

HELEN S. DUNN SCHOOL INFORMATION CARD

School Year \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
Street City Zip

Telephone Number \_\_\_\_\_

Grade \_\_\_\_\_ Sex \_\_\_\_ M \_\_\_\_ F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Where can parents/guardians be reached if not at home?

Mother \_\_\_\_\_ Telephone \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City Zip

Father \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Other Emergency Contacts

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

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 of guardian

\_\_\_\_\_  
Date

Must be completed by parent/guardian

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital \_\_\_\_\_ Telephone \_\_\_\_\_

Allergies: (if none indicate)

Other conditions: (if none indicate)

Comments: