



CARDINAL HICKEY ACADEMY/ SHEPHERD'S FLOCK PRESCHOOL

Pupil Record Information

To facilitate the accurate updating of pupil records, please complete the following form for **each** child and return it to the school office on the first day of school, August 25, 2009. The information will be kept confidential but it is very important that we are aware of all unusual conditions in case of emergency. **Please type or print clearly.**

Child's Name _____ Grade _____

Street Address _____

City, State and Zip _____ Home Phone _____

Mother's First and Last Name _____

Mother's Work Phone _____ Mother's Cell Phone _____

Father's First and Last Name _____

Father's Work Phone _____ Father's Cell Phone _____

Mother's E-mail _____ Father's E-mail _____

Does the child have any of the following conditions?

DIABETES ASTHMA EPILEPSY BLEEDING HEART CONDITION

ALLERGY TO DRUGS (SPECIFY) _____

OTHER _____

In case of emergency, illness, or accident to the child named above, the school is authorized to proceed as indicated below. (Number each item 1, 2, 3, etc., in the order of desired action.)

() Contact mother at _____

() Contact father at _____

() Contact family physician _____

Name

Phone

() Take child to emergency room

() Take child to any licensed physician

() Contact daycare provider _____

Name

Phone

Contact person in case parents cannot be reached:

Name Phone

Date

Signature of Parent or Guardian

Please list on the reverse side the names and telephone numbers of those individuals who have permission to pick-up your child from school.

