School Year 2023-2024

Student Photo

School Provides

Student Name:______________________________

Grade: __________ **DOB:**________________ **Gender**:____________

Primary Contact Phone:__________________________

Primary Address:____________________________________

City/State/Zip:____________________________________

Student race/ethnicity (select all that apply):

- ☐ Asian or Pacific Islander
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native American or Alaskan Native
- ☐ White or Caucasian
- ☐ A race/ethnicity not listed here

Mother's/Guardian's Information:

Name:____________________________________

Address (if different):____________________________

City/State/Zip:________________________________

Home Phone:________________ Cell Phone:__________________ Work Phone:______________

Primary Email:________________________________

Father's/Guardian's Information:

Name:____________________________________

Address (if different):____________________________

City/State/Zip:________________________________

Home Phone:________________ Cell Phone:__________________ Work Phone:______________

Primary Email:________________________________

In case of emergency, if parents/guardians are not available, please contact (in this order):

Name:________________________ Relationship:____________________

Home Phone:_____________________ Cell Phone:_____________________

Name:________________________ Relationship:____________________

Home Phone:_____________________ Cell Phone:_____________________

Authorized to pick up (other than custodial parents and emergency contacts)

Name:________________________ Phone:________________________

Name:________________________ Phone:________________________

Name:________________________ Phone:________________________

Name:________________________ Phone:________________________

EMERGENCY/MEDICAL INFORMATION

Allergies: **Requires Emergency Medication:**

Food:______________________________ ☐ Yes ☐ No

Medication:______________________________ ☐ Yes ☐ No

Environmental:______________________________ ☐ Yes ☐ No

* If "yes" was selected, provide emergency medication protocol with the "Permission to Administer Medication" form to the Office Manager.

Medications:

Check any medications that you authorize Summit Academy personnel to administer:

☐ Tylenol ☐ Ibuprofen ☐ Benadryl ☐ Tums/Antacid ☐ NONE

List any medications (prescription or OTC) routinely taken at home and/or at school:

Name:______________________________ Dosage:______________

Time(s) take:____________________ Take for:____________________

Name:______________________________ Dosage:______________

Time(s) take:____________________ Take for:____________________

Name:______________________________ Dosage:______________

Time(s) take:____________________ Take for:____________________

Name:______________________________ Dosage:______________

Time(s) take:____________________ Take for:____________________

* If your child takes additional medications, please write or type a list and attach.

Diagnoses:

List all medical diagnoses:______________________________

____

List any additional medical concerns:______________________________

____

Does your student have a history of seizures? ☐ yes ☐ no

* If "yes" was selected, provide seizure protocol to the Office Manager.

In case of emergency:

Preferred hospital:______________________________

Pediatrician Name:______________________________

Practice Name:____________________ Phone number:____________________

List any additional information you feel would be relevant in an accident or emergency:

____

____

I ____________________, the parent(s)/guardian(s) of ____________________, do hereby consent that Summit Academy personnel may obtain emergency medical care for the above-named child at the expense fo the named parent/guardian, and release said personnel from any liability.

Parent/Guardian Signature______________________________ Date:

Family Information Update

Students Name:____**Grade:**________________

Parent Information:

Mother's/Guardian's Name:____

Place of Employment: ______________________________Position/Job Title:__________________

Affiliations (civic organizations, board memberships, other):____

____

Father's/Guardian's Name:____

Place of Employment: ______________________________Position/Job Title:__________________

Affiliations (civic organizations, board memberships, other):____

____

Parents: If you would like your child's grandparents or other family members to receive newsletters, event invitations, and other mailings, please complete the information below. Include email addresses, if applicable

Name:______________________________________Relationship to student____________________

Address:____

Email Address:____

Name:______________________________________Relationship to student____________________

Address:____

Email Address:____

Name:______________________________________Relationship to student____________________

Address:____

Email Address:____

Name:______________________________________Relationship to student____________________

Address:____

Email Address:____

Name:______________________________________Relationship to student____________________

Address:____

Email Address:____