

Teacher: _____
 ID#: _____
 Date Entered: _____

**2005 – 2006
 Confidential Health Questionnaire
 Southwick School**

Student's Last Name _____ First Name _____ Middle Initial _____ **M** **F**
 (Check One)

Date of Birth _____ Place of Birth: _____

Home Address: _____ Home Phone: _____

Student Lives with: (Check One) Both Parent's _____ Mother _____ Father _____ Other: _____

Mother's Name: _____ Place of Work: _____ Phone: _____

Father's Name: _____ Place of Work: _____ Phone: _____

List names and ages of siblings living with student:

Child Care Provider: _____ Phone: _____

Person to be contacted first: _____ Phone: _____

It may be necessary to dismiss children who become ill or injured during the school day. *It is the responsibility of the parent to come for their child or make alternate arrangements.* All students must be dismissed to a parent or another adult as designated by the parent. We cannot release children to persons not listed below or on the office emergency forms.

EMERGENCY CONTACTS: (List ONLY people willing to assume temporary care of your child. Those listed MUST BE AVAILABLE by phone and able to come to Southwick to pick up your child should we be unable to reach a parent.) Please notify the office if your emergency contact information changes.

1. _____
 Name Relationship Home Phone Work Phone

2. _____
 Name Relationship Home Phone Work Phone

Medical Contacts:

Primary Care Physician: _____ Phone: _____

Specialist: _____
 Name of Physician Area of Specialty Phone

Specialist: _____
 Name of Physician Area of Specialty Phone

In case of accident or serious illness: If the school is unable to contact me. I hereby authorize the school to call any of the above named physicians and follow his/her instructions. If it is not possible to contact a physician, the school may make whatever arrangement it deems necessary.

Parent Signature: _____ Date: _____

PLEASE COMPLETE THE BACK OF THIS FORM