

BRENTWOOD BOROUGH SCHOOL DISTRICT

Grade _____

Name _____

Birthdate _____

(last) (first) (middle initial)

Complete Address _____

Home Telephone _____

Guardian/Parent _____

Cell Phone/Pager _____

Father's Employer _____

Telephone _____

Mother's Employer _____

Telephone _____

Pediatrician/Family Physician _____

Telephone _____

Name of relative or neighbor who could be contacted when parent is not available:

1. _____

Telephone _____

2. _____

Telephone _____

Should family physician be contacted if parent is not available? Yes _____ No _____

May student have acetaminophen (Tylenol) or antacid (Tums)? Yes _____ No _____

May student have Ibuprofen (Motrin/Advil) if age 12 or older? Yes _____ No _____

It is absolutely necessary that the school be informed of any conditions such as asthma, seizures, heart ailments, or frequent nosebleeds as well as any medications that your child takes on a daily or as needed basis.
Please note this important information on the reverse side of this card.

Do you wish to have Brentwood Staff made aware of your child's medical problems, special care, and possible complications? Yes _____ No _____

SIGNATURE _____

DATE _____