

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Student's name: _____

PARENT / GUARDIAN INFORMATION
(only list who the student resides with)

Mother's Name: _____ Cell phone #: _____

Father's Name: _____ Cell phone #: _____

Guardian's name: _____ Cell phone #: _____

Guardian's name: _____ Cell phone #: _____

MEDICAL

(DO NOT LEAVE BLANK – WRITE “N/A” IF NOT APPLICABLE)

List any current medications: _____

List any current medications allergic to: _____

List any learning difficulties such as ADHD, IEP, dyslexia, any form of autism, etc:

Family Physician: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Note below any other information about your child that you think may be valuable for the instructor to know:
