



Student Name (Last, First Middle):		Student ID:
Address:		Date of Birth
Parent / Legal Guardian Information		
Parent:	Parent 2:	
Home Phone:	Home Phone:	
Cell Phone:	Cell Phone:	
Work Phone:	Work Phone:	
Email Address:	Email Address:	
Medical Information		
Physician:	Phone:	Hospital Preference:
In the event the parent/guardian cannot be reached, the following are authorized to pick up my student		
Name	Telephone	Relationship
I understand that in the event the parent/guardian cannot be reached, the school has my permission to take appropriate emergency action including calling 911. I understand it is also my responsibility to update the school as needed regarding any medical information which may impact my child during the school day.		
_____		_____
Signature of Parent / Legal Guardian		Date

CURRENT MEDICAL CONDITIONS that the school staff should be aware of (such as asthma, seizure disorder, diabetes, bleeding disorder, heart or stomach problems, etc)
If you listed a medical condition above, will your child require an emergency plan for this condition? (asthma action plan etc)
<input type="checkbox"/> No <input type="checkbox"/> Yes _____ INITIALS

List the LIFE THREATENING ALLERGIES that your student has (such as food, insects, environmental, etc.):
Does your student need an allergy emergency plan for school? (yes if your doctor has prescribed your child an Epi Pen)
<input type="checkbox"/> No <input type="checkbox"/> Yes _____ INITIALS

List others in your household attending GCPS schools		
Name	Relationship	School Attending

Note – This is not an official change of address form. You must go to the counseling office and fill out the change of address form.