

LOWCOUNTRY PREPARATORY SCHOOL
STUDENT INFORMATION FORM

Student's Name: _____ Grade: _____ Date of Birth _____

Parent/Legal Guardian Information

Mother

Father

Name: _____ Name: _____

Address: _____ Address: _____

Mailing (if different) _____ Mailing (if different) _____

Phones: _____ Phones: _____

Home _____ Home _____

Cell: _____ Cell: _____

Business: _____ Business: _____

Email: _____ Email: _____

Child lives with Mother Child lives with Father Child lives with _____

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

Name and phone # (1) _____

(2) _____

Family Physician _____ Phone # _____

Medical Insurance Company: _____

Medical Insurance I.D. #: _____ 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 along with the written instructions and permission from the parents or legal guardian.

In case of an illness or an injury, Lowcountry Preparatory 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's receiving appropriate medical attention in the event I cannot be reached.

FIELD TRIPS AND ATHLETIC EVENTS

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

MEDICAL INFORMATION

Are there any serious medical conditions or allergies of which the school needs to be aware? Yes No
If YES, please fill out the Medical Action Plan form.

Tylenol/Motrin (regular strength or children's strength) may be given? _____ yes _____ no Dosage: _____

Topical Lotions: (check if permission given)

___ First Aid cream/lotion/spray ___ Hydrocortisone (anti-itch)

Parents or Legal Guardian Signature: _____

Date: _____