

**The Georgetown School of Arts and Sciences**  
**STUDENT INFORMATION FORM**

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Legal Guardian Information**

***Mother***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Business: \_\_\_\_\_

Email: \_\_\_\_\_

***Father***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Business: \_\_\_\_\_

Email: \_\_\_\_\_

Child lives with Mother  child lives with Father  child lives with: \_\_\_\_\_

To which address should official school mail be directed? \_\_\_\_\_

**Field Trips & Athletic Events**

I grant my child \_\_\_\_\_ permission to participate in school-sponsored activities and athletic trips which the school considers age and grade appropriate.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL INFORMATION**

**Please provide someone other than the Parent/Guardian that the school can contact in case of an emergency**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Medical Insurance ID #: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

**The school can provide only routine first aid for students who become ill or injured at school. Any medications which need to be administered during school hours must be delivered to the school office in the pharmacy container with the label intact, along with the written instructions and permission from the parents or legal guardian.**

In case of an illness or an injury, The Georgetown School will make every effort to contact the persons listed above. Should a child need urgent medical attention, the school will proceed as directed by the circumstances while the staff is trying to contact the parents. I consent to my child receiving appropriate medical attention in the event I cannot be reached.

Are there any serious medical conditions or allergies of which the school needs to be aware?  Yes  No  
If Yes, please explain: \_\_\_\_\_

Please check one:

\_\_\_\_\_ You may disperse ibuprofen or acetaminophen to my child as needed

\_\_\_\_\_ Please call before giving my child any medication

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_