

Student Profile

Please read the information below and write any corrections to the right of each answer in the "Corrections" column.

STUDENT AND PARENT/GUARDIAN INFORMATION

Student Information	Current Record	Corrections
Student		
Address		
Date of Birth / Gender		
Student Lives with		
Phone: For autodialer general calls		
Parent/Guardian Information	Current Record	Corrections
Primary Contact 1 (relation to student)		
Home Address		
Employer		
Cell Phone		
Work Phone / Home Phone		
E-mail address		
Contact 2 (relation to student)		
Home Address		
Employer		
Cell Phone		
Work Phone / Home Phone		
E-mail address		
Parent/Guardian Alert Information	Current Record	Corrections
Parent/Guardian Alert (Documentation required in the office)		

EMERGENCY CONTACT INFORMATION OTHER THAN PARENT/GUARDIAN

The following information is required in case your child becomes ill or injured at school or in the event of an emergency and you cannot be reached. Please list three adults who can act in your absence to assume responsibility for your child.

Emergency Contact Information	Current Record	Corrections
Contact 1 (relation to student)		
Best Number to Be Reached		
Contact 2 (relation to student)		
Best Number to Be Reached		
Contact 3 (relation to student)		
Best Number to Be Reached		

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Please read the information below and write any corrections to the right of each answer in the "Corrections" column.

MEDICAL INFORMATION AND CONSIDERATIONS

Provider Information	Current Record	Corrections
Medical Considerations List any medical conditions, critical health information, allergies or current medications (use separate page if additional space is needed)		

In case of serious illness or injury, I hereby request and give my full consent for authorized school personnel to transport my child directly to the nearest hospital, or send by ambulance if needed, and I will assume all financial obligations. I further authorize any licensed physician or dentist and/or hospital to provide necessary treatment. I understand this health information can be shared when it is educationally relevant for academic progress, necessary for providing health services including emergency care, or essential to ensure the protection of other students and school personnel.

Signature required: _____ Dated: _____

This signature acknowledges that I consent to the above statements.

OTHER INFORMATION

Field Trips Permission

My child has permission to go on all supervised class excursions connected with the school and may ride the bus when it is used for transportation. I waive all responsibility of Fruitport Community Schools for any damage which may occur to my child or my child's property while participating in any field trip activities. This includes the time of transportation to and from the activity. I accept full responsibility for any personal and/or property damage done by my child.

Parental Permission for Media Release

I give permission if my child is photographed as part of a school-related activity to use the photo in materials the school district develops for our school and community communications. (Example: the Focus)

Parents/Guardians: I have read the above information and my signature will cover everything in the OTHER INFORMATION section.

Signature required: _____ Dated: _____