

**ST. FRANCIS HIGH SCHOOL
STUDENT INFORMATION CARD**

Student Name _____ Nickname _____ Grade _____ SS# _____
Home Address (where living) _____
Student Date of Birth _____ Student Home Phone _____
Student Cell Phone _____ Student e-mail address _____
Parent One Name _____ Parent One work phone _____
Parent One Cell/Pager _____ Parent One Work e-mail address _____
Parent One Home e-mail address _____
Parent two name _____ Parent two Work phone _____
Parent two Cell/Pager _____ Parent two Work e-mail address _____
Parent two Home e-mail address _____

If not living with both parents, please list names and home address of non-custodial parent

If parent not available-contact: _____ Relation to Student _____
Home Phone _____ Cell/Alternate Phone _____
Family Physician: _____ Phone _____
Insurance Co. _____ ID & Group No: _____

My child has permission to take Advil/Tylenol: YES NO

My child has permission to take the following if needed:

EMERGENCY MEDICAL AUTHORIZATION

In the event St. Francis High School is unable to contact any of the above, St. Francis High School is authorized to seek appropriate medical care, including hospitalization if necessary.

List medical history below, including allergies, current medication, and any other medical information that may be needed in an emergency:

This document or a copy thereof, gives consent to any hospital or emergency treatment center, doctor or qualified employees of the same to administer treatment and care, in the event that I cannot be reached.

Parent/Guardian Signature: _____

Date: _____

**ST. FRANCIS HIGH SCHOOL
STUDENT INFORMATION CARD
ST. FRANCIS HIGH SCHOOL**

Student Name _____ Grade _____

TRAVEL PERMISSION

This Student Travel Permission and Release Form shall constitute my permission as the parent/guardian of _____, a student at St. Francis High School, to participate in school sponsored events. These events may include, but are not limited to, field trips, sports practices and games and academic competitions. I understand that my child may be transported by bus, school van, parent, faculty or fellow student drivers. I hereby release and save harmless St. Francis High School, its personnel and directors, from any and all liability for any injuries, loss or other claims arising out of my child's participation in these school events.

UNLESS NOTED BELOW THERE ARE NO RESTRICTIONS PLACED ON MY CHILDS TRANSPORTATION

The participation and/or transportation of my child is restricted as follows (be specific i.e. no student driver to community service, allow student drive to sports games and practice):

PHOTO PERMISSION

My child occasionally may be photographed for publication , newsletters, school-sponsored events, or other school related activities, yes or no: _____

GENERAL RELEASE

I agree to allow St. Francis High School to act on my behalf as a parent or guardian at any time when I am not readily available in any manner regarding the health, safety and well-being of my student. I release and indemnify St. Francis High School from any liability to any person arising out of good faith decisions made by the School pursuant to the provisions of this paragraph.

Please attach or include any other forms that were included in your mailing including but not limited to: Immunization Certificate, Volunteer Form, etc.

Parent/Guardian Signature: _____

Date: _____

- Student Information Sheet
- Parent Information Sheet
- Volunteer Form
- Immunization Form

THIS FORM MUST BE COMPLETED BEFORE STUDENT CAN ATTEND CLASSES
