



McCLAVE

CARDINALS

Confidential Child Enrollment/Health Information

Students full name as listed on the birth certificate.

Student's First Name Middle Name Last Name

Birth date: _____ Mailing Address _____

EMERGENCY INFORMAITON

Father's Name _____ Email _____ Cell Phone (____) _____

Mother's Name _____ Email _____ Cell Phone (____) _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Email _____ Cell Phone (____) _____

Name _____ Email _____ Cell Phone (____) _____

Physician _____ Business Phone (____) _____

Medical/Hospital _____ Business Phone (____) _____

Insurance Company _____ Policy Holder's Name _____

Policy Number _____

CONSENT FOR EMERGENCY TREATMENT

I the undersigned parent/guardian of _____ hereby give my consent to have a coach, teacher or staff member, emergency personnel, doctor, or dentist to provide my child with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. This permission is granted in the event of any injury or illness during all periods of time in which the student is away from their legal residence as a member of any curricular or co-curricular or extracurricular activity of the McClave School.

Parent/Guardian Signature _____ Date _____

McClave School Confidentiality Child Enrollment/Health Information

Has your child been enrolled in any of the following programs?

Special Education	YES _____	NO _____	Vision Therapy	YES _____	NO _____
Hearing Therapy	YES _____	NO _____	Speech Therapy	YES _____	NO _____
Migrant Program	YES _____	NO _____	ESL	YES _____	NO _____

Student Information

Female _____ Male _____

Student Cell Phone (Optional): _____

Language Spoken at home: _____

Race/Ethnicity:

Native American Indian _____ Hispanic _____ Black _____ White/Caucasian _____
Asian _____ Pacific Islander _____ Other _____

Does student live with this parent? YES _____ NO _____

Family Information

Father

Name: _____
Occupation _____
Employer _____

Guardian/Step Parent _____

Mother

Name: _____
Occupation _____
Employer _____

Guardian/Step Parent _____

Brothers
(Name & Age)

Sisters
(Name & Age)

In addition to parents, the following people may be contacted and may pick up this student from school:

Name

Phone #

Relationship

Name

Phone #

Relationship