone: (_)	Hospital Preference:	
Dentist:	Phone: ()		
Please Note: The information on this card w case an EMERGENCY our procedure will be to police may be called for assistance. Your stu arrangements have been made.	o attempt to contact the pare	nt/guar	dian at home or work. The Paramedics or loc	al
*If custodial issues are involved, please pro Are there any restrictions legally placed upon student named above?YesNo If ye If separated or divorced, which parent(s) or per May we contact non-custodial parent/guardian Is student allowed to leave with non-custodial p	n non-custodial parent's/guares, a copy of decree needs to rson has legal custody of studer in emergency?YesNo	dian's ri be on f at:Par o If no, a	ght to information about, or dealing with, the ile at the school. Please send it to the princt rent 1/GuardianBoth _ copy of decree needs to be on file at school.	ipal. Other

3/2014