

**Worcester County Public Schools  
Emergency Information/Registration Card**

**06-07**

Today's Date: \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING VITAL INFORMATION

**STUDENT INFORMATION**

Legal Last Name	First Name	Middle Name	Nickname	Present Grade	Sex M <input type="checkbox"/> F <input type="checkbox"/>
Social Security No.	Birthdate	Ethnic Category <input type="checkbox"/> American Ind. <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian		Home Phone  Check if unlisted <input type="checkbox"/>	

**PRIMARY HOUSEHOLD INFORMATION:** Name of person(s) WITH WHOM STUDENT IS LIVING. If a student lives with legal guardian, court order of custody papers must be presented to the school.

Living with:

- Both Parents       Mother only       Father only       Self       Agency  
 Legal Guardian     Mother/Stepfather     Father/Stepmother     Stepfather/Stepmother     Other (specify)

Mother's/Guardian Last Name	First Name	Work Place/City	Business Phone #	Other Emergency Phone #
Father's/Guardian Last Name	First Name	Work Place/City	Business Phone #	Other Emergency Phone #
Parent/Legal Guardian Street Address			City	Zip
Mailing Address (if different from above)			City	Zip

Is there a language other than English spoken in your home? \_\_\_\_\_ If yes, what language: \_\_\_\_\_

**Residence Verification** The residence information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment in any Worcester County Public School, will result in immediate revocation of enrollment and other appropriate action being considered.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY INFORMATION:** List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you can be reached. We attempt to contact parents first.

Name	Relationship to student	Address	Daytime Phone #
Name	Relationship to student	Address	Daytime Phone #

Enter the name of your family physician who may be contacted by school staff members when a parent cannot be reached and medical assistance is indicated.

Family Physician	Address	Phone #

Does your child have any medical problems such as: seizures, no aspirin, hard-to-stop nose bleeding, unusual reaction to insect bites, allergies to pesticides or other chemicals, asthma, or diabetes?

Please list: \_\_\_\_\_

Do you have medical insurance and/or medical assistance? \_\_\_\_\_ Medical Assistance #: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Insurance #: \_\_\_\_\_

**EMERGENCY FIRST AID CONSENT:** Many times a parent cannot be located immediately, and for this reason we feel that written permission should be available in school files for whatever treatment is needed for the student. If you are in agreement with this policy, please sign the form at the place indicated below.

In the event of serious injury or illness of my child while at school, and I cannot be located for verbal permission, I hereby give the school my written permission to obtain or give emergency medication and treatment.

Date: \_\_\_\_\_ Parent/Legal Guardian's Signature: \_\_\_\_\_