# HELEN S. DUNN SCHOOL INFORMATION CARD

**School year** _____

**Student Name** _____
Last First Middle

**Mail Adress** _____
Street City Zip

**Town of residence** _____

**Telephone Number** _____ **Social Security #**____-____-____

**Grade** _____ **Sex** ___ **M** ___ **F** **Date of Birth** _____ **Age** ____

**Where can parents/gaurdians be if not at home?**

**Mother** _____ **Tele** _____
Last First

**Address** _____
Street City Zip

**Father** _____ **Tele** _____
Last First

**Address** _____
Street City Zip

**Other emergency contacts:**

**Name:** _____ **Tele** _____
Last First

In case of accident or serious illness, I request the school to contact me. If the school is unable to contact me, I hereby authorize the school to arrange for emergency care. Once my child is placed under emergency medical care, I authorize the medical professional to perform necessary medical care and treatment.

_____
Signature of parent or guardian Date

Must be completed by parent/guardian

Family Physician _____ Tele _____

Hospital _____ Tele _____

Allergies: (if none indicate)

Other conditions : (if none indicate)

Comments: